

# **ACORN**

**1988 Issue No 1**  
**(Formerly Issue A)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## **Editorial**

Thank you for your subscription to *Acorn* and welcome to the first issue of the Newsletter.

*Forum* readers will have noticed that the foreskin and arguments for and against circumcision are topics which come up frequently in letters and contributions. So in March 1987 a *Forum* group for those of us who share this interest was suggested. Several people replied, and in October Stan in Essex offered to start the Group, only to find soon afterwards that he could not do so after all.

My name is Tony, and I have agreed to try and run the Group. I'm starting with this Newsletter, and I hope to be able to produce three or four issues in 1988. But everything depends on Group members: if you send in contributions, we can get the Group going, and we can use the Newsletter to keep in contact. If you have suggestions for other activities, let's have them. So long as they are not illegal, I'll publish them, and at last you will have a means of learning more about something which fascinates a surprisingly large number of men and women, and have a way of contacting others who share this fascination. I'll only publish a name and address if you make it clear that you want me to; otherwise just initials or a first name.

*Tony Acorn*

## **Why Acorn?**

The group was originally advertised as 'for foreskin/circumcision fetishists'. That may be a sociological description, but it is not a very convenient flag to sail under. I'd prefer to describe the group as 'for people interested in foreskins and circumcision'. One member summed up-our aims as being 'for everyone interested in getting the cock into the best possible shape'. Another version of our aims would be to serve as the means of exchanging '101 ideas for things to do with a foreskin'. Various names for the Group were suggested, including 'Cavaliers and Round-heads', 'To cut or not to cut', 'the cock-cut club', etc. But we decided on *Acorn*. At a glance, it is short, uncomplicated, fairly general, and could apply to a Group interested in anything from computing to naval history ('Hearts of Oak' and all that). But if you look in a dictionary, you will find that the Latin for *Acorn* is glans, 2nd of course if you look at an *Acorn* you will immediately see the point. Also, it applies equally well to both cavaliers and round-heads. So I hope you agree that the name is appropriate: outsiders won't know, insiders will.



## The Newsletter

All contributions to the Newsletter will be welcome, but here are some questions which you may especially like to write about.

- ☛ Do men take enough trouble to keep clean under their foreskins?
- ☛ How should parents establish hygienic habits in their sons?
- ☛ Should boys and men always pull their foreskins back before urinating?
- ☛ Can a woman tell whether a man has a foreskin or is circumcised by looking, or from differences of feeling during sex?
- ☛ How does circumcision affect sexual performance?
- ☛ Does circumcision discourage masturbation, and is that good or bad?
- ☛ How frequent is circumcision these days, and why is it less popular than it was?
- ☛ It is said that Prince Charles is a roundhead but his sons William and Harry are cavaliers: was circumcision more common among the upper classes, and has this changed?
- ☛ Why is circumcision discouraged by most doctors in Britain, but encouraged in the USA?
- ☛ Should a man have the right to choose circumcision (provided he is prepared to pay), or should a doctor only agree to circumcision if there are 'good medical reasons', and what are these?
- ☛ Should a parent have a son circumcised, and if so, which age is best?
- ☛ If you are unhappy about having been circumcised, how can you learn to live with the fact?
- ☛ How often should a parent check that a son's foreskin is developing correctly and not becoming a cause of trouble?
- ☛ Ritual female 'circumcision' (in fact, the clitoris and often most of the labia are cut away) is practised in some parts of Africa and the Middle East, and is condemned everywhere else; but is there sometimes a case for a minor operation to expose the clitoris to direct stimulation?

Many of these are matters of opinion, and replies from Group members in opposition or support will also be welcome. But we'll also aim to answer any factual questions. Please keep letters for publications short and to the point.

Most *Forum* letters on *Acorn* topics are from men, so it would be especially interesting to have women's views. Many of the *Forum* letters about

circumcision are in favour: let's hear both sides, and let's hear more from the medical profession. Let's also hear what your parents taught about hygiene of the penis, and what you think children should be taught now. And let's hear whether you think a foreskin is a help or a hindrance to a successful sex-life.

### **Meeting**

If there is enough interest, we may be able to arrange a Group meeting. Can anyone offer a secure venue? And what form would you want a meeting to take?

### **Subscription**

Your subscription helps cover costs of photocopying, envelopes and postage. This entitles you to all the issues of *Acorn* Newsletter published in 1988.

# **ACORN**

**1988 Issue No 2**

**(Formerly Issue B)**

**Editor  
Tony Acorn**

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## **Editorial**

Welcome to the second issue of *Acorn*. Issue 1 went out in January and this Issue 2 goes out for the beginning of March.

We already have 23 paid-up members, mainly from southern England and South Wales but also from Scotland, Ireland, Norway and Finland. This issue is being sent only to those who have paid the £5 subscription, receipt of which is acknowledged with thanks. If your friends would like to subscribe, they should send a £5 postal order for the 1988 subscription, which covers costs of production, copying, envelopes and postage. They'll be sent all the 1988 issues. The good response so far means that I hope to publish six issues rather than the four originally promised, in January, March, May, etc. Please remember that, to be successful and to reflect your interests, the Newsletter needs your contributions. I have saved some for the next Issue, but more are still needed. Please send contributions by mid-April for publication in Issue 3, on the theme of 'What proportion of men are circumcised in Britain today?' But contributions on other *Acorn* topics will also be very welcome.

T.A.

## **Acorn**

As explained in *Acorn* 1, the name chosen for the group allows for some useful anonymity, while being fairly explicit as soon as its origin is explained. Some of the other suggested names for the Group were: the Cut Society; the Clipped Society; Roundhead vs Cavalier; A cut above?; To cut or not to cut, that is the question; The ring of confidence; The foreskin issue; The elephant's trunk; The knob of the issue; The cock cut club.

## **Anonymity**

Your name and address will be published **only** if you explicitly ask, for example in a contact advert. Otherwise anonymity will always be maintained, with contributions acknowledged by two initials or a pen-name.

## **Foreskins – Variations On A Theme**

Some men have thin foreskins, so that the glans rim can clearly be seen – other men have thick wrinkled foreskins. Sometimes the opening is wide and loose, and sometimes it is small and tight. Sometimes the foreskin is so tight that to pull it back to expose the glans is difficult or painful or impossible. But some men can keep their foreskin behind the glans rim most or all of the time: this may become easier to do when the penis develops at puberty.

The length of the foreskin may vary greatly. Young boys usually have a long

foreskin which forms a wrinkled bunch beyond the end of the glans, making the penis look like an elephant's trunk. As the penis grows during puberty, a tight foreskin may expand with it, while a looser foreskin may slip back to reveal the tip of the glans some or all of the time. A lad may find that when his penis grows to adult size, the foreskin is loose enough to slip easily over the glans, so it grows less: some are even fortunate enough to be able to keep the foreskin back permanently. Sometimes a short foreskin leaves some or all of the glans bare even when the penis is not erect. There is some variation with race: Negroes tend to have rather long foreskins and Chinese and Japanese very short ones. Japanese boys train their foreskin to stay behind the rim of the glans, and a boy without a bare glans is very odd. But Europeans have a foreskin that is usually more than long enough to cover the glans and to form a wrinkled bunch beyond the end. They tend to keep the juvenile "elephant's trunk" type of foreskin, and are especially likely to suffer from the problems associated with it.

A study by Dr John Smith found the following frequency of coverage of the glans of adult European uncircumcised men: glans completely covered: 45%; glans partly covered: 32%; glans completely uncovered: 23%. It would be interesting to hear whether other observations agree with these figures.

When the penis is fully erect, the foreskin should slide easily back behind the glans rim on its own. But many lads and men find that their foreskin still covers part or all of the glans. This hinders effective sexual performance. It prevents sexual contact with the glans and its rim and really spoils or reduces the pleasures of sex. A foreskin which does not easily slide back clearly indicates a need for circumcision. A long foreskin may also retain a drip of urine and become red, sore and inflamed. It is almost impossible to keep clean, and smells stale and unpleasant, even not long after it has been washed. This can lead to inflammation, the cure or prevention of which is another frequent reason for seeking circumcision.

You might expect that if a tight foreskin gives problems, a loose one would be an advantage. A short loose foreskin usually causes no trouble during sex, but it may ride to and fro during everyday activities trapping pubic hairs uncomfortably. A long loose foreskin may cover the glans during sex, so both partners get much less stimulation than if the glans was uncovered.

Against circumcision it is sometimes said that cleanliness is no argument for surgery; otherwise we would have our ears cut off rather than bothering to clean them. But this argument is mistaken on two counts. First, the ear has an obvious function to catch sounds, while the function of the foreskin (at least after a boy no longer needs nappies) is far from obvious. Secondly, social pressure can encourage us to look clean, but it is surprising how little soap and water reaches the parts that are not seen. One survey showed that 96% of German men do not wash below the waist every day (and Germans are usually thought of as clean, with one of the highest figures in the world for sales of soap). Similarly, a London social worker found that of 190 boys

aged 9-18, about  $\frac{1}{4}$  were circumcised (80% as babies, the rest when aged 5-13). The standard of cleanliness of the uncircumcised boys was particularly suspect: many of the younger ones had no idea that it was even possible to pull back the foreskin, let alone wash it. Probably very few boys or men wash under their foreskins frequently or at all.

Hygiene is especially important for adolescents. The glands in the sulcus (the dip behind the glans rim) make a cheese-like white material called smegma, at a much more rapid rate than before: this should be washed away regularly every day. Smegma smells characteristically stale and can serve as a breeding-ground for bacteria, viruses and fungus infections. So it is essential to pull the foreskin right back to bare the whole glans and to wash especially at the glans rim very thoroughly at least once every day. It should be possible to do this without pain or physical difficulty. If there is any problem doing so, or any soreness or inflammation of the foreskin, circumcision should be seriously considered. It is much better for a problem foreskin to be dealt with at this stage than later, perhaps after it has become the cause of difficulties in a sexual relationship.

*Tony Acorn*

## **Roundheads And Cavaliers**

Can you always tell the difference between a circumcised and an uncircumcised lad? No – quite often not. If an uncircumcised man with a short foreskin has pulled it right back behind the glans and left it there, it can be quite difficult to tell whether or not he has been circumcised. But if the rim of the glans is covered by 1cm or more of skin from the shaft, he is probably uncircumcised. On a circumcised penis any loose skin is almost always all behind the glans rim, and there is usually a narrow strip of the lighter-coloured inner layer of foreskin bordering the glans rim. Sometimes rather little skin may be removed at circumcision, but generally the skin on the shaft is tighter and less wrinkled on a circumcised penis. Most uncircumcised men don't like to be seen with their foreskin back, but many pull it back to urinate or in the shower, and sometimes they do not pull it forward again. The only certain test, however, is whether the line of circumcision scar can be seen. If he was circumcised as an baby the scar line can be an almost invisible pale line which may only be seen on close examination in good light. More usually, though, the scar is quite obvious.

Especially when it is partly or fully erect it may be very difficult to tell for certain whether a penis is circumcised or uncircumcised. Medical surveys have shown that wives may often not know reliably whether their husbands are circumcised or not. But the resemblance of a circumcised penis to an erect

one may be one reason why circumcision has been such a widespread custom for many thousands of years and has been such a source of fascination.

*Tony Acorn.*

## **Correspondence**

“It seems puzzling how a man with a very tight foreskin (phimosis) manages successfully to father children: one would think that the discomfort must be intense. Any comments? I would be interested in attending a group meeting. Perhaps a doctor could give a talk on the different techniques of circumcision and stretching the foreskin, followed by an interesting question and answer session.”

*Bill – Surrey.*

“I was circumcised as a baby and found it to be a great source of pleasure to myself and others over the years. I am now 37. I have worn a stainless steel ring behind the head of my penis for some 20 years.”

*R.R. – Truro*

“Most of the men interested in circumcision are totally heterosexual, but simply interested in one aspect of another male's anatomy: the presence or absence of a foreskin. There are, though, a few gay males who prefer circumcised partners. My feeling is that they would not be welcome in the Group. This is simply because the interest lies in circumcision, for or against.”

*Andy – London*

“I have a friend who is keen to be circumcised. I believe it can be done under local anaesthetic. Can anyone give names and addresses of doctors/surgeons who do circumcisions. Also an idea of the cost would help.

Do men keep clean under their foreskins? From experience in showers after football, very few appear to take enough trouble. I can think of only one person who openly washes properly by retracting his foreskin (publicly, anyway). That is about one in 30, of whom about  $\frac{2}{3}$  are uncircumcised. That is equivalent to 5 per cent.”

*D.D. – London*

## Comments On Issue 1

As a convert to the roundheads at the age of 26, just over 10 years ago, through personal request and in the private sector, I can offer a few comments on some of the points mentioned in Issue 1.

1. With experience both with and without a foreskin, I can honestly say that circumcision in no way inhibits masturbation, though I do retain my frenulum and the pleasurable feelings around it upon erection. Has anyone experience of circumcision plus excision of the frenulum? Certainly I would not advocate circumcision as an aid to eradicate masturbation: it won't, and it shouldn't.
2. It is difficult to quantify how frequently the operation is performed nowadays but thinking about the incidence among a class I was in, at the age of 12 in 1962, there were 8 circumcised out of 24 in the class (three of whom had been done for religious reasons, all Jews). Today I suspect that 34% would be down to 10% or less, which if true would lead one to suspect that parents, or rather fathers, circumcised as children in the late 1940s/early 1950s are not having their sons circumcised, or rather did not in the 1970s. That may, of course, be nothing to do with their preference or wishes, but just because it appears hard nowadays to get doctors to perform the operation as routine on infants. Not having any sons I pass this over to others to continue the debate.
3. As to the Royal Family, there seems to be some doubt whether Princes Willy and Harry are roundheads or cavaliers: will we ever know the truth? I for one would like to know what has persuaded the Royal Family not to have them circumcised (if that is the case), breaking what appears to be a long-standing tradition.
4. A man, in my opinion, certainly has the right to choose to be circumcised if he is prepared to pay. There are many other cosmetic operations carried out (eg nose jobs) which surely can be considered as perhaps more drastic than becoming a roundhead. Any man who is prepared to pay for the operation has surely given the matter considerable thought, and in most cases will surely have discussed the matter fully with the surgeon prior to the operation. I was put in touch by *Forum* with a doctor who was prepared to circumcise me, after I had given the matter a great deal of thought.

I do agree that under the NHS the doctors perform the operation only when it is medically necessary, but there should be easier recourse to clinics/surgeons who will perform the operation for a fee. Let's not overburden the NHS, but let's have some doctors in a position to perform circumcisions on personal request at a price.

5. I am sure that we all realise that no two circumcisions are exactly the same, the greatest difference being the amount of foreskin removed.



I would be interested to hear views on how much foreskin should be removed. Personally my knob is exposed permanently, but I still have reasonably loose skin on the penis shaft which can lead to bunching under the glans rim. Has anyone any experience of drum-tight skin on the shaft after an operation? Or the experience of a second circumcision to make the skin drum-tight and the glans really prominent?"

*Brian from the West Country.*

## **Contact**

I am a 37-year old accountant, single, heterosexual, fit, healthy, and in my opinion reasonably attractive and easy to get on with. Since the age of eight I have been fascinated with the subject of circumcision ever since I discovered my best friend was a roundhead. I have maintained a keen interest ever since. I was voluntarily circumcised four years ago and have been pleased with the result and performance in my relations with females. I would like to meet other members, roundhead or cavalier, interested in the subject and to share experiences. Although heterosexual, I would probably enjoy comparisons, DIY, mutual masturbation, voyeurism and exhibitionism with other males, but although pleased to meet gays I would not wish to participate in any more physical contact than described above. I would also be pleased to meet females/couples interested in the subject. I am fairly free to travel and look forward to your contacting me by letter or phone.

*J.S. – Hants.*

## ***Circumcision: An Ethnomedical Study***

Are you fascinated by personal accounts of the effects of circumcision, the different techniques by which it is done and their varied results, and the tribal initiation customs of Africa, Australia and the Pacific? Have you ever wondered whether circumcision is for you or your son? Then this book will answer more questions than you ever thought of asking, now in a new edition, revised and expanded to over 200 pages and extensively illustrated with drawings, pictures and statistical tables. Send £20 cheque or postal order (blank payee) to cover production cost, postage and secure packaging, to Alan Acorn, addressed as for other replies.

## **For Sale**

A copy of *Hautlos: Der total sex-report uber Boys, Menner und Beschneidung*, edited by Max Snyder (Copenhagen: COQ International, ?1986). 94 pages, including 30 photographs and 3 sets of line drawings plus text in German discussing the case for circumcision, plus several biographical accounts. Good value anyway, and even better if you read German. Send £10 cash or postal order (payee blank) to Tony Acorn, addressed as for other replies.

# **ACORN**

**1988 Issue No 3**

**(Formerly Issue C)**

**Editor  
Tony Acorn**

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## **Editorial**

Welcome to the third issue of our newsletter. The theme of this issue is the incidence and frequency of circumcision. The response of readers (British, Scandinavian, American, and Irish) to the last two issues was excellent – so good that we are managing an issue a month, and have had to hold some material over to Issue 4. This issue ends with a contribution from a US reader. Let's have plenty more contributions, including ones from cavaliers, from women, and from the medical profession. Let's have more on the ideal penis, with your observations and your fantasies as well as your personal accounts and your comments on the letters published here.

*T.A.*

## **Ritual Circumcision**

Dear Tony: I would be interested in hearing members' views on two topics. The first is that of ritual circumcision worldwide. The second is how we can redress the balance, which has swung too far, so that doctors who were often circumcised as children themselves now put difficulties in the way of those who quite rightly wish to have the benefits of circumcision for their sons.

*David.*

## **The Incidence Of Circumcision In The UK and USA**

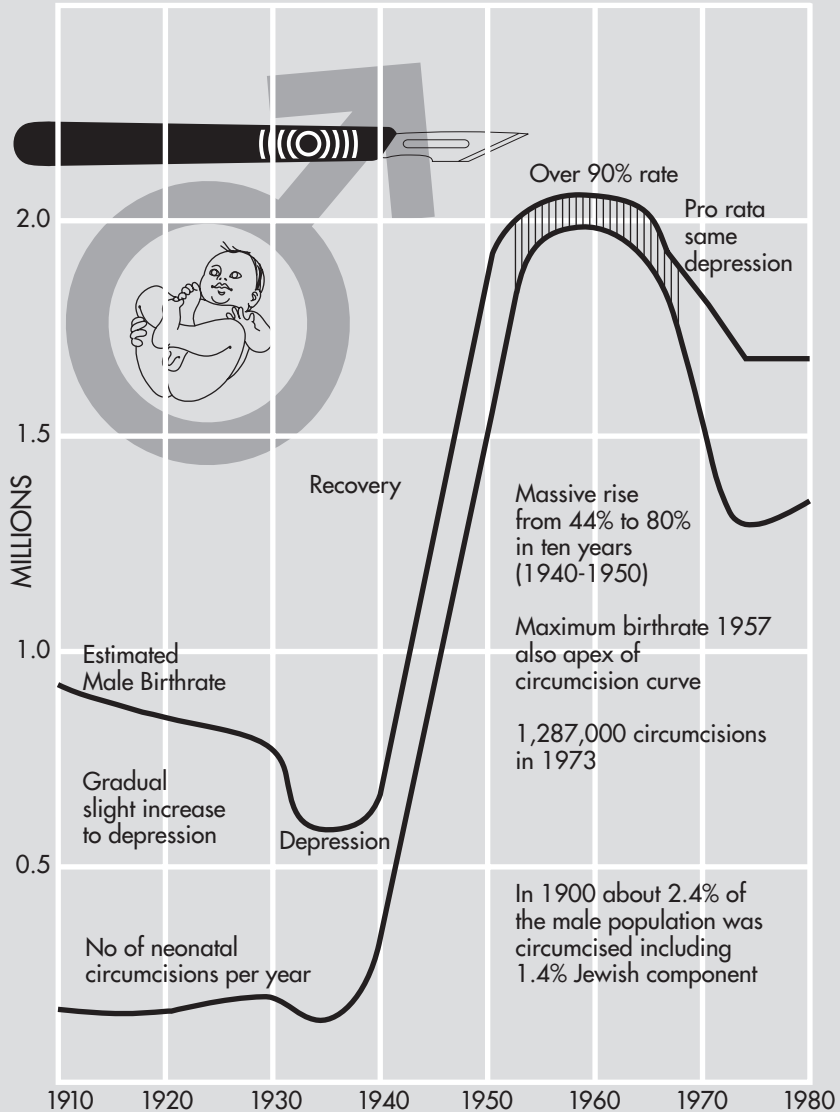
In the UK the circumcision rate has declined from 25-33% between the Wars to 17% after the formation of the NHS, falling steadily to 5% by 1970, but recovering to 6.2% in 1980. In 1973 there were still 21,920 circumcisions, but the non-ritual neonatal component was only a small proportion of this, i.e. 1,857 (0.41%) in 1972 and 3,850 (1%) in 1986.

Across the Atlantic in the USA, the rate was just over half that of the UK in 1930 but had soared to a very high 90% by 1960. Most surgery is performed in the first few days of life, After an injection of vitamin K, but usually without anaesthetic, the boy is strapped to a specially shaped board and the operation is often done using the Gomco clamp or the Plastibell, which simultaneously remove both preputial layers almost bloodlessly and without the need for sutures. Of the 1,608,329 male births in 1973, 1,287,000 were circumcised. The graphs on pages 4 & 5 illustrate these changes.

The present near elimination of non-ritual neonatal circumcision in the UK has reduced the overall rate remarkably, and most circumcisions of children are now done around the age of five. By the age of 4, 90% of foreskins are fully mobile, and retraction under anaesthesia can successfully free 85% of the remainder, reducing the necessity for circumcision to 1.5% of the total. The actual rate is currently four times this figure, at about 6%.



# USA Estimated Male Birth and Circumcision Rates

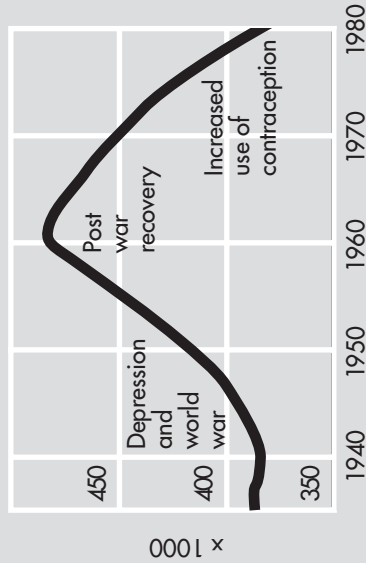
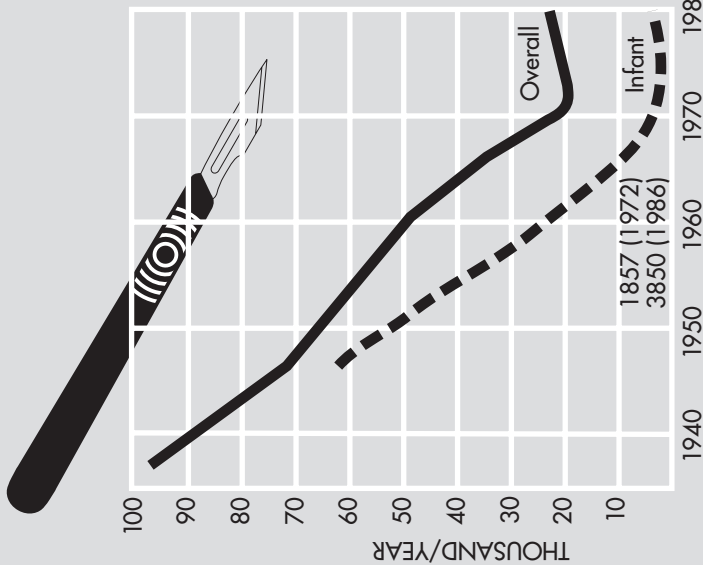




## UK Circumcision Operations

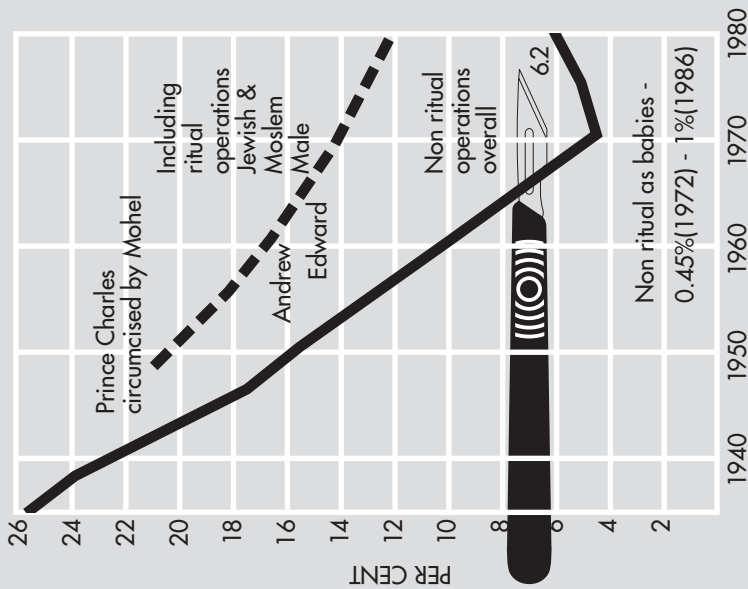


## UK Live Male Birthrate



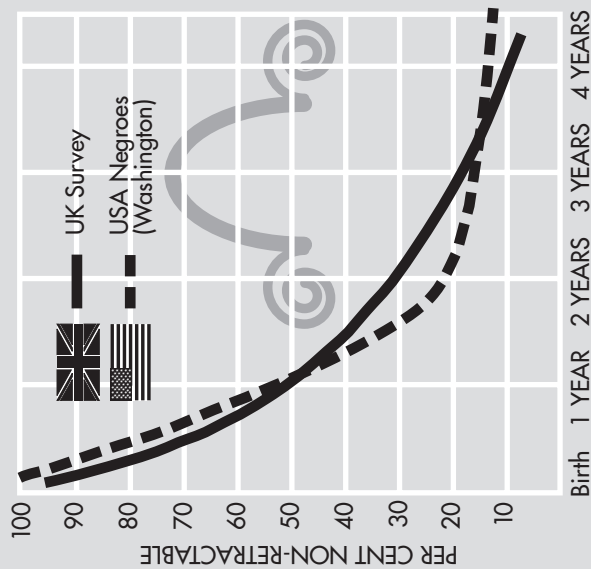


## Circumcision Rate



## UK/USA Preputial retractability with age

At Western Infirmary, Glasgow, 91 boys, mean age  $4\frac{3}{4}$ , with non-retractable prepuce, had therapeutic retraction with 85% success. Only 12 were later circumcised



With a circumcision rate of 17.6% for the generation of the 1940s, my selective secondary school class was 45% circumcised, but a similar one of 1980 could only muster 9%. Until recently, most UK operations involved excising the outer skin and the remaining inner membrane separately. The edges were then approximated and sutured, resulting in irregularities such as untidy skin tags, suture site lumps, twisting the inner membrane to form folds in the sulcus, or folds of skin over membrane or membrane over skin.

Since the Victorian era it is said to have been the practice of the Royal Family to make use of a Jewish mohel for the baby princes, as did Princess Elizabeth for Charles. The Jewish method of circumcision retains the frenulum, and less skin is removed underneath and at the sides than on top. I suspect that the statement of dissimilarity between Charles and the latest generation is incorrect. Shortly before her marriage Lady Diana was given charge of an American baby, and presumably this acquainted her visually with a healing infant circumcision. I also read that a rabbi visited the residence within days of each birth.

Foreskin length is variable, from constant coverage of the glans to complete exposure, while circumcision can leave the glans partially or fully exposed, so confirmation of circumcision depends on the presence of a scar-line. Close examination may give a clue to the technique of circumcision used, whether freehand, clamp, Jewish or Muslim, depending on whether the scar is close to the glans rim or mid-way down the shaft. The most aesthetic result is obtained using a clamp or bell without suturing, especially where only enough prepuce is excised to ensure that the glans is easily kept clean. The minority circumcised state would not be instantly visually obvious and this outcome would eliminate most dissatisfaction with uglier or more stark forms of the operation. Necessity, whim or parental decree should never lead to embarrassing mutilation.

The majority of non-ritual infant circumcisions, not necessarily in the first months of life, are due to difficult access to the glans, seldom seen phimosis, or clumsy retraction leading to phimosis, by self or a parent. Adhesions may be strained to the point of bleeding in search of the arch-enemy, smegma, years before its production actually begins, usually between 7 and the teenage years. No comparable mischief befalls the baby girl's clitoris, despite similar secretions. Developing erogenous zones in both boys and girls should be equally respected, allowing elective surgery later if required.

*Anthony.*

[Thanks, Anthony, I wonder where you got your figures from? It is always useful to be able to refer to the sources of such information to compare them for dates, social class, etc. Your concluding remark assumes that a boy knows about the advantages of circumcision, and can have it done if and when he decides it is required. — *Tony Acorn.*]



## **Tight As A Drum-Skin**

Dear *Acorn* Editor: Congratulations on Issue 2. I was stimulated by 'Brian from the West Country' to offer the following personal experience. I have circumcised myself three times, successively removing more of my inner foreskin so that now only  $\frac{1}{4}$ " remains, and my skin is 'drum-tight' when erect. Quality of intercourse improved at each stage, at first because of the exposure of the glans rim on the 'outstroke', and latterly because there is now no loose skin to slide up and down over the shaft. The whole length of my penis slides fully against my partner's vaginal walls. Since my last circumcision (which left  $\frac{1}{4}$ " of frenulum) I have removed the last bit of frenulum, and can say that the heightened sensations in the area are still there, but slightly dulled. Most of the sensation must be under the surface skin. I would be willing to provide details of my self circumcision technique to *Acorn* or privately. Masturbation technique has had to change radically, as there is now no loose skin on my shaft. The best for me is to make thumb and forefinger into a firm ring just behind the glans rim and to oscillate 1-2 mm, keeping contact with the glans.

*Paul D.*

## **Pull-Overs**

What proportion of men are circumcised in Britain today? At the age of eight in 1947 I went to a small boys' boarding school. Half were roundheads and half cavaliers, and for some time we all thought that it was due to nature whether one was born with a foreskin or not. For unofficial games we quickly organised ourselves into roundheads and cavaliers. There was one youngster who was not sure and so he was always the referee. Foreskins were always known as 'pull-overs'.

At the beginning of one term a youngster returned without his 'pull-over'. All was made clear when he told us of his experience. It turned out that his 'pull-over' had become stuck when retracted. His cock swelled up like 'a balloon', and urgent action was needed to deal with the matter. At communal bath-time, I never remember anyone washing underneath their foreskin. It is embarrassing to retract one's foreskin when others are watching. If parents send their sons to boarding school, then circumcision should seriously be considered.

I did read that on average about 20% of males in Britain are circumcised: this can only be a guess. With fewer circumcisions being carried out, it must mean that there are more circumcised older men than younger men and boys, and the average must be dropping. I was interested to read in the *Acorn* Newsletter the comments about the different types of circumcision and that no two circumcisions are the same (Brian in the West Country). When I saw the surgeon about being circumcised, I did enquire about only having part of the foreskin removed. I had an "elephant's trunk" even as an adult.

The surgeon told me that it was important to remove all the foreskin: leaving a scarred foreskin is usually uncomfortable and unsightly, and this can cause more problems than it seeks to solve. Now with hindsight, I am glad that this was done.

*Bill M.*

## **Hygiene**

Dear Tony: Congratulations on getting the *Acorn* group off the ground and on the selection of an appropriate name. Issue 2 was most interesting and I have a few comments to make. The section entitled 'Roundheads and Cavaliers' was particularly interesting. Not having seen a circumcised penis close up I was not aware that some circumcised men had loose skin behind the glans rim. I always thought that this was cut away. I am uncircumcised, with what must be a fairly short foreskin and I keep this pulled right back behind the glans. Thus to the unenlightened, this must look like a circumcision, something I had not considered as I assumed the presence of some skin was a give-away.

In response to the question of hygiene, I imagine the circumcised penis to be much cleaner although personally I maintain my penis scrupulously clean by vigorously soaping the glans and skin in the shower. This gives me great pleasure and is recommended to any man.

Something I would like to hear about is masturbation and circumcision. I am an avid DIY enthusiast and although I find wanking with my foreskin retracted fairly pleasurable, I find it necessary to resort to using the full length of skin over the glans for the final stages leading up to the climax. This seems to give me far more pleasure. Can we hear from men who have experience before and after circumcision?

With regard to a group meeting, I think this an excellent idea. What about a weekend away somewhere? Looking forward to the next issue.

*A.M.*

## **Not Soon Enough**

I was circumcised ten years ago last July at the age of 44 and my only regret is that I did not have it done 25 years before. For about 12 years before being done I had trained my foreskin to remain retracted at all times, in fact on the rare occasion when it slipped forward over the glans it felt uncomfortable.

The operation was done under a local anaesthetic, the first two injections

on either side at the base of the penis, then while these were taking effect a line was drawn round at the level of the corona. The foreskin was then pulled back and another line was drawn round the maximum diameter of the inner fold. I asked why it was so far back from the glans but was told that it would have caused problems when it came to sewing up afterwards if it was placed further forward. He then gave me about a dozen jabs round the external line. In addition to the anaesthetic these jabs had a brown substance 'to control the bleeding'. Then foreskin back and another series of jabs around the inner line, following which foreskin forward for the last time and a few minutes wait for the jabs to take effect. The doctor then clipped the tip of the dorsal surface with a pair of locking forceps and slit the dorsal surface to about  $\frac{1}{8}$ " of the line marked externally at the corona level with a pair of scissors. The cut was then continued right round, about  $\frac{1}{8}$ " from the marked line. He then trimmed about  $\frac{1}{4}$ " all around from the outer skin, followed by  $\frac{1}{8}$ " from the inner skin. This was followed by 13 sutures to join the inner and outer skin. The doctor told me that the stitches were a synthetic material which would be absorbed so I should cut the knots off after about ten days. I left them for a few days longer than this, then cut one side while holding the knot in a pair of forceps and pulled them out. It was completely painless except for the first two injections and the last three which were on the dorsal surface near the corona. The cut line felt a little bit sore when the anaesthetic wore off after about ten hours.

I found a great improvement sexually: before, the foreskin used to roll forward on the withdrawal strokes, completely masking the corona; now the corona is in contact with the vagina all the time and consequently receives the maximum stimulation. The only regrets I have are (1) I wish more had been removed. The scar line is about  $\frac{5}{8}$ " from the glans and when flaccid I still have the original fold. I would have preferred the scar to have been a maximum of  $\frac{1}{8}$ " from the glans. (2) The doctor started the sewing together from the wrong place. He started on the dorsal side and as a result the median raphe is displaced  $\frac{3}{8}$ " to the left on the scar line at the frenulum. I believe that circumcision should be universal and always 100 per cent, i.e. with the scar line as close as possible to the glans and it should be readily available from any doctor at a reasonable fee.

## **Experience Before And After**

I am 48, and was circumcised when I was 34. I was born with a long foreskin and my first recollections of trouble with my penis as a youngster was balanitis. I found it upsetting to have this continually attended to. Circumcision was discussed, apparently, but nothing was ever done. I was sent to a boarding school and as an adolescent had considerable trouble keeping my penis clean, as there was only communal bathing. I seemed to collect a good deal of smegma, which frequently made my penis sore and irritable. In order to overcome this, I retracted my foreskin when I urinated, and tried to keep

it 'pulled back' to allow the smegma to evaporate, which did help. I certainly envied my schoolmates who were circumcised and clearly did not have the trouble I was having. About half were circumcised, some having it done at school. If parents send their sons to boarding school, then the advisability of circumcision should be discussed, although I think individuals should decide whether they wish to be circumcised or not. In general, routine circumcision at birth should be avoided, as I believe is now the practice.

On meeting my wife, she often retracted my foreskin, which I found uncomfortable, particularly when my penis was erect, and I realized that I had a somewhat tight foreskin. Also my wife read in a magazine that an uncircumcised penis is more likely to cause cancer of the cervix in the partner. We discussed the matter, and I agreed to see a surgeon, who said that circumcision was necessary. It was done under general anaesthetic, so unfortunately I could not see what technique was used. My first reaction to the operation was amazement at the amount of skin that had been removed. The wound healed after about ten days.

I have found four main advantages. First, my penis is a lot easier to keep clean. Secondly, my glans is bigger. Thirdly, my penis needs more stimulation before ejaculation; and fourthly, my wife is happier with the situation and more willing for oral sex. My only regret is that I did not have it done earlier. As regards masturbation, before I was circumcised, I stimulated my penis by rubbing my foreskin, but rarely retracted it fully. I now realize that this was because of the tightness already mentioned. Now I tend to concentrate on the rim of the glans, which I find much more sensitive than previously. Also the scar is sensitive, since some nerves were cut. From my experience, it would seem that a long, tight foreskin is unhygienic and gives trouble: it is important that the foreskin retracts itself on erection.

*Bill.*

## **Social Class And Circumcision**

Dear *Acorn*: I much enjoyed the first edition of your newsletter. Like all *Acorn* members I am fascinated by the incidence of circumcision and have been making mental notes ever since I first got interested in the subject in the dormitory of my boarding prep school in the 1950s. This idle curiosity has resulted in my liking to know (and indeed in most cases succeeding in discovering) which of my friends are roundheads and which cavaliers. As I am enthusiastically heterosexual, I have also asked my girl-friends where their preferences lie. I have the following observations from my research:

- (1) at prep school, about 50% were roundheads.
- (2) at the very grand public school I went to, over two thirds were roundheads. This, together with subsequent observations, leads me to conclude that there is a distinct social bias. The upper class boys were almost all

circumcised; so were those middle-class boys whose parents had social aspirations. The exceptions were those coming from non-social intellectual backgrounds whose parents were presumably not interested in the social stigma of circumcision.

- (3) Circumcision would seem to be even more widespread amongst upper and middle class boys born in the 20s and 30s. Even cavaliers born in the 40s had roundhead fathers.
- (4) 1943 would seem to be the watershed in the UK.
- (5) In the 1950s in the UK, its incidence seemed to be falling, well below 50%, although socially conscious parents still seemed to think they were giving their sons an added social cachet by having them cut.
- (6) By the 1970s it was becoming very rare and even those of my friends who wanted their sons 'done' were having difficulty in finding a doctor, and in some cases having to resort to the local rabbi. In my own children's case, the hospital was vehemently opposed. As they were born at the same hospital and under the same doctor as the Royal Princes, I would be very surprised if Harry and William were circumcised even if their parents had wanted it.
- (7) My feeling now is that only those with a medical problem or with a particular religious or family prejudice are circumcised. In London, where there are many races and religions, perhaps 10% of my children's friends are circumcised. In the country and in the provinces it is far less. Against this background, it is surprising that those women who have had experience of both roundheads and cavaliers still seem to prefer the roundhead. Notwithstanding that preference, today's mothers seem to be accepting that circumcision is an operation of the past and that tomorrow's generation will be uniformly skinned. Maybe that is for the best as all the jealousies and prejudices that have developed surrounding this subject are probably borne of envy and the worry that the grass might be greener if the knife hadn't struck or vice versa. Certainly in America, there was total disinterest in the roundhead cavalier debate amongst men and women while everybody was the same. Now that the pendulum is moving against circumcision, interest has heightened and the debate has developed. Personally I enjoy the debate and hope that the practice of circumcision will continue, if only to add a little variety to the male sex organ.

*Yours, R.*

## Dear Tony

A friend sent me a copy of your *Acorn* Newsletter. Issue 1, Jan. 1988. I found it very interesting and would very much like to join the club. Enclosed is the £5.00 membership fee. I realize that this won't cover postage to the US. Let me know how much more I should send. Do you know that there is a club in the US having the same name and same orientation. The US club can be contacted by writing to *Acorn*, c/o Bud Berkeley, P.O. Box 26011, San Francisco, CA 94126, USA. Feel free to print all or parts of this letter, but please don't publish my last name. I will accept letters via you, if anyone wishes to comment personally on anything I have written.

Circumcision is much more prevalent in the US than in Great Britain. During the period from 1950 to 1980 each year between 95 and 98% of the male infants were routinely circumcised. Over the last 8 years the number has fallen to about 85% as a result of the efforts of anti-circumcision groups. I am enclosing a list of some of the anti-circumcision articles in the public press during the last year. It used to be everyone had it done, but no one talked about it.

You pose some very interesting questions for discussion. I would like to comment on many of them, but time and space permits only one, the effect of circumcision on masturbation. Even though we know today that masturbation in moderation does no harm, one of the reasons doctors still give for having your child circumcised is to discourage masturbation. Does it do so? From my observation it doesn't if done neonatally. However, if an uncircumcised youth or adult is masturbating excessively (say more than once a day) and he really wants to break the habit but can't, circumcision will help. First he will be too sore to attempt to masturbate for several weeks. This will allow time for the habitual drive to masturbate to diminish. Once the soreness is gone he will not be able to masturbate using his old technique. All uncircumcised boys and men that I have observed, masturbate by sliding the foreskin back and forth over their glans. With no foreskin, this can't be done, so new techniques have to be learned. If the individual really wants to quit, he won't search out any new technique. The masturbation habit will be broken. My own case bears this out.

I wasn't circumcised neonatally. My father didn't believe in it. Nor would he allow my circumcision later, even though nearly every other boy was circumcised, I wanted to look like them. Every year in grade school we would receive a medical examination and the school doctor would send a letter to my parents saying that my foreskin was excessively long and tight and I should be circumcised. When I was about 8 years old, my closest buddy and the only other uncircumcised boy in school was caught masturbating and because of this his parents had him circumcised in the doctor's office under local anaesthetic while he watched. He told me the gory details and showed me his sore, swollen, black and blue cock with the stitches still in it. This made

me fear circumcision. We had previously masturbated together. It effectively stopped his masturbation.

In my teens I tried unsuccessfully to train my foreskin to stay behind my glans. Adhesive tape didn't work. Eventually I cut my frenulum to allow me to wear a collar in the sulcus behind my glans. This successfully held my skin back, but failed in training it to stay that way. My glans did lose its ugly glassy purple colour, becoming pink like a circumcised one. I liked my circumcised looking glans, but I didn't like the loss in sensitivity that accompanied it. So I quit keeping my glans exposed but its former high sensitivity never returned. This makes me believe that foreskin restoration is not advisable for those who don't like the reduction in sensitivity that their circumcision caused. It can not restore the glans sensitivity of an uncircumcised penis.

By the time I was 21, I had read widely about circumcision: in medical journals, army and navy reports, medical and surgical text books, patents, etc. I was in college and dating a very sexy nurse. I felt sure that before long we would be in bed together. Then during some heavy petting she discovered that I was not circumcised. She was completely turned off. She thought an uncircumcised prick was dirty and unattractive. Moreover she feared that I would give her cancer of the cervix. By retaining my foreskin I was, she said, risking cancer of the penis, which would require amputation of my entire penis.

Although she was only part of the reason, this clinched it! My foreskin had to go. I had long had a love hate feeling toward my foreskin. My uncircumcised cock was always an embarrassment. But the hold masturbation had over me was the most compelling reason I felt I had to get circumcised. I was masturbating far too much, often several times a day – so frequently that often I didn't come. I had acquired a very bad habit of rhythmically squeezing my legs together while sitting. This made me lubricate and my foreskin slide back and forth over my glans giving me very erotic sensations. I decided that even if it meant losing more sensitivity, I would have to start keeping my foreskin retracted again, until I broke the squeezing habit. So I started wearing my foreskin holding devices again. But this didn't work. The beads or collar would press against my sulcus and corona and produce sufficient, although less pleasant, erotic sensations, to let me masturbate. The worse part was that frequently I wouldn't even be aware that I was masturbating until I felt myself about to come. Usually I could stop before coming, but sometimes I soiled my pants – once in class. I started wearing a Kotex pad over my cock to catch the cum.

I had made a New Year's resolution that I would stop squeezing myself and would masturbate only by other means and no more than once a week. I wrote in my diary that if I broke this vow I would go to the College free health service and have myself circumcised. Honestly, I didn't want to get circumcised. Yes I wanted to look circumcised, but I didn't want to lose my foreskin or lose any more glans sensitivity than I had already lost by keeping my foreskin



held back mechanically. I really enjoyed masturbating with my full foreskin. I thought that knowing this would be my punishment would make me control my masturbation. But the habit was too strong. In less than a week I had broken both parts of my vow.

I went to the College health service and told them my foreskin itched and bothered me and would like to be circumcised. The doctor examined my penis and couldn't find anything wrong with it. He said my College health insurance did not cover an elective circumcision and there was no evidence of phimosis, disease or irritation. This gave me an out. I told myself that I had tried to get circumcised. I gave myself a second and third chance to bring my masturbation under control; but still couldn't. I had to get circumcised. My integrity was at stake. If I didn't keep my word, even though it was to myself, my word wasn't much good. My Jewish girlfriend gave me the final incentive to do it and do it right away. Since I knew my dad wouldn't agree to it and I didn't have the money to pay for a circumcision, I decided to do the job myself.

I chose the ecraseur, or strangulation, method because it was bloodless and seemed simple and safe. First I located a wooden spool about 35 mm diameter and fashioned a Plastibell like device from it. I carved out part of the centre to fit over my glans and made a groove next to the rim at this end. Then I soaked it in hot paraffin to make it waterproof. Instead of going home for the Easter holidays, as my roommate and nearly every one else did, I circumcised myself. First I sterilized all my equipment either with heat or alcohol. I shaved my pubic hair and took a bath, carefully washing my genitals. When everything was ready I pulled my foreskin forward over the spool with the grooved end toward me. I held my foreskin in place temporarily with a rubber band while I looped a piece of fine nichrome wire tightly twice around the back part of my foreskin over the groove in the spool and pulled and twisted the ends together with pliers. I used no anaesthetic because at that time I didn't know I could obtain topical local anaesthetics without prescription. So I applied tension slowly, stopping when the pain became too great. Surprisingly, my penis thought that this was fun and became very hard. As a result I shot my wad. This didn't help. My hands were full, so cleanup had to wait. I knew that the wire had to be tight enough to stop all blood circulation. At the same time I didn't want to break the wire or make the wire so tight that it would cut through the skin. (If anything went wrong I planned to go to the doctor and tell him that I had caught my foreskin in my zipper and that getting it out made it bleed badly. So I had applied this tourniquet to it to stop the bleeding.) I had considerable concern that the wire might not be tight enough to cause the two layers of skin to grow together as they should. However everything turned out fine. I became sore, but there was no great pain – except when I had erections. For the first two days I had a slight burning sensation in my penis. The skin grew together where the wire pinched it to the spool, and on the sixth day my dead foreskin and the spool, still bound together, fell off while I bathed. The remaining foreskin retracted by itself behind my glans and stayed leaving my glans and sulcus behind it uncovered. I had removed a bit more



foreskin than I had planned, but still could pull my foreskin forward to cover 2/3 of my glans. The skin is taut only during an erection. I did not lose any additional glans sensitivity. My previous exposure had fully toughened it. In fact circumcision increased the erotic sensitivity of my penis. I was amazed at how erotically sensitive my circumcision scar was, particularly for the first few months. It still continues to be my most sensitive area. It seems that all the nerve endings that went to my foreskin now are concentrated in the scar.

Most importantly, circumcision brought my masturbation under control. Squeezing no longer works. For masturbation by hand to be any good I have to apply a lubricant. Then it is super, but it requires preparation, and is now a controllable act, not a habit.

When I told my girlfriend that I had circumcised myself for her, at first she didn't believe me. But she gave me a date and when she examined my penis she couldn't believe her eyes. She took my healed but still sore penis into her mouth without my asking. It was great. This was the first time I had ever experienced fellatio. Other fellows had told me about their girl friends doing it for them and I envied them. I learned later that this is another advantage of being circumcised. It is easier to get head.

*Sincerely, Warren*

[Thanks and congratulations, Warren. You seem to have been very fortunate in your use of the ecraseur method, as it is not usually recommended for adults. A 1981 comparison by I.A. Fraser et al. (*British Journal of Surgery* 68: 593-5) of 46 circumcisions using the Plastibell method against 49 'conventional' circumcisions using scissors and sutures produced rather better cosmetic results with the Plastibell, and it was rather less likely to cause discomfort or bleeding. But there were some difficulties with urination in almost every case and one poor result required further circumcision. The boys were aged up to 8 and were treated as day-cases except if there were post operative difficulties, when they stayed in hospital for a night. The Plastibell separated after 5-16 days, the average being 9 days. — Tony]



# **ACORN**

**1988 Issue No 4**

**(Formerly Issue D)**

**Editor  
Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

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Printed & Published in England by Acorn

## Editorial

Welcome to our fourth issue. This includes a discussion of the way that circumcision may help to reduce the chances of catching several of the more common types of sexually transmitted diseases. No-one would ever claim that it reduces the chances of catching HIV (Aids), but this research shows that there are several other stds which the circumcised are far less likely to catch, compared with their foreskinned friends. Continuing a theme from previous issues, we have the results of a survey by the US anti-circumcision organisation INTACT, which illustrates the wide variation in the incidence of circumcision in the US: several states in the south and the mid-west maintain rates over 90%, while Texas is down at half that (the Chicano influence, perhaps?) There is also an article about counselling parents on the pros and cons of circumcision. As a contrast, we have a story from John McC. about his granny and the Prince Albert. Please keep the contributions coming in: we have made a good start, and we're still gaining new members. Next issue will, I hope, include an article from a leading circumcision surgeon. There is also a chart comparing the advantages and disadvantages of six of the most widely used methods of circumcision and giving some of their identifying features. And there will be a review of an American book, *Foreskin*, which I recently received. I am beginning to think about an *Acorn* event in mid-September in Oxford: if anyone can suggest suitable accommodation or has ideas for what to include, please let me know.

Tony Acorn.

## Tightening Up

Dear *Acorn* Editor: I was circumcised about 8 years ago, aged 26. At the time I was fairly satisfied, but more recently I have felt strongly that it was not radical enough: much less than the 12mm of inner foreskin should have been left, since the shaft skin was rather loose and there was quite a lot of loose skin just behind the frenulum. Increasingly my preference was for the glans rim to be completely exposed and far more prominent, even when my penis was flaccid.

Since the earlier operation was sufficient to achieve the advantages of hygiene and disease prevention, I knew I would have to give a surgeon reasons mainly concerned with appearance and self-esteem and would have to be able to discuss at length my reasons for wishing to be circumcised originally. Clearly, too, it would not be advisable to give any impression that I was under pressure from anyone else to seek a second operation. There would have to be some slackness of shaft skin when not erect, but I had more than I needed. So I tried to work out as exactly as possible what result I wanted, sketching it out, both flaccid and erect, with comparable sketches of how I saw it as it was to assist me in explaining what I wanted.

In early December 1987 I had the revision operation performed through

the Surgical Advisory Service. It involved the removal of more of the outer foreskin, all the remaining inner foreskin, and excision of the frenulum. I am personally convinced that the more radical forms of the operation produce the most satisfactory appearance.

Keith B.

## **Circumcision And Disease**

The following is an extract from an article by Laurence Gerlis on 'Cancer Risks' to women, printed in *The Guardian*, February 11, 1988:

"We now know that human papilloma viruses (HPV) are transmitted during sexual intercourse, and that these viruses are implicated in the development of cervical cancer. In brief, a girl can be unlucky if she chooses a man carrying the wart virus on his penis. It has been known for many years that two groups of women rarely develop cervical cancer: Jewish women and nuns... There has been limited discussion of the protective effect of circumcision on the wives of Jewish men and the debate has been confounded by two erroneous hypotheses. It has been suggested that Jewish women are protected from getting cervical cancer by genetic factors or by the strict religious code which prohibits intercourse around or during menstruation. It is time that both these theories were abandoned, the first because there is no evidence nor precedent, and the latter by the simple demonstration that almost all Jewish women are protected, while only a tiny minority follow the strict Talmudic rules.

Disposing of these arguments should allow us to face up to the reality that the prepuce or foreskin, which is removed by circumcision, harbours within its glistening groove the potential for carrying wart and other viruses. No definitive statement has yet been made but there has been a suggestion from studies of American homosexuals that Jewish men are less likely to transmit the HIV virus that causes AIDS... We should not allow embarrassment to stop us getting information on mixed marriages to elucidate the situation. We need to know if it is the gentile woman with the Jewish husband/lover who benefits from circumcision, or if the Jewish girl with the non-Jewish man reaps the reward of having more Jewish ex-boyfriends, thus lowering her potential exposure... Although preventive medicine is in vogue, preventive surgery has lost the enthusiastic support it had in the early years of the health service... One could too easily extrapolate from routine circumcision to nonsenses such as preventive appendectomies."

Maybe not. But if evidence is mounting of a lower statistical incidence of AIDS among circumcised men, is it responsible of parents to deny their boys the protection which it offers? Another virus which can settle on or under the foreskin causes genital warts: this is closely connected with cancer of the penis in men and cancer of the neck of the womb in their sexual partners. The importance of circumcision in preventing such disease is well known: cervical

cancer is rare in Israel and Saudi Arabia. But many studies which attempted to test this idea more widely found that women's knowledge of whether or not their partner was circumcised was unreliable. As well as viral problems, bacterial or fungal infections can take hold in the moist environment under the foreskin and may cause inflammation (balanitis). The tip may become red, swollen, painful and inflamed or the whole foreskin may be infected. This problem is especially common in, but is not limited to, the hot dry and dusty parts of the world where circumcision is normal. Self-treatment with antiseptic may only make it worse. Ointments may be tried to clear up the infection, but the lasting solution is circumcision. The prevention or cure of such problems underlay the high incidence of circumcision practised by medical personnel in the British armed forces, reaching high levels during the 1914-18 and 1939-45 wars and remaining high in the US armed forces until a decade ago or less.

**Association between uncircumcised state  
and sexually transmitted diseases.**

	Number of patients	Proportion uncircumcised
Controls	471	37%
Diseases		
Scabies	10	30%
Non-specific urethritis	374	37%
Pediculosis pubis	33	42%
Chlamidia infection	82	45%
Genital warts	97	46%
Gonorrhoea	97	56%
Herpes	104	58%
Candidiasis	84	75%
Syphilis	12	75%
All cases	848	49%

The proportion uncircumcised was as high or higher than in the control group for every disease except scabies. Source: Parker et al (1983): Circumcision and sexually transmissible disease. *Medical Journal of Australia*, 2: 288-290.

This very thorough Australian study by Parker and colleagues (1983) used a large sample of men attending a clinic for the treatment of sexually transmissible diseases and checked their own statements against an examination of whether they were circumcised. They found that there was a significant association between being uncircumcised and four major sexually transmissible diseases: syphilis, candidiasis, herpes and gonorrhoea. Uncircumcised men are twice as likely as circumcised men to develop herpes genitalis or gonorrhoea and five times as likely to develop candidiasis or syphilis. The moist, warm environment under the foreskin encourages these disease organisms to breed. The far greater cleanliness possible after

circumcision greatly reduces the risks of these unpleasant and dangerous diseases.

*Tony Acorn.*

**Incidence Of Circumcision**

My observations over the last 25 years or so provide the following figures, which certainly show that amongst those born after 1950 the incidence of circumcision has declined but may perhaps be on the increase again. During this period, I have regrettably never discussed the matter fully with anyone, but one man I knew who had been done as a baby (pre-1951) thought all boys should be circumcised as infants, particularly after his son was done at the age of 5, since he thought it painful and upsetting for his lad at that age. The adult who was circumcised for medical reasons was very bitter about the pain he had to endure after the operation. Apparently he was done in an Army hospital under a general anaesthetic at the age of 22, but despite this obviously didn't think it had in any way harmed his sex life, and had he thought more about it would have had his son done at birth to avoid any possible pain if it became necessary in later years. He didn't want him to suffer any pain, but quite clearly didn't feel being circumcised was any disadvantage at all.

Despite reading in *Acorn* Issue 2 about the incidence of complete exposure of the glans among the uncircumcised I know of only one example of this amongst 109 cavaliers: hardly 23%. I must admit that prior to joining the roundheads I had trained my foreskin to remain retracted behind the glans rim.

**Proportion of men/boys circumcised today:**

Date of birth	Cavaliers	Roundheads	Total	% Circumcised
Pre-1951	44	40 +	84	47.6
1951-60	30	6 *	36	16.7
1961-	35	10 @	45	22.3
Total	109	56	165	33.9

+ includes 11 Jews: without them, % circumcised is 39.7% (pre-1951) and 29.2% total.

\* one circumcised as an adult for medical reasons.

@ 1 British, circumcised neonatally in America, 1 white South African and 2 circumcised for medical reasons aged of 5 - 10.

*Brian From The West Country.*

## **Women And Circumcision**

Dear Editor: You ask whether a woman can tell whether a man has been circumcised or not. Really it depends upon how knowledgeable the woman is. It seems that many women, perhaps a majority, have little or no knowledge of what circumcision entails. If your partner is one of these, she almost certainly will not know whether you are circumcised or not. On the other hand, if she does know what is involved, she will usually have little difficulty in deciding whether her partner has been done or not, even assuming that the foreskin had been pulled back. A glance below the rim will show either folds of retracted foreskin or a scarred region, and the glans of an uncircumcised penis is smooth and slightly moist in contrast to the hardness and dryness of the circumcised.

If partial masturbation is part of the foreplay, then most men will probably prefer to leave the foreskin on the glans to assist the process so if a woman knows what she is looking for she should have no difficulty in making up her mind. One lady I corresponded with claimed that there was a different feeling during sex, albeit a small one. Apparently the rim of the circumcised man provides a more pronounced scraping sensation than the rim which is holding back foreskin. Some men apparently find that the rim does not keep the foreskin securely retracted, and the foreskin is dragged forward onto the glans; when this happens, the woman is said to experience a marked loss of sensation.

On the other hand, it is said that some circumcised men find the initial insertion uncomfortable as it pulls down the shaft skin, putting a strain on the scarred area behind the rim. Insertion is easier for the uncircumcised man, particularly if the foreskin is still forward. A 'shoe-horn' effect then operates with penetration being achieved at the same time as the foreskin is pushed back by the vagina. However nothing, it seems, is simple in this controversial subject as the woman's pubic hair can get caught in the folds of foreskin which form as the loose skin is pushed back behind the rim. The unexpected nips received are disturbing and, on balance, I find it best to pull my foreskin back behind the rim manually before attempting insertion.

M.L.

## **More Observations**

Dear Tony: Congratulations on Issue 3 of *Acorn*. It gets better and better as more people write. I used to be a member of American *Acorn* myself, but I think it is harder for them to keep their material coming across the Atlantic, as I haven't heard from them in some little time. It's very good to know that there are guys everywhere with an interest in circumcision.

It's particularly good to hear that there is interest in Scandinavia. Very few Scandinavians are circumcised on religious grounds, and it has never been



part of the culture as it was here, so the fact that about 5% of Swedish men are circumcised suggests that this might be about the normal proportion for circumcision on grounds of phimosis. If so it suggests that since a few of these would also be candidates on religious grounds, the number of circumcisions in England (ritual plus non-ritual) should be about 10% of the live birth rate. On the other hand the ritual circumcisions would be about half and half neonatal (mostly Jewish) and pre-adolescent (mostly Islamic), while the non-ritual 5% would extend from birth to about age 25. There would also be elective circumcisions (which should certainly be available on the NHS) where individuals decided that though not necessary on strictly medical grounds, the procedure is desirable, and those cases where parents or guardians decided on circumcision for the offspring in their charge. I guess that the 'base' figure for circumcision in England would end up at about 12% to 15%.

At grammar school in the 1950s, just over half of my class were circumcised, which more or less agrees with everyone else. I agree with Anthony that some of the 'free-hand' circumcisions of that period were technically shoddy, leaving untidy scars or misalignment of the cut edges or suture marks. On the other hand, many left no visible scar at all, while the assisted Gomco or Plastibell circumcisions may have other side effects. Some of these problems are illustrated in the *Ethnomedical Study* mentioned in *Acorn 2*, which I highly recommend.

One correspondent asks about material on ritual circumcision. I can also recommend J.S. de la Fontaine's Penguin book, *Initiation*.

D.P.

## **The 'Prince Albert'**

The 'Prince Albert' is the name used for a ring set into the end of the penis, piercing the urethra, and emerging just above the frenulum. It is commonly supposed that the name originated because Queen Victoria obliged her husband, Prince Albert, the Prince Consort, to wear one. Where this rumour originated I have no idea, but it is quite without foundation. The Prince Consort was never known as a philanderer. How, then, would the world have come to know about it? Rather, it is named after their son, Prince Albert Edward, (or 'Bertie' amongst family and close friends), the Prince of Wales and later King Edward VII. He was well known as something of a rake, and wore such a ring for many years. How do I know this? Read on!

My father was born in 1900. His mother had been born in March, 1870 of an unmarried lady who had been a servant in a large stately home in Aberdeenshire. This was the home of a wealthy aristocratic family much given to lavish entertainment. Amongst the guests in the house during June and July of 1869 was the younger Prince Albert.

Prince Albert, or Bertie, was the eldest son of Queen Victoria, and had been born just over a year after her marriage. In 1861, he had married Princess Alexandra of Denmark. His was a political marriage; he had had very little say in the matter, and had little love for her. He was well known for his powerful sexual appetite, and had never been very faithful to his wife. Whilst in London, he would frequent the clubs which then existed for the rich and titled to indulge themselves discreetly. When in the country, he would seduce the serving maids of the houses he stayed in. These servants were hardly in a position to refuse his advances, despite the risk of pregnancy. Most seemed to have been passing fancies, quickly fucked and forgotten. My great grandmother would seem, if her story is to be believed, to have enjoyed a somewhat deeper relationship with him than was usual. It lasted for about a month, and during this time he told her many things which he claimed never to have told to anybody else.

This, then, is his story, as told to her and passed down by word of mouth through the generations to me.

Bertie had always had a strong sexual appetite. Puberty arrived much earlier for him than for most boys. His upbringing was isolated from other boys of the same age, and so he had no opportunity to learn about sex from his peers. He discovered quite by accident the pleasures of masturbation at about the age of twelve, and, not knowing any better, did not make much attempt to hide it.

The Victorians considered masturbation to be a great evil and a serious hazard to health. It was considered to be a dangerous disease, known as 'Onanism' or 'self abuse', to be cured at all costs. The attitude can best be understood by comparing it with the present day attitude to child sex abuse. Many eminent Victorian doctors spent a great deal of time and effort devising cunning methods of combating this menace. When Bertie was discovered to be a victim of this habit, his Nanny, like any responsible nanny of the time, sought all in her power to cure him. His being heir to the throne made a cure even more important, since masturbation was believed to cause insanity and deformed offspring.

The first thing she did was to explain the supposed dangers of the habit. Having no contrary source of information on the subject, (there were no published counter arguments until many years later), he was quickly convinced of the dangers and the necessity of giving up the habit. He tried very hard to stop. For a boy with such a strong sex drive and no alternative outlet, however, this proved a practical impossibility. But because he was convinced of the need to stop, he cooperated fully in the attempts at a cure, confessing to his Nanny whenever he had had a relapse. When she realised that mere warnings were insufficient to cure the habit, she embarked on a régime of severe punishment whenever a relapse occurred. Eventually, after this method had proved unsuccessful, the Doctor was called.

The Doctor tried all the usual remedies of the day. For a while, Bertie was obliged to sleep with his hands tied to the sides of the bed. This merely caused him to masturbate during the day. He was fitted with an anti-masturbation appliance, a sort of chastity belt, but soon had to stop wearing it because of the chafing it caused against his crotch and thighs which soon became badly infected. The Doctor then tried applying caustics to his penis to make handling it painful, but he soon found that frustration overcame the pain.

The next remedy employed was circumcision. In all he was circumcised three times. The first time about 1 quarter of an inch of skin was removed, so that the glans was still partly covered. He started masturbating again almost as soon as the scar had healed, less than three weeks after the operation. The second circumcision left his glans permanently uncovered, but enough skin remained to pull up over the corona when erect. Again he was masturbating using this technique, within a very short time of healing.

By this time the Doctor was becoming desperate. He claimed never to have had such an intractable patient. The third circumcision was as radical as he could make it without endangering the life of his patient. The mucous membrane was trimmed close to the corona and the outer skin was cut right back so that it was under constant tension whilst the penis was erect. The frenulum, said to have been abnormally sensitive in his case, was cut right back also. The wound took a long time to heal because the scar tore whenever erection occurred, which was frequently. He had to be given bromides constantly for several weeks to suppress this tendency. Once healing had completed, he found that his previous methods of masturbation were impossible, since the skin could no longer be pulled up over the glans. The doctor was jubilant, he was convinced that his cure had been successful. Bertie was very frustrated, and when his rational mind became overwhelmed by the frustration he experimented with many methods of achieving orgasm.

He soon found that a suitable lubricant applied to the palm of the hand would permit orgasm and temporary release from frustration. Masturbation was less frequent, because it required more preparation and because he could put off the event by denying himself access to suitable lubricants. But, always, the frustration would build up until it dominated his reason, and a relapse would occur. He started to worry that he might be going mad, for madness was supposed to be one of the consequences of masturbation. The cure had been partly successful, but the ideal demanded by the medical opinion of the day was no masturbation at all.

When the Doctor was told of his patient's relapse, he was initially at a loss as to what to do. He had read of a cure tried in Germany of inserting a silver wire ring in the foreskin to make erection painful. This could not be used in this case, since all of the foreskin had already been removed, but it gave him an idea. He had a ring made and inserted in the end of the penis, through the urethra, emerging from where the frenulum had been cut away. The ring was of gold, about one sixteenth of an inch thick and three quarters

of an inch across. It was fastened permanently into position with gold solder. A similar ring was fastened into the skin of the perineum, between the thighs and in front of the anus. Once the wounds had healed, a small gold padlock was used to join the two rings together.

Because he had always promptly confessed his lapses, and had fully cooperated with all the treatments, he was entrusted with the key of the lock. This was done on the express understanding that if he had any relapse, the key would be taken away from him. This time the cure was successful. He found that he was totally unable to masturbate with the penis held down in this way. He also found that, because erection was very uncomfortable, he tended to avoid arousing thoughts, and so was far less tempted to masturbate. But the main factor, at this time, that helped him give up the habit was that he discovered girls. It was thus fortunate that he had access to his own key.

It is a strange feature of Victorian attitudes, that it was considered quite proper for a boy of fourteen to have sex with a girl just as often as he wanted. It was not sex which was forbidden for boys, just masturbation. (Girls were less fortunate, but this is not the place to digress into a discussion of the horrors of their treatment at that time.) Within a few days of his first experience of sex with a girl, he had discovered that regular fucking was an effective cure for his habit. He had no difficulty finding suitable partners, and was soon performing regularly several times a day.

My great-grandmother was probably not an innocent maiden when the Prince first met her, this would be very difficult for a maid-servant in such a house, but she was still in her teens. She certainly knew enough to express surprise at the circumcised state of his penis (circumcision was a very rare phenomenon then) and at the ring. Initially he told her that he had had these things done in order to increase his own pleasure, as well as that of the girl. This is probably what he told all of the girls he went with; most of them would have accepted this, and questioned no further. Certainly, amongst the better class whores of London (and their clients) the advantages of the 'Prince Albert' were being discussed at about this time. Nothing of this, however, was known to my great-grandmother. She recalled the strange and rather pleasant sensation of it nudging the neck of her womb (perhaps they favoured the rear-entry position). She remembered leading him round the room by it, 'the way you lead a bull to the market'. She remembered playing with the other ring, near his anus, teasing him by using it to pull him away from her during lovemaking.

Later, when they became more intimate, he confessed the real reason for it. At that time, for a man to confess masturbation to girl would be most unusual, since it was considered not just unmanly, but a truly heinous activity, (comparable to confessing, nowadays, to having sex with one's pre-pubescent daughter!). For this reason, I feel that their relationship must have been something quite exceptional. He told her that, despite being married and nearly thirty, he still needed sex at least twice a day to suppress the urge to

masturbate, and that, if he was not going to be able to find a suitable girl, he still had to use the lock. This was the reason he still kept the ring in place. He did not know whether it enhanced his own pleasure, since he had never tried sex without it, but he thought that he would probably miss it. He said that many girls had claimed that it improved sex for them, but he did not know whether this was mere flattery.

His stay in that house came to an end all too soon. And so did hers, since, as soon as she was found to be pregnant, she lost her job. They never met again. They never wrote; that would have caused terrible complications for him, besides, she could barely read or write. Nine months later, my grandmother was born.

A few other facts are worthy of note:

Since that time, all male offspring of the Royal family have been routinely circumcised at birth (with the possible exception, unconfirmed, of the most recent ones); before then it was totally unknown.

I was born at about the same time as Prince Charles. When I was young, many people remarked on the uncanny likeness between me and the newspaper photographs of him.

I have, in my possession, a gentleman's gold fob watch with an alarm of about that date. He gave it to her to put under the pillow when they slept together. He used to set the alarm to waken her at five in the morning when she had to get up to go about her duties. Before she had that, she had got into trouble for oversleeping. The watch is quite plain, without any engraving.

The expression, 'Prince Albert', for such a ring, has been used in England since that time, and is now in common use throughout the world. I have encountered it in literature from France, Germany, Holland, the U.S.A., and Japan.

When my grandmother told the story to my father, she made him promise never to tell anybody outside the family. When my father told it to me, we agreed that, since more than a hundred years had passed and since all the protagonists were now dead, there was no longer any real need for secrecy.

*John McC.*

## **INTACT Educational Foundation Report Of The 1984 Hospital Survey**

In the spring of 1984 the INTACT Educational Foundation made a survey of hospital maternity departments in the United States. The purpose of this survey was to ascertain trends in the practice of circumcision of newborn boys, especially after extensive medical research and findings on the subject made over the past twenty years. The consensus of these findings has been as follows:

- 1) That routine circumcision is medically unnecessary
- 2) That it is more painful and traumatic than previously supposed
- 3) That presumed benefits of this surgery which have guided past practices have not been demonstrated
- 4) That circumcision itself is riskier than the conditions it is alleged to prevent
- 5) That routine circumcision of the neonate is not cost-effective

In 1972 the prestigious American Academy of Paediatrics appointed a special task force to study the question of routine circumcision. After three years of reviewing all the arguments for and against the practice, this committee concluded in its 1975 report, "There is no absolute medical indication for routine circumcision of the newborn." In 1978 this report was endorsed by the American College of Obstetricians and Gynaecologists.

One should also bear in mind that medical circumcision has never been widely practised except in English-speaking countries. Beginning in 1950, however, it was abandoned in Great Britain. (In a 1972 survey of 400,000 newborn boys conducted by the British government only 1 in 200 was circumcised.) In Canada, Australia and New Zealand the practice has declined rapidly. The present rate is well under 30% in Australia and New Zealand, and about 40% in Canada. Thus, the United States is the only country in which the majority of baby boys are circumcised for non-religious reasons.

### How The Survey Was Done

On April 16, 1984 a questionnaire was sent to the head nurse of the maternity department at 500 hospitals in all fifty states. We requested that questionnaires be returned by May 21, 1984, and we received a total of 311 replies.

Because we wanted broad geographical representation, at least five hospitals were polled in each state, and this was the number of questionnaires sent to the District of Columbia and to the fourteen states which have fewer than 20,000 births per year. In the thirty-six remaining states questionnaires were sent out in proportion to annual births. (See table for a complete breakdown.)

All hospitals in the survey reported at least 500 births per year in the 1983 American Hospital Association Guide to the Health Care Field. This meant that the survey was limited mainly to urban and suburban hospitals.

### Table

In the data below the number before the slash indicates the number of questionnaires sent out to a state. The figure after the slash is the number of responses received. Next comes the average circumcision percentage reported in the state. For example, nine questionnaires were mailed to hospitals in Alabama; five were returned. The circumcision rate averaged 85%.

Alabama	9/5	85.0	Missouri	10/7	92.4
Alaska	5/3	54.8	Montana	5/4	74.5
Arizona	9/7	60.1	Nebraska	8/5	96.2
Arkansas	8/6	79.6	Nevada	5/3	70.6
California	35/19	56.4	New Hampshire	5/4	73.8
Colorado	9/7	72.9	New Jersey	11/7	91.1
Connecticut	8/5	92.8	New Mexico	8/5	58.0
Delaware	5/4	96.8	New York	23/15	70.7
District of Columbia	5/3	63.3	North Carolina	11/7	79.7
Florida	15/9	83.7	North Dakota	5/4	94.3
Georgia	11/6	92.2	Ohio	18/11	89.7
Hawaii	5/3	83.3	Oklahoma	9/6	78.9
Idaho	5/3	64.3	Oregon	9/5	60.0
Illinois	18/15	74.7	Pennsylvania	16/10	89.1
Indiana	11/5	95.5	Rhode Island	5/3	76.0
Iowa	9/8	94.8	South Carolina	9/5	81.2
Kansas	8/5	74.2	South Dakota	5/3	80.0
Kentucky	9/3	90.0	Tennessee	10/4	95.5
Louisiana	11/4	61.0	Texas	25/13	45.2
Maine	5/4	67.5	Utah	8/0	
Maryland	9/6	90.0	Vermont	5/4	72.8
Massachusetts	10/7	66.1	Virginia	10/5	91.2
Michigan	15/11	91.5	Washington	10/7	67.9
Minnesota	10/7	88.0	West Virginia	8/5	87.6
Mississippi	9/6	76.0	Wisconsin	10/5	91.8
			Wyoming	5/4	80.0

This survey was conducted and written up by Christopher Davenport, with assistance from Rosemary Romberg. This report is a publication of the INTACT Educational Foundation. Extra copies are available from:

Rosemary Romberg  
4521 Fremont Street  
Bellingham, WA 98226

or Jeffrey R. Wood  
P.O. Box 5  
Wilbraham, MA 01095

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**Circumcision: The Issue Behind The Foreskin**  
**From: *Journal of the South Carolina Medical Association*,  
November 1984: 547-8.**

Despite formal statements by the American Academy of Paediatrics declaring the lack of medical indications for neonatal circumcision, approximately 95 to 98 percent of newborn males appear to be undergoing the procedure. Investigation into physician and parent attitudes has been carried out, and both proponents and opponents of the operation have outlined the rationale for either removal or preservation of the foreskin. To date no review of actual patient attitudes is available. In lieu of interrogating large numbers of neonatal males, a retrospective opinion survey of adult males in a select population was accomplished.

Methods

A standard questionnaire was presented to men attending the outpatient clinics at a large medical centre hospital. Participation was entirely anonymous and voluntary, and the patients responding were distributed among the surgical, primary care, urology, orthopedic, family medicine, and internal medicine clinics. The period of the survey covered three months. Not all items on the survey form had to be completed in order for the patient to be included in the study.

Results

There were 311 respondents, with ages from 18 to 48 years. Over half (58.5 percent) were less than 30 years of age. All were high school graduates, 32.5 percent were college graduates, and 14.5 percent had completed at least two years of postgraduate work. Two hundred eighty-one (90.4 percent) were born within the continental United States. Two hundred five, or almost two-thirds (65.9 percent) were circumcised within the first month of life with 13 (6.3 percent) expressing regret. Of the remaining 106 men uncircumcised at birth, 50 (47.2 percent) would have preferred having the procedure done as a neonate. Furthermore, 25 (50.0 percent) of the latter group had been circumcised later in life. These results are summarised in Table 1. Reasons



given for desiring neonatal circumcision included perception of higher risks for cancer of the penis in uncircumcised males and for cancer of the cervix in sexual partners of these men. Others mentioned the difficulty of maintaining desired penile hygiene with an intact foreskin. Uncircumcised respondents who indicated a preference for circumcision explained that they viewed the procedure too risky, too painful, or too embarrassing for an adult.

<u>Neonatally Circumcised</u>	<u>Neonatally Uncircumcised</u>
205 (65.9%)	106 (34.1%)
<u>Regrets</u>	<u>Regrets</u>
13 (6.3%)	50 (47.2%)
	<u>Later Circumcised</u>
	25 (50.0%)

Table 1

Further characteristics of the population surveyed and some of the findings are delineated in Table 2. Fifty-one (16.4 percent) of the respondents were Black, 240 (77.2 percent) Caucasian, and 20 (6.4 percent) were either of other racial origin or were undetermined responses. One hundred seventy-four (55.9 percent) were Protestant, 61 (19.6 percent) Catholic, and five (1.6 percent) Jewish. The great majority were born in hospitals (85.2 percent) and 10.6 percent were born at home, with the remainder unspecified.

<b>Characteristics Of The Surveyed Group</b>		
Black	51	(16.4%)
Caucasian	240	(77.2%)
Protestant	174	(55.9%)
Catholic	61	(19.6%)
Hospital Born	265	(85.2%)
Home Born	33	(10.6%)

Table 2

Table 3 illustrates the frequency of the procedure in the group with respect to race, religious preference, and place of birth. As can be seen, the frequency of neonatal circumcisions was higher in Caucasians and in those born in hospitals but was not significantly different in Protestants versus Catholics. Among those not circumcised at birth, 39.7 percent of Caucasians and 60.6 percent of Blacks would have preferred the operation.

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**Frequency Of Procedure**

Blacks	18	(35.3%)
Caucasians	177	(73.8%)
Protestants	113	(64.9%)
Catholics	41	(67.2%)
Hospital Born	197	(74.3%)
Home Born	3	(9.1%)

Table 3

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### Discussion

The information obtained from this survey has obvious utility when discussing the operation of circumcision with parents of newborn males. Since 'informed consent' of the patient *per se* in this setting is impossible, the parents should be privy to as much data as feasible prior to making a decision. The necessity of fully-informed consent becomes apparent when one considers that neonatal circumcision rates approach 95 to 98 percent in spite of the aforementioned statements from the American Academy of Paediatrics.

The frequency of the procedure varies with individual physicians. Patel reported in 1966 that neonatal circumcision was done almost always by those openly favouring it and only 20 percent as often by those opposed. Lovell and Cox revealed some inaccurate notions regarding the risks of and indications for the operation as perceived by mothers of baby boys. Eighty percent of almost 200 mothers said the risks had not been explained to them by the physician doing the circumcision and apparently none of them responded that they had requested the operation because they felt that their sons would later approve it.

With the data revealed by the current study a comprehensive review of the indications, risks, probable attitudes, and background regarding circumcision can be provided parents, allowing them an informed decision on an important issue. The following comments are proposed to be included in a discussion of circumcision with parents of newborn males:

1. The American Academy of Paediatrics has said there are no absolute medical indications for the procedure.
2. The problems which might be encountered by males not circumcised as a newborn include:
  - A. Phimosis of clinical significance in approximately ten percent by age three years.
  - B. Balanitis, which rarely if ever occurs in circumcised men.
3. Neonatal circumcision is not without risks including:

- A. Serious complications such as haemorrhage or mutilation in 0.2 percent, and possibly even death in 0.0002 percent (or two in one million).
  - B. Minor problems of clinical significance (bleeding, irritation, infection, etc.) in up to four percent.
4. When adult males were surveyed, only six percent regretted having been circumcised at birth yet almost half of those not circumcised as a newborn would have preferred the operation. Furthermore, one-fourth of those left with a foreskin as an infant underwent circumcision later in life.
  5. There appear to be no major differences in attitudes towards circumcision as a neonate among American Blacks, Caucasians, Catholics, or Protestants.

*Gerald E. Harmon, M.D.*







# **ACORN**

**1988 Issue No 5**

**(Formerly Issue E)**

**Editor  
Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

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Printed & Published in England by Acorn

## Editorial

Welcome again to another newsletter from the group with 101 ideas for things to do with a foreskin. We have some good correspondence in this issue: let's have plenty more, as this newsletter relies on the contributions of its members for its success. You may have seen the letter about *Acorn* in the current issue of *Forum*, which has brought many new members. So far, most members have been predisposed towards circumcision, but several of these new members are less enthusiastic. One, Dr J, has written to say that he is particularly interested in the foreskin and its retention, and is only too willing to discuss any problems, in writing or in his London surgery, free of charge: a member wishing to be put in contact should write in to the Editor.

The BMA is thought to be going to change its rules to allow doctors to advertise: this should help an organisation such as ours to put members in touch with the help they need, but at present medics have to tread carefully.

As promised, we include in this issue an exchange of questions and answers with Mr H, the surgeon to whom the Surgical Advisory Service refers many patients. He does circumcisions on a day-patient basis using local anaesthetic, on a large and growing number of patients, some of whom have written to us to say how satisfied they are with the result. The Surgical Advisory Service currently advertises circumcision on this basis in London for £190. Many will see this fee as good value for a trouble-free procedure, but it may be beyond the means of others, and some may think the fee excessive, compared to the charges for infant circumcision mentioned in the article about Houston later in the Newsletter.

T.A.

## Circumcision: A Surgeon's View

A leading expert in the surgery of circumcision has answered a long string of questions for *Acorn* newsletter, as follows:

1. What do you advise patients as to the advantages and disadvantages of circumcision?
  - A. I do not think there are any disadvantages in performing circumcision. The advantages are:
    - a. Prevention of the development of cancer in the male organ.
    - b. Prevention of the development of cancer in the female organ.
    - c. Prophylactic advantage of removing herpetic lesions (i.e. herpes sores) for social and hygienic reasons.
    - d. Treatment of phimosis (i.e. tightening of the foreskin).
    - e. Treatment of paraphimosis (strangulation by tight foreskin behind glans).



- f. Treatment of balanitis (inflammation of the foreskin).
  - g. Treatment of cysts and other lesions of the foreskin.
  - h. Treatment of tight frenulum.
- 2 Are there any categories of patient whom you would strongly advise against circumcision?
- A Strict, absolute contraindications for circumcision include congenital malformations (such as hypospadias, i.e. the urethral opening is underneath the shaft and not at the tip of the glans). The foreskin is needed for plastic reconstruction of the urethra. In adult patients, of course, these are very rare. Other than that, there are no absolute contraindications.
- 3 Which age do you consider best for circumcision, (a) to produce the most satisfactory cosmetic result, and (b) to minimise inconvenience/trauma to the patient?
- A I have performed circumcisions from the age of day one, and the oldest patient on whom I have myself performed the operation was 85. But I would consider patients of above 70-75 with great discretion, as they take a longer time to heal. Other than this, there is no upper age limit for good cosmetic results.
- 4 What do you think are the comparative advantages and disadvantages of local and general anaesthesia for circumcision? What complications occur with day-patients, how frequently, and what precautions do you recommend them to take?
- A I have now performed this operation under local anaesthesia for the last 5 years with a special technique of my own. I do not consider that there are any circumstances in which this operation has to be performed under general anaesthesia except for children under the age of 5, or a person of nervous disposition, or those who have an adverse reaction to local anaesthesia, which is extremely rare. The patient comes to hospital as a day case. There is no need for hospitalization and the patient is discharged after half an hours rest in the clinic. He can return to work etc later the same day.
- 5 When giving local anaesthesia, for about how long do you intend it to last?
- A Local anaesthesia should last 2-4 hours, which enables the patient to take the journey back home if he has come a long way for the operation.
- 6 Are there any categories of circumcision patient for whom you consider local anaesthesia inappropriate?
- A Local anaesthesia is inappropriate for children under the age of 5, or an extreme form of acute dermatitis of the skin, or any obvious acute ulceration and inflammation of the prepuce.

- 7 Which circumcision technique do you think gives the most satisfactory result, and why? Are different techniques desirable, depending on the age of the patient, for example, or on other factors?
  - A My technique is a simple single prick installation of 20ml of 2% local lignocaine anaesthesia and a standard technique circumcision with the application of clamps. At this stage I cannot reveal the exact technique.
- 8 Dorsal incision or stretching of the preputial meatus are sometimes suggested as an alternative to circumcision. What do you consider are the arguments for and against these procedures?
  - A Alternative techniques for circumcision are not recommended as they leave ugly scars and do not serve a purpose. I try to discourage partial slits or excision of the frenulum as such.
- 9 Please describe the ideal outcome of a circumcision, in terms of
  - (a) how much of the inner foreskin should be allowed to remain, i.e. how close should the scar-line be to the coronal sulcus?
    - A The scar should be about  $\frac{1}{4}$  of an inch away from the margin of the glans. The length of the foreskin depends upon the length of the organ, hence each patient is treated on his own merits. The scar should be smooth.
  - (b) how slack or tight should be the skin on the shaft?
    - A The degree of tightness or slackness depends, of course, upon the wishes of the patient, which should be ascertained previously.
  - (c) should the frenulum be left intact, divided, or dissected out?
    - A The frenulum can be divided or left intact: this should be discussed with the patient.
- 10 To what extent do you take into account the wishes of a patient regarding the intended outcome of circumcision?
  - A In general all patients are counselled in my Harley Street rooms, as well as prior to the surgery itself. All the patient's wishes are taken into consideration. The patient must sign a consent form before the operation.
- 11 What would be your advice to a patient who asked for
  - (a) 'semi-circumcision' to merely shorten the foreskin, so as to leave the glans half-covered (at least in the flaccid state);
    - A There is no such thing as 'semi-circumcision': I would not recommend this form of operation.
  - (b) or a very radical circumcision, e.g. to leave the shaft-skin very tight, and/or to remove as much as possible of the mucous membrane so as to place the scar-line at the coronal sulcus?

- A A very radical circumcision is generally not done; however tightening of the skin has been carried out for patients with too much elasticity, which of course happens in the (?) stage.
- 12 What suture technique do you use? Do you consider a few sutures sufficient, or do you use many small ones, as in some techniques of cosmetic surgery? Do you use soluble sutures, and if so, how long do you recommend that they should remain in place? What do you think of the suggestion that using 3/0 monofilamentous polypropylene, removed after 5-7 days, reduces the likelihood of formation of nodules or fistulas at suture sites? Some correspondents (none of them your patients so far as I know) have mentioned these as adverse outcomes following circumcision. Have you encountered this problem, and, if so, what solutions do you suggest?
- A I use a continuous suture technique, using catgut disposable sutures. This gives the advantage that the patient does not have to return for removal of the sutures, which dissolve in  $2\frac{1}{2}$  to 3 weeks. Synthetic nylon or Ethicon sutures are not advisable, as they leave more fistulas (holes) or pock-marks. An absorbable synthetic suture in the form of coated vicryl can be used: I have used it for revision of circumcision.
- 13 What advice do you give in response to the common fear of an erection during the healing period, which might reopen the wound and delay healing? Do you prescribe medication to suppress erections, e.g. Stilboestrol?
- A As a general principle, I usually prescribe Diazepam, a tranquilliser, one tablet to be taken at night for the next three nights. For the last four years there have been no problems with patients complaining of erections disturbing the healing pattern after operation. I do not recommend the prescribing of hormones as there is no indication for female hormones to be taken by the male, other than if indicated for conditions like cancers etc, eg cancer of the prostate.
- 14 What do you advise patients about treatment and aftercare following circumcision? e.g. dressings, period of sexual abstinence, etc.
- A There is a non-stick dressing on the shaft which should remain for 48 hours, and this slips off very easily. I recommend, of course, that the patient does not bathe until 48 hours after the operation, and then uses dilute Savlon lotion. I usually request that then the patient leaves the wound without a dressing, with plenty of fresh air to heal under normal circumstances.
- 15 What case-histories (in general) are presented to you by patients seeking circumcision? Have you been able to form any views as to the motivation, average age and social characteristics of such patients?
- A Indications and motivations for patients to come to me for this operation are

plenty, including the standard ones described in textbooks (cysts, herpes, phimosis and paraphimosis, balanitis, etc); also prevention of carcinomas (male and female), prevention of viruses, social reasons, hygiene reasons, sexual reasons.

- 16 What is your estimate of the demand for elective circumcision, and what factors influence this?
- A In my personal experience the demand for male adult circumcision is on the increase. I have performed more operations this year so far than last year, as the general public become more aware of the advantages of circumcision being performed as a day case with a minimum of fuss. With a consumer-based ideology, I am sure the demand for the operation in this country will increase.

## **Methods Of Circumcision Compared**

There are about a hundred methods of circumcision, so I have confined myself to the six most popularly used today, two religious/ritual, two classical surgical and two twentieth century instrumental. In the USA most neonates are circumcised either with the Gomco clamp or the Plastibell, or are given the traditional Jewish Brit Milah. Note that all these three are done without any anaesthesia. The baby is held with legs apart and bent, either strapped to a specially-designed shaped board or held by the Sandek, the Jewish God-father.

Because circumcision is the most practised surgical operation in the USA, foreskins are dispatched in record time. Manufacturers of the Mogen clamp and the Plastibell claim it is possible to circumcise in one and three minutes respectively. The Gomco clamp has to remain closed for 5 minutes before the foreskin is cut away, the total operation when it is used lasts 8-10 minutes. The two last stages of the Jewish ritual, tearing the mucous membrane to uncover the glans, and applying suction to remove blood, must extend the ritual operation to 3-4 minutes.

The Mogen clamp is claimed to be the least painful method. Both the Gomco clamp and the Plastibell require an initial dorsal slit before the foreskin is clamped or tied off, which may be more painful. Some Americans claim to be able to recall the experience of circumcision under hypnosis. If true, the pain league table is an indictment of medical practice, since the operation is experienced by about nine out of every ten American males. If duration is the measure, then the least painful is the non-ritual use of the Mogen clamp (1 minute), followed by Brit Milah with a shield or clamp (3-4 minutes), the Plastibell (3 minutes), and the most painful is the Gomco clamp (8-10 minutes).

American neonatal circumcisions exceed British ones by 100:1, and the British methods are of a different mix. The Gomco clamp is almost unknown

# Most Common Methods of Neonatal to Juvenile Circumcision

Technique	Anaesthetic given	Glans protection	Simultaneous removal of both layers	Separate removal of inner layer	Suturing cut edges	Dressing	Application to adult	Appearance and identification
Islamic (Khitān) in non-muslim country	Sometimes local (dependent on age)	YES in most cases, clamp	NO	NO membrane rolled off glans on to shaft	NO except bleeding parts. Yes with larger penis	YES	YES performed by doctor with local anaesthetic	Scar half-way down shaft of erect penis all the way round. (could be 3-4in from glans)
Jewish (Brit Milah) by Mohel	NO on neonates worldwide	YES shield or Mogen Clamp in USA	NO skin removed quill shaped	NO membrane split dorsally and reflected back over glans	NO	YES around shaft but not glans	YES performed by doctor/mohel using local anaesthetic	Scar at angle to glans with greatest membrane to scar band at top decreasing to intact frenulum. Skin bulking around frenulum when flaccid
Classical Forceps Guided	YES General	YES Sinus or clamping forceps for Mogen clamp in USA)	NO	NO membrane split dorsally to 1/4 in of corona and removed	YES starting with frenal stitch	YES	NO	Least tidy of all nonritual circumcision scars with line irregularities and lack of symmetry. Scar should be 1/4 in in behind glans when erect
Classical Dorsal Slit with trimming at both sides	YES General	NO but glans is fully exposed after dorsal slit	YES	NO	YES starting with frenal stitch	YES	YES	There may be irregularities but edges will be matched by a single cut. Scar should be 1/2 in in behind glans when erect
* Gomco Clamp 9 sizes: 1.1cm small newborn to 3.6cm	NO on USA neonates	YES Glans is secure within metal bell	YES	NO	NO except at bleeding parts (yes over 12 months old)	YES	YES with glans up to 3.6cm in width	Perfectly straight scarline (1/32 in wide) Less prepucce remaining than with Plastibell, so scar will sit nearer to the glans when erect
Plastibell 3 sizes 1.1cm very small to 1.7cm large	NO on USA or UK neonates	YES Plastic bell over glans	YES by ligature	NO	NO	NO	NO largest size would only fit 7-9 year old with small penis	Perfectly straight scarline further down the erect penis than the Gomco clamp. 1 in to almost 2 in (in fitting and tying there is 1cm of prepucce between sulcus & ligature)

\* Most commonly used circumcision instrument

(unlike in continental Europe), but use of the disposable Plastibell is relatively common, vying with the traditional 'cut, trim and stitch' method. Though only about 1% of the young are circumcised, neat results are beginning to outnumber the ragged ones that were once widespread.

In the first three methods in the Table; Jewish, Islamic and forceps guided, the forward-drawn prepuce is held in a shield, clamp or by forceps and the knife is swept downward along the guide. This often results in small dog-ears of skin at each end, dorsal and frenal, of the incision.

Where remaining inner membrane is turned back as in the Islamic and Jewish methods, the circumcision is less tight. Where this membrane is removed in a second stage of the operation, it may be more difficult to match up the two cut surfaces, especially in infants, and the result may be less attractive cosmetically.

Ideally both preputial layers should be excised simultaneously, so that the cut edges of skin are precisely matched. Both the Plastibell and Gomco do this, and have the further advantage of bloodless surgery (apart from the initial dorsal slit to facilitate fitting). The instrument can be skilfully adjusted so as to vary the amount of foreskin removed, and personally I would advocate a positioning which results in the glans remaining almost half-covered.

In choosing the most suitable method, consideration should be given to pain (if no anaesthetic is used), size of penis, amount of skin to be removed, and neatness. So for the neonate, the Plastibell or Mogen clamp is least painful. For a child, the Plastibell or Gomco clamps give the neatest result. For a youth or an adult, the Islamic method, the Gomco clamp or the classical freehand methods allow precision in the final result. The final appearance of the modified penis would be dramatically improved if universal instrumental foreshortening replaced non-ritual freehand surgery on the small organ. For the adult, the larger size allows reasonable neatness with most methods, but the Gomco clamp guarantees it.

*Anthony.*

### **Circumcision Clinic Thriving In Houston From American Medical News, January 11, 1985**

Finding a need and filling it is a market principle that found a medical application in the case of Houston's first circumcision clinic. Circumcision Services Inc., a for-profit venture launched in August 1984, was conceived by professional marketers who have connections at the Texas Medical Centre. Because Houston's Harris County Hospital does not perform circumcisions on the 8,000 to 9,000 male infants born there annually, resident physicians began joking about opening a clinic for just such a purpose.

The joke stopped, however, when the idea reached a resident's wife who is in commercial marketing in Houston. Six partners collected \$22,000 in start-up capital, a building near the hospital was rented, five to six resident obstetrician-gynaecologists were recruited, and the clinic was opened on August 1. For \$35 (raised to \$45 in October), parents can bring in their 3-day to 3-month-old infant for the simple surgical procedure.

"We have five residents on a rotating schedule", said John W. Zern, one of the clinic partners. He explained that settling on the cost of the procedure was difficult because "people associate price with quality. We are learning a lot about the public's perceptions of quality care versus costs. \$45 seems to be a popular price", he said. Only cash is accepted. The clinic is open from 6 pm to 9 pm Monday, Wednesday and Thursday and 10 am to 2 pm on Saturday. "We tried to set the hours so that both parents could bring the infant", Zern noted.

The clinic has the blessings of Baylor medical school staff. Some physicians have referred parents who want the operation for their sons to the clinic, and people as far away as Dallas have come to the clinic. Appointments are not necessary at the clinic, which has four rooms for the operation and employs a nurse, receptionist and the physicians, one or two of whom are present during hours. The entire procedure takes about 20 to 25 minutes, Zern said, depending on the infant's clothing.

"If there's one thing we learned, it is that people put too many clothes on infants," he said jokingly about the time needed to undress and dress the babies. "Medical information about the procedure is given to parents by physicians; other information comes from the staff", Zern said.

Marketing the clinic is handled through advertising the clinic's address on a brochure distributed by the American College of Obstetricians and Gynaecologists in a gift pack given to new mothers. Other advertising comes by word of mouth, Zern said. Although jokes continue to flow about the clinic and the prospect of expanding into a nationwide franchised business, Zern said he did not see his group "diversifying too soon. The concern over the medical aspect is a given; the experiment with profit involved is secondary. We are very sensitive about diversifying too soon, but we've already had enquiries about franchises."

*Linda Busch*

## **Correspondence Received**

Thanks to John McC, Anthony, and Bill for some long contributions which we hope to include in later issues.

## **Yes, Circumcision Is Still A Good Idea**

### **From *Health Confidential*, April 1988**

Circumcision is performed on 1.25 million infants and on thousands of older children and adults every year. Today 60% to 80% of boys [in the USA] have their foreskins surgically removed. This surgical procedure has come under increasing attack and is not usually reimbursed by most medical insurance. However, my findings and those of others confirm that circumcision is an important preventive medical procedure that should continue to be performed. The advantages far outweigh any potential disadvantages. The relevant findings are:

- Circumcised boys are 10-20 times less likely to contract urinary tract infections (UTIs) during their first year, and 15-20 times less likely to contract UTIs between ages one and 15. These UTIs are far from benign. Those who suffer from severe chronic infections often wind up with kidney failure and must undergo routine dialysis.
- Circumcised men are about 50% less likely to contract sexually transmitted diseases, including syphilis and gonorrhoea. The reason is that the foreskin is easily abraded during sex, giving disease-causing micro-organisms easy access to the man's bloodstream. Venereal warts are almost unheard of in circumcised men. Many causes of cervical cancer in women are associated with the wart-causing virus being passed during sex. Uncircumcised men may be passing on these cancer-causing viruses to their lovers.
- Circumcision lowers the risk of penile cancer. Of 50,000 US cases, all but nine occurred in uncircumcised men.

Circumcision also reduces the risk of balanitis and posthitis, annoying localised fungal and bacterial infections of the penis. As many as 10% of the men must be circumcised in adulthood to eliminate such chronic infections. Those who suffer from a fairly common condition called phimosis (tight foreskin) also benefit from circumcision. Phimosis can be extremely painful and may prevent erections.

Myths: That circumcision reduces penile sensations; that circumcising a newborn without anaesthesia causes emotional trauma that carries into later life. No scientific evidence exists for either of these claims. Note that general anaesthesia for the newborn is not the solution either. Because a newborn's respiratory passages are smaller, chances of upper respiratory tract problems increase. Local anaesthesia does relieve discomfort.

Boys over age one and adults who were not circumcised should seek out the procedure, if desired, with a urologist. A drawback is that circumcision is a much bigger production in adults than in infants. Adult men who undergo circumcision typically need general anaesthesia (which involves some risk) and miss a week of work after the procedure. The total cost (surgery and



hospitalisation plus lost work time) comes to \$3,000 to \$4,000.

Newborn circumcision as practised today is a fast, inexpensive (\$100) and safe procedure. Within 48 hours of birth the infant boy's foreskin is swiftly cut off and disposed of. In most cases the incision heals quickly without stitches. For every 1,000 circumcisions, only two result in serious complications. Occasionally the procedure leads to septicemia. Very rarely doctors take off too much tissue, and in extremely rare cases the entire penis has been removed. The very small latter risk can be all but eliminated if the surgeon uses a scalpel rather than an electrical probe. Parents should try to find a surgeon with considerable experience.

Thomas Wiswell, MD  
(Walter Reed Army Medical Centre)

## Review

***Foreskin: its past, its present and ... its future?*  
by Bud Berkeley and Joe Tiffenbach, 208 pages, 1983,  
from Bud Berkeley, PO Box 26011, San Francisco 94126, USA.**

This book was compiled as the result of Bud Berkeley's successful formation of an organisation called the Uncircumcised Society of America (USA), which shares with *Acorn* the aim of exchanging information about circumcision and foreskins among those of us who find the subject interesting. The two groups each have a different emphasis, however, because they cater mainly for the minority in each country: roundheads in Britain and cavaliers in the USA.

He began with a questionnaire which asks for some social characteristics and a genital description, and includes questions such as: Are you shy about being uncircumcised/circumcised? Do your fantasies include having a foreskin/being circumcised? Your sexual orientation? Your sexual activities? Do you want to know more about circumcision? etc. About 12 pages summarise some of the basic statistical data and some one-line comments received in response to such questionnaires. Another 70 pages are extracts, a few lines to a page or more in length, from letters generated by the U.S.A., and many of them published in *Foreskin Quarterly (FQ)*, a journal which it published (still publishes?) These cover the range from men who are glad to be circumcised to men who are glad to have foreskins, via several who are dissatisfied with whichever state they are in. There are descriptions of what they use their equipment for, and also many accounts of how they were circumcised or narrowly avoided it. Many of these involve encounters with forces medical personnel, several of whom conducted 'short-arm' inspections and some of whom applied substantial degrees of pressure to ensure if possible that all the personnel in their unit were circumcised.

The first half of the book is 'A long history of the American foreskin, shortened'. This traces the spread of circumcision onwards from ancient Egypt and Jews in Biblical times. The onslaught of the crusades ended Islamic tolerance of the foreskin, and resulted in many a knight in shining armour being sent back to his cold northern woods without the benefit of his 'hood'.

Later, but as far back as 1661, 'the Old London Company' realised that her many phimosed employees were in mortal danger. Knowing that it was impossible to protect British foreskins from zealot Moghuls, the British governor of Madras proclaimed that all applicants to the Company be "bodily examined" and if a cadet could not "strip his yard", the company surgeon was obliged to "clip ye skin entire". This is taken as the start of 300 years of circumcision of European Christians by European Christians, and it is claimed that records still exist with explicit details of which of the builders of empire were 'clipcocks' and which were 'pillcocks' (or peelcocks, uncircumcised).

By the early 19th century "the clipcock became fashion among the British aristocracy, who wore it as a badge of honour, proof of serving Throne and Empire in foreign service" (p.31). It spread to other classes in the second half of the 19th century, impelled by a hysteria against masturbation, so that by 1914, 85% of upper class and nearly 50% of working class males were circumcised. At that point prevention of VD took over as the favoured reason given for encouraging circumcision. The well established link between the forces medical personnel and the operation was continued through World War II, Korea and Viet Nam.

The book goes on to discuss foreskin restoration operations from Roman to modern times, and mentions another US organisation, BUFF (Brothers for Future Foreskins), which aimed to advise and encourage men who were dissatisfied with their circumcised state: the most effective technique seems to be to stretch and tension the remains of the circumcised foreskin, and partial or full coverage of the glans is claimed to be possible with persistence. The book is extensively illustrated by Berkeley's co-author with photographs on every second or third page which illustrate the wide variety of penises, both with and without foreskins. There are also some line drawings reproducing Egyptian hieroglyphic accounts of circumcision, etc. The book is unique in its discussion and illustration at such length, and is unusual in emphasising the foreskin rather than circumcision, although it will be of interest whichever viewpoint is yours, whether for or against circumcision. No price is given. For US postal purposes it is apparently possible to avoid censorship by stating that you are soliciting private correspondence and that all matter received as a result through the US Postal Service is acceptable to you and will not offend you and that you are at least 18 years of age. Whether a similar statement would satisfy the British Customs or Postal censors can only be a matter of experiment.

## Correspondence

Dear Editor: Andy (Issue 2) claims that 'most of the men interested in circumcision are totally heterosexual'. Sorry, but that just isn't true; there are quite a large number of gay and bisexual men who are interested too. I am sorry that Andy doesn't feel that gay or bisexual men are welcome in the group, but that is his problem. Let us all please remember that we share a common interest in the subject of circumcision. We can all contribute, and we can all gain a better understanding of the subject. I for one want this group to be a success. It doesn't matter to me what a person's sexual leanings are. We are all individuals, so please don't let this Newsletter become just another platform for anti-gay views.

K.

Dear Tony: I hope the letter from the other Andy of London in Issue 2 doesn't represent club policy. My own view is that *Acorn* should be for anyone, gay or straight, who takes an interest in getting the cock into the best possible shape. I very much look forward to the next issue.

*Andy S.*

[Thanks Andy I think your phrase about the group being "for anyone who takes an interest in getting the cock into the best possible shape" is an excellent summary of our aims. — *Tony Acorn*]

Dear Editor: I was delighted to receive details of *Acorn* and to know that something is being done to lift the wraps on the simple operation of circumcision. Please enrol me as a member of the *Acorn* group. May I congratulate you on the apt choice of title: *Acorn* applies to both the 'haves' and the 'have nots'. I would summarise my own views as follows:

As a Christian I do not endow circumcision with any religious or spiritual significance, but think that a large proportion of the population would benefit from the operation. In general I regard male circumcision as healthy, hygienic and aesthetic, contributing to improved sexual performance by the man and increased enjoyment by his partner.

Ritual female circumcision is to be deplored as an unnecessary and cruel mutilation. Nevertheless, many women are endowed with an over-abundant or adherent prepuce, preventing proper stimulation of the clitoris. In such cases orgasmic response is greatly enhanced following exposure of the clitoris.

Adult male circumcision may well lead to difficulty during masturbation, due to the different techniques required (until these are learnt), but this is

fully compensated by the greater satisfaction reached in sexual intercourse.

*Yours sincerely, A.W.*

Dear Tony, Thanks for your prompt reply. Your concern that the ecraseur method can cause difficulties was well taken. While I experienced no trouble, I have, since my own circumcision, helped four other men circumcise themselves, two by correspondence. One correspondent had a very strong erection on the third day that partially pulled the skin out from under the ecraseur. Although this produced only minor bleeding and eventually healed OK, the swelling that accompanied the accident caused difficulties with urination. He decided to remove the ecraseur. He cut the ring where the skin had slipped from under it, and by soaking to soften the scab, was able to remove the ecraseur with hardly any bleeding. The wound healed slowly but satisfactorily and except for a wide scar the results were quite cosmetic.

*Sincerely, Warren.*

Dear Tony: A friend on holiday was on a beach in Spain last year. He heard a commotion and saw a guy of about 17 being led by a group of about fifteen people along the beach with his hands tied. They took him to a spot where there were some trees, stripped him and tied him with his legs apart to the forked branches of a fallen tree. The guy was then forcibly circumcised by one of the group, who then placed the ring of foreskin over one of his fingers and showed it to the rest of the group. The operator seemed well experienced, and had come with the necessary dressings. I can only assume that the guy was circumcised either as some sort of punishment, or as a form of ritual initiation. Have you ever heard of similar incidents?

*Sincerely, Keith.*

Dear TA: Thank you for forming *Acorn*. Since J.M. stated the case so well with 'Cock Cut Club', I've watched for just such a positive response. I trust in your confidentiality. Once again, well done.

*Alan B.*

Dear Sir: I would like to join and enclose £5 for this year's subscription. I am 42, a keen masturbator, and the proud owner of a foreskin, which I prefer. I am against circumcision except on medical or religious grounds. If a tight foreskin is the problem, only partial and not complete removal of the foreskin should be attempted. I look forward to being a member of the group.

*Yours faithfully, D.M.C.*

Dear *Acorn*: I enclose my subscription. When I have seen the newsletter, I might pluck up courage and write to you, but at the moment I am a bit too

shy.

*Yours sincerely, A.A.*

Dear Sir: I am currently doing research into the changing attitudes in this country and the US towards circumcision and the foreskin. The intention is to contrast the widespread but little realised distress of the man circumcised in infancy with the fanatical zeal of the foreskin phobes. The key to both attitudes is the attitude of the sexually aware woman towards the foreskin and its removal. Can the group help, do you think?

*R.B.W.*

Dear Sir: As one whose sex life has been wrecked by circumcision (*Forum* published a letter from me recently giving details), I am interested in seeing the subject discussed, particularly from the woman's point of view.

*R.B.W.*

Dear TA: You may have read some of my comments on circumcision in past issues of *Forum*. I am particularly interested in the foreskin and its retention. I know many men have hang-ups on their penises and I am only too willing to discuss the problems in writing or my surgery free of charge and act as honorary advisor to *Acorn*. Good luck with your project.

*Dr J.S.*

Dear Tony: Many thanks for the *Acorn* newsletters. I have found them fascinating reading. Please keep up the good work. I have passed on the newsletter address to a few interested people from *Forum* correspondence. I found the personal accounts much more interesting than the more lengthy facts and figures. It would be nice to see some contributions by women, especially on the subject of female circumcision.

*Yours sincerely, R.A.*

## **Meeting**

Some members have indicated their interest in a meeting in Oxford in the evening of 24/25 September. The cost for a single bed-room and breakfast in a guest house will be about £16. Members will make their own booking, identify themselves to each other once they have arrived, and allow the evening to develop from there. If you would like details, write to *Acorn*.

## **An Acorn Anthology of Words and Phrases**

**American Clipper:** a New York rabbi. New York has the world's largest Jewish community (2.8 million in 1976). There is even a Circumcision Street.

**Arel:** Hebrew for unclean, of meat, etc. Arelim (plural) refer to the uncircumcised, as contrasted with goyim, non-Jews or gentiles who may be circumcised

**Balanitis:** from the Greek for 'acorn' + 'itis', inflammation. Inflammation of the mucous membrane forming the inner surface of the foreskin, it is one of the few ways of obtaining an NHS circumcision. The cause is anaerobic organisms (such as spirochete and fusiform bacillus) which thrive in the moist interior of the prepuce. Antiseptic and topical antibiotic treatments are usually considered before resorting to surgery.

**Bilharzia:** a serious systemic trematode worm infection, common on the Nile, which affects some 5% of humanity as well as sheep, cattle and camels, described by T. Bilharz in 1881. It causes debility, and a symptom is bleeding when urinating. The infection is water-borne, and the point of ingress was thought to be the penis, with Egyptian-type circumcision as a preventive. During the First World War British soldiers were ordered to wear condoms when swimming as a precaution against the disease.

**Blaengroen:** Welsh for foreskin, 'blauen' foremost, 'groen (croen)' skin. The complete penile meaning exists as groen/blauen/gwilan/gior: skin/ foremost/ rod/man.

**Brit Milah:** Hebrew covenant + Mishnaic Hebrew cutting; the covenant of circumcision, usually just referred to as the brit (pronounced 'briss').

*Anthony*

### **Future Issues**

Issue 6 of the Newsletter is planned for late July, but there will then be a break until October before the next issue. I hope it will be possible to produce one or two further issues in November/December, so please keep your contributions coming.

# ACORN

**1988 Issue No 6**

**(Formerly Issue F)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

We have an extra-large issue this time. Many thanks to all of you who have contributed the letters which we have included: please keep them coming. Opinions are more balanced than in past issues, including some thoughtful letters against circumcision as well as some in favour. We also have an interesting comparison by John McC. of the relative sensitivities of the glans and inner foreskin, and a copy of the recent half-page article in *The Independent* newspaper in favour of infant circumcision.

T.A.

### From Our Norwegian Correspondent

Scandinavia is usually thought of as uniformly opposed to circumcision. Interesting light was shed on this issue in the newspaper *Osloavisen*, with its sensational June 4 headline: "Small boys mistreated in hospital". This was based on a statement by Sten Sander, the surgical consultant at Aker Hospital, the gist of which was that several hundred circumcisions were done in Oslo hospitals every year; he thought this was child abuse, to remove so sensitive a part of the sex organ. Furthermore, other important operations might be delayed. Another surgeon thought that immigrant groups should bring their own circumcisers with them.

The total number of circumcisions in Oslo hospitals was unclear. Aker Hospital did about 150 in 1987, but this excluded operations in the maternity department. The 150 had to be done on overtime, at an estimated cost to the health service of 2,000 to 5,000 kroner each (£200-£500). Most of the patients were Muslims from Pakistan, but there were also some circumcisions of Norwegian boys with tight foreskins. The surgical department now flatly rejected requests for circumcisions, which were done by the paediatricians on boys up to eight years old in both Aker and Ulleval hospitals. In both, no circumcisions had been done for some months, and there was a waiting list of 50-60 boys. Helge Jensen, the paediatric consultant at Aker considered that the risk of bleeding and infection increased if the operation was left beyond the perinatal period. Local anaesthetic was used on the newborn, but normally general anaesthetic was used on older boys. Although he found it a thankless task, there was no room for personal opinion, since the central health authority had issued instructions that the operation must be done. Commenting on the long queue, he said that he had rejected a request from a 20-year-old, and would call a halt for boys over 8-10 years, but he did not think that 'child-abuse' was an appropriate phrase to use in this context.

The following issue of the paper carried a reply from the Imam of the Muslim congregation which emphasised that circumcision was absolutely fundamental for Muslims. It was quite unthinkable for a Muslim not to circumcise his sons. He referred back to Abraham as the origin of the custom, and argued that there was a similar obligation on Jews and Christians,



since Abraham represented the original true religion. Abraham advocated circumcision, and practised the custom on his own sons. God sent the prophets to build a better life for the people, not a worse one. So a custom laid on us by the prophet Abraham could not involve mistreatment. Since Norway was a country with freedom of religion, circumcision could not be forbidden. A good government should meet the needs of the whole people, if necessary with a special department for circumcisions, so that there would be no conflict with other medical needs. The reporter asked five members of the public for their views, but either they had none, or thought that people had a right to practice their own religious customs; and, besides, it might well be cleaner.

The Imam's 5,000-strong congregation thought that a hospital clinic should be established for circumcisions. He was supported by a Socialist politician, Saeed Anjum, who argued that minority groups had enough difficulties already. The newspaper headline had given the impression that Norwegian doctors were being pressed to do something against their will. Circumcision was not an urgent matter, and could wait until urgent cases were dealt with first. But in a society where the health service was responsible for the good health of the population, the public health service has a duty to circumcise boys.

## **Retracted Foreskins**

Dear Tony: I am struck by the number of your contributors who say they practised 'permanent' retraction before their circumcisions. If they were able to keep the skin held back, what is the point of circumcision? Surely the two states are very similar and it is hard to see what extra advantage the operation can confer: it is rather the opposite in fact, since the operation removes the option of second thoughts and of returning the foreskin to its natural position.

However, despite the frequency of its reporting in *Acorn*, I suspect that the overwhelming majority of men do not and would not want to practice permanent retraction. Like them I much prefer to wear my foreskin forward; when flaccid, the glans is completely covered, thus giving a measure of real protection as well as maintaining superb sensitivity. I would take issue with your statement in Issue 2 that 'the foreskin should slide easily back behind the glans rim on its own' when fully erect. Whilst I do not doubt that this does occur with some men, I do not think it is normal. At least  $\frac{3}{4}$  of my glans remains covered with just the slit in the glans and its surrounding area exposed, and I suspect that this is much more the norm. The foreskin can be pulled down manually to form folds below the ridge and, again contrasting with your view, effective sexual performance is not hindered.

My general impression after three issues of *Acorn* is that the majority of your members are circumcised. Are there any others of similar views?

*Yours sincerely, M.L.*

## More From the Acorn Dictionary: A – D

**Ampallang:** short rod, often of gold, silver or ivory, worn by Dyaks in a transverse piercing of the glans, with a ball at each end to hold it in place, one of which can be unscrewed for easy insertion.

**Apadravya:** rod similar to an ampallang, worn in a hole pierced through the glans from front to back, and originating in India; advocated by the Kama Sutra.

**Balanitis, balanoposthitis:** inflammation of the foreskin, temporary or chronic, which may be caused by germs or a fungus; best remedied by circumcision.

**Cavalier, pillcock:** slang terms for 'uncircumcised'; contrast 'roundhead', 'clipcock'.

**Celsus operation:** named after Celsus Arelus Cornelius (53BC-7AD) who devised a method of uncircumcision in which the penis could be peeled back and stripped; the loosened shaft skin was then bound to the glans. If successful, a foreskin was formed after healing. Polish doctors used similar techniques (without anaesthetic) to save circumcised males from execution at the hands of the Nazis.

**Cheese supper:** fellation of the uncircumcised (smegma = 'cheese').

**Circumcision:** from Latin 'circum' around and 'caedo' cut. The removal of the prepuce from the glans penis or glans clitoris so that the glans is normally fully exposed at all times. Various forms of the operation (with different results) are practised ritually by Jews, Muslims and traditional societies in Africa, Australia and occasionally America. Therapeutically it is a remedy for phimosis, paraphimosis, and balanitis in the male and for a hooded and insensitive clitoris in the female. Routine circumcision is practised in the USA (about 80% of males) and to a lesser extent in Canada, Australia and New Zealand. Slang terms for circumcision include 'baby job' and 'Jewish national' (American), 'Brit' (Hebrew) and 'Khitan' (Muslim). 'Circumcised' evokes a plethora of terms: 'cirked', 'cised'; euphemisms: 'clipped', 'done', 'tidied up down below', 'doctored', 'nicked' ("Plumbers are afraid of working in a synagogue because they get their tools nicked"), 'been under the knife', 'No-smegs'. The commonest term, 'roundhead' is an obvious description with a reference to the Civil War, contrasting with 'cavalier' for a foreskin possessor. In Islam one of the greatest insults is 'son of an uncircumcised mother'. Ancient Roman terms of derision were 'curtus' (shortened, mutilated or circumcised), 'recutitus' (shorn, skinned, circumcised), and 'verpus' (verpa, the penis) (a circumcised male). French: circoncision. German: beschneidung.

**Cicatrice, cicatrix:** scar of healed wound.

**Clipcock:** the term for 'circumcised' used since 1661 in records of the London East India Company. The Governor of the Company's station in Madras

required that all applicants be 'bodily examined' and if a cadet could not 'strip his yard' the Company surgeon was to 'clip ye skin entire' (Bud Berkeley, *Foreskin*).

**Clitoris:** from Greek 'kleis', key; plural, clitorides. A part of the female genitals equivalent to a rudimentary penis, erectile and with a glans covered by prepuce, with a great number of nerve endings and capable of being intensely stimulated. The largest recorded was 3.14 inches when erect; a clitoris over 1" is rare in whites, but may occur in 2-3% of black women.

**Cock:** the commonest of slang terms for the penis. Relates to the male fowl, which has had a randy reputation (at least since Chaucer's 'Chaunticleer and Pertelote', because expected to serve a large flock of hens); so common a euphemism that Americans use 'rooster' or 'cockerel' instead of cock. Hence also 'keep your pecker up'. Possibly 'cocky', cheeky, has a related origin. Also relates to 'cock' as tap/stop-cock, in relation to the urinary function.

**Corona:** from Latin 'crown'. The ridge or rim on the dorsal (upper) aspect of the glans, often more pronounced in those circumcised early in life. Classical circumcision involves cutting off the outer layer of foreskin and then trimming the inner layer as closely as possible to the corona.

**Corpora cavernosa:** the two masses of spongy tissue which form much of the structure of the penis. A third, the corpus spongiosum, forms the structure of the glans and the ventral (under) part of the penis, through which runs the urethra.

**Distal:** at the outer or further end, eg from the body (opposite: proximal).

**Dorsal:** the forward or upper surface, eg of the penis (opposite: ventral), from Latin dorsum, back. Dorsal slit (sometimes also referred to as preputiotomy): the upper surface of the foreskin is slit, as an alternative to formal circumcision. If the slit is longitudinal, from the opening (meatus) back, the foreskin hangs down beside and under the glans forming a loose mass of skin; if done in infancy, this diminishes in bulk as the penis grows. The Masai and other East African tribes customarily have the slit done transversely (across) at the level of the glans ridge. The glans is then pushed through the hole, where it is fully exposed, and the foreskin is held in place with a thorn until it has healed. It then forms a roll under the glans, giving the penis a double-ended appearance and increasing its bulk during sex. The advantage of the dorsal slit is to fully expose the glans in a simple operation with little risk of bleeding which does not remove any foreskin; the distinctive appearance may be thought a disadvantage.

**Dydoe:** short rod of gold, silver or ivory worn in a piercing of the glans rim, with a ball at each end to hold it in place, one of which can be unscrewed for easy insertion. Often more than one are worn.

## **Circumcised Boys — The Odd Ones Out?**

Dear Tony: I have read *Forum* since about 1970 and hardly missed an issue. I was delighted to read your letter in Vol 21 No 6 and to learn that at last a society has been formed to discuss circumcision etc. One of the things that has kept me reading *Forum* is the correspondence on this subject. I have had a fascination for circumcision and foreskins as long as I can remember. As far back as infancy I can remember being taken to the family doctor to have my foreskin retracted, I think on more than one occasion. I grew up in the '40s and '50s, uncircumcised among a predominantly circumcised society, with a very long and not easily retractible foreskin. Eventually I was circumcised at the age of 26. I would make three comments at this stage:

1. Do circumcised boys feel as uncomfortable these days in an uncircumcised society as the uncircumcised did 30-40 years ago?
- 2.. Has the infrequency of the operation led to a lessening of skills in its performance? I know of several instances where results have left something to be desired.
3. I agree we should hear more from women, as I know they have strong views on the subject, both pro and con.

*Yours sincerely, J.R.*

## **Circumcision and Masturbation**

Dear T.A.: I was 'treated' at about three or four years of age as a last measure to stop masturbation: fortunately this was eminently unsuccessful. I can't remember what it was like uncut, but have found no difficulty over the past seventy years. The unfettered glans certainly has always seemed larger than similar hooded ones. Lack of sensitivity has never been a problem. Although as a schoolboy of some 8 or 10 years I was embarrassed where the girls were concerned, 'cos in those days it was not possible to explain why mine was different, though I knew why. A pity society was not as enlightened as it is now. With best wishes for a happy and successful interchange of news and views.

*Sincerely, H.M.*

## **Uninformed Boyhood**

Dear T.A.: For an introverted person like myself who has had a long and tight foreskin, *Acorn* is a welcome development. As a boy who had no instruction in these matters, I was excited when I managed to force the foreskin back over the glans but alarmed when I could not reverse the situation: fortunately things reverted to normal during sleep. I was also alarmed to see the attachment (which some years later I knew to be the frenulum), since

I was convinced that I was abnormal as I expected the foreskin to be fully concentric with the glans. Right up to my wedding night I thought this might be an obstacle to sexual intercourse but fortunately this was not the case.

Irritation occurred periodically beneath the foreskin, particularly working in hot dusty and gritty conditions, so much so that at one time I asked the doctor about circumcision but was told that for an adult it was a nasty operation best avoided. Latterly the foreskin has assumed the 'rolled up' position which is certainly an improvement, though on occasions it can slip down, trapping pubic hairs with embarrassing pain.

Though there are no medically compelling reasons in my case I do feel that an individual should be able to choose circumcision (provided he is willing to pay a reasonable but not excessive fee) in order to put an end to personal inconvenience. I personally would be willing to travel some distance for such a service. Though the problem may be trivial compared with many others, it is good to be able to communicate on this normally secretive matter.

*Yours faithfully, R.F.*

### **Dorsal Slit**

Dear TA: I fell foul of the doctor when I was seven or eight. I had what is called a dorsal slit operation. This has left me with loads of loose skin which gathers around the base of the glans. It is quite a hindrance when making love because the skin ends up as a tube within which my penis moves. I had thought about having a complete circumcision, but am hesitating. I was told that often boys were cut to stop them masturbating. Would circumcision have that effect? Do women prefer one way or the other? The letters in *Forum* seem to be so varied, so it would be good to hear from others on the subject.

*T.S. – Gwynedd*

[Dear T.S.: H.M.'s experience of 70 years shows that you needn't fear being unable to masturbate if you have a circumcision, though you may need to experiment to find the best way to do it. The dorsal slit operation was not very frequently done, and obviously has left you with some problem. – T.A.]

### **Why Do I Want To Be Circumcised?**

Dear Tony: Well, I seem to have to wash my foreskin more frequently than most. But a more compelling reason is that I just prefer the look and feel of it that way. I have kept my foreskin retracted for some years, but do not find it entirely satisfactory. The skin bunches and it can slide forward again, but it has given me a good impression of how it would feel.

As to the effect I want to achieve: I want to retain about half of the inner

foreskin and the whole of the frenulum intact, with the line of cut parallel with the glans ridge. This will leave about  $\frac{1}{2}$  to  $\frac{3}{4}$  inch of skin all round. I want the shaft skin not to be excessively tight in erection, allowing about  $\frac{3}{4}$  inch of movement, ie not excising to the limit. A good cosmetic effect is important to me, while I do appreciate that there may be a jump in skin colour at the cut. The 'sleeve resection' method would seem to be most suitable for my ideas.

*Yours, G.H. – Devon*

### **Replies To The Questions In Issue 1**

- Q. Do men take enough trouble to keep clean under their foreskin?  
A. I've always done so.
- Q. How should parents establish hygienic habits in their sons?  
A. Parents should explain the need, as with teeth for instance.
- Q. Should boys and men always pull their foreskins back before urinating?  
A. Yes: it then urges you to pee.
- Q. Can a woman tell whether a man has a foreskin or is circumcised by looking, or from differences of feeling during sex?  
A. Can't see how.
- Q. How does circumcision affect sexual performance?  
A. The few friends I know who have had it done would like to have it on again.
- Q. Does circumcision discourage masturbation, and is that good or bad?  
A. Masturbation (tossing off) once or twice a day from when you can onwards is jolly good fun and harmless.
- Q. Is circumcision less popular than it was?  
A. Yes.
- Q. Was circumcision more common among the upper classes?  
A. It was.
- Q. Why is circumcision discouraged by most doctors?  
A. They evidently know how mean and stupid it is.
- Q. Should a man have the right to choose circumcision (provided he is prepared to pay), or should a doctor only agree to circumcision if there are 'good medical reasons', and what are these?

- A. The man should have a right to consider 'doctor's orders' on this.
- Q. Does a parent have the right to have a son circumcised, and if so, which age is best?
- A. No, on no account.
- Q. If you are unhappy about having been circumcised, how can you learn to live with the fact?
- A. I wouldn't know.
- Q. Ritual female 'circumcision' (in fact, the clitoris and often most of the labia are cut away) is practised in some parts of Africa and the Middle East, and it is condemned everywhere else; but is there sometimes a case for a minor operation to expose the clitoris to direct stimulation?
- A. It is important for the prick to get at the clit and with foreskin on and half pulled back it bulges just below his glans and gives the girl a terrific come. The more comes the better. A foreskin is one of the most wonderful gifts for both sexes.

*Borderer*

## **The Rôle of the Foreskin in Orgasm**

An interest in circumcision and its effects prompted me to try to investigate the relative rôles of the glans and the foreskin in producing orgasm. It has been popularly supposed that the foreskin is merely a hood to provide protection for the glans when not engaged in sexual activities, and that during intercourse its rôle is, at best, a passive one and, for some people, actually hinders their sensations. Yet the hood of the clitoris is an exactly analogous structure in the female, and it has been conclusively shown that it has an important effect in providing arousal. Why should the male foreskin be any different? I had also read of a man who had lost the whole of his glans whilst a soldier in war time, and yet was easily able to orgasm with what little foreskin remained.

I decided to conduct some experiments, and these have been extensive and wide ranging, conducted under exacting and exhaustive scientific conditions, with a total sample of one (me!) If any other readers should wish to try similar experiments, or have comments or opinions, I would be delighted to hear from them. The experiments consisted of masking off one or other of the two parts (glans or foreskin), so that stimulus was directed solely at the other, and observing the differences.

Masking the glans was relatively easy. I procured a piece of rigid scrap plastic in a cup shape of about the size of the glans. It was actually the body of a used 'party popper', the thing which explosively ejects streamers when you pull the string, rather appropriate really! I trimmed the edge to match the shape of the corona of the glans, with a pronounced inverted 'V' shape to

accommodate the frenulum. The edge was lined with Elastoplast to protect me from the sharp plastic where it had been cut. Once in place on the glans, it fitted snugly, giving no discomfort, but allowing the foreskin to be stimulated without involving the glans, as long as the cup was supported carefully and not allowed to move.

Masking the foreskin was more difficult. After some experiments, and failures, I evolved the following technique. Firstly, I pulled the foreskin as far forward as possible, then wrapped the entire shaft of the erect penis in surgical tape, right back to the testicles (I found Micropore to be best, and it helps if the shaft is clean-shaven!) Then the entire foreskin forward of the tape is turned inside out so that it lies on top of the tape, and back from the glans. This is then wrapped carefully in more tape, starting just behind the glans, and finishing by sticking the top layer of tape to the layer below once all the skin is covered. What you have then is a more or less rigid structure of surgical tape with a bare glans protruding from the end. The foreskin is still not quite immune from stimulation, for the whole thing could be squeezed or moved up and down a millimetre or so. One has, therefore, to be careful that the applied stimulus does not do either of these things. But it was sufficiently well protected that orgasm without involving the glans was impossible.

What I did then was to try various methods of inducing orgasm using only one of the two parts. I tried to keep the other factors as constant as possible, for instance, the same time of day (evening), the same preceding period of abstinence (24 hours), and the same degree of anticipatory arousal (more difficult to control!) I have not tried intercourse with a partner; well, you try persuading a girl to let you put all that gubbins into her!

The results were as follows. Using the glans only, orgasm was always difficult to achieve. Using dry friction, it was impossible, the intensity of the sensation being so overwhelming as to be painful, orgasm got further away rather than closer. Friction with saliva as a lubricant was almost as difficult, I would be just about there when more spit was required. Using K.Y. as a lubricant was the best of the friction methods, and various oil-based lubricants, Vaseline, Savlon, etc were nearly as good. Water jet and vibrator methods were also reasonably good. The actual orgasm had a very different character from 'normal', being a more intense sensation with more holding of breath, muscle contraction and grimacing (but not pleurably so), and leaving a pronounced feeling of dissatisfaction. I found that whenever I had performed such an experiment, I was never fully satisfied until I had masturbated again, using the foreskin (and normally, when I have orgasmed, I have no desire to repeat the exercise for several hours). Without that second orgasm, which often followed immediately I had removed the tape, I was left with a very strong feeling of frustration. On one occasion, I tried several 'glans only' tests on successive days without masturbating with the foreskin in between, in the hope that there would be a phase of adaptation, and that the frustration would



diminish. I found that the frustration mounted continually, and it required a superhuman effort of self-control to continue with the experiment.

Using the foreskin only was quite different. Orgasm was always easy to achieve with any of the friction methods, dry friction being best. The water jet and vibrator methods were very slow, and I am not convinced that orgasm was not partially caused by transmission of vibration through the plastic to the glans, although I tried my best to avoid it. Orgasm was slightly quieter and less intense than 'normal', but much closer to 'normal' than with the 'glans only' tests. I was left with only a vague and slight feeling of dissatisfaction afterwards, and no desire for an immediate second orgasm. I was able to perform repeated experiments of this type on successive days without difficulty. The most noticeable effect was the reduction in the pleasurable sensations during the stimulus. It seemed almost as if the two parts played different but complementary rôles in achieving sexual pleasure, the glans providing the pleasant sensations during stimulation, and the foreskin actually triggering the ejaculation.

What does this mean for those contemplating circumcision, those already circumcised or those wishing circumcision reversal? It seems probable that if circumcision has been performed in infancy, the responses will have been learned in such a way that the physical changes will have been fully compensated. Certainly Masters and Johnson found no measurable difference between men circumcised in infancy and those uncircumcised. They collected no data, however, for men circumcised in adulthood. For those, I would suspect that masturbation would be less easy, less satisfying, and perhaps less frequent. If one of the objectives of the circumcision is to reduce masturbation (and I suspect that this may often be the case), then this will probably be successful. Intercourse will be accompanied by more intense sensations during the act, and orgasm may be delayed somewhat. The orgasm itself will result in stronger physical sensations. I would fear, however, that the feeling of dissatisfaction I encountered might be experienced after intercourse, and could take a long time to diminish. The degree to which this happens, of course, would depend on how much foreskin had been removed; nobody will be left with the total lack of stimulation in this area which I experienced. It is very significant, however, that many men, when discussing their adult circumcisions, strongly emphasise the sensations to be experienced in the area near the scar and the residual foreskin. Perhaps they secretly regret having it done. For those wishing circumcision reversal, the parts removed cannot be replaced, you can only stretch what is there. Masturbation will become easier because of the more mobile foreskin, and, if you experience discomfort from friction against loose clothing, then this will be reduced when the glans is covered. But the main balance of sensations during either masturbation or intercourse will not be significantly altered.

*John McC.*

# Dina Rabinovitch on the controversy surrounding cir

WHEN Prince Charles was born 39 years ago, it was *de rigeur* for upper-class Englishmen to be circumcised. The future king was circumcised at home — Buckingham Palace — by the late Dr Jacob Snowman, a *mohel* trained to perform the operation in the traditional Jewish way. By the late Fifties, circumcision was becoming unfashionable — the foreskin was back in vogue. The practice dies hard in the upper reaches of British society: it seems that Prince William was circumcised, but by a surgeon, not a *mohel*. Prince Harry, on the other hand, is believed not to have been. Now, the latest royal pregnancy coincides with yet another episode in the rise and fall of the foreskin.

In the Seventies, the issue seemed settled: the British Medical Association stated that there was no medical need for routine circumcision of newborn boys and even the American Academy of Paediatrics was against routine circumcision, although the operation was virtually universal in the US.

But in February this year the academy had second thoughts prompted by reports of higher rates of urinary tract infection in uncircumcised youngsters, and by claims from a urologist that circumcision could lower chances of contracting the HIV virus — claims which have been hotly disputed.

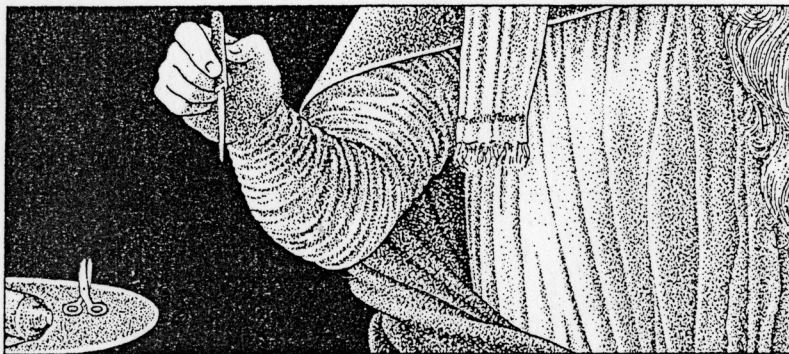
Circumcision on religious grounds is not queried by these bodies. The operation, properly performed, is harmless, both bodies stated. The only question is whether any useful function is performed by circumcising all male infants automatically.

Over here, the upper social reaches of the British establishment still think of circumcision as *a good thing*. Most will give hygiene as a reason. Britain's youngest millionairess, Sophie (Sock Shop) Mirman, daughter of the Queen's milliner, gave birth to a son earlier this year at the private Portland Clinic in London. She comes from a French Catholic family but has been influenced by English fashion.

She says: "Circumcision is much more hygienic. Actually, at the Portland, as soon as it pops out and it's a boy, they ask you if you want him circumcised. NHS hospitals, on the other hand, can be very off-putting to parents who request circumcision, and almost always ask them to make their own arrangements."

Dr Morris Sifman, a *mohel* for 20 years, explains the ideas about hygiene involved: "Certainly in days when baths were not as common as they are today, the uncircumcised organ was a messy one. It produces smegma, a substance which, if not washed away, can become terribly messy as it accumulates. But the truth is this is something which can be overcome — all you have to do is teach more hygiene."

## Fall and rise o



The foreskin should never be pulled back in small boys; later in life it will retract naturally. In the early years, says the American academy, care of the uncircumcised penis is very easy: "Leave it alone".

Aesthetic considerations also figure high in parents' minds. In a 1987 study carried out at St Luke's Hospital, Denver, 39 per cent of parents who wanted their sons circumcised were concerned about health, while 44 per cent of mothers and 49 per cent of fathers were worried about "fitting in with friends" and appearance.

Judy Graham, who is a non-practising Jew,

and her partner, Michel Odent, a guru of natural childbirth, are ardently against circumcision. Judy believes that women

prefer circumcised men. Odent had to be circumcised in his teens to correct a tight foreskin — preferable, he says, to having it done at birth "just in case". Muslims and Jews circumcise for religious reasons. Oddly, circumcision has never been an issue among Gentiles outside Britain and the US — it was simply never practised; so in Europe during the Second World War, a circumcised child was almost certainly Jewish. In Britain, the practice of circumcising sons seems to have sprung up from Queen Victoria's belief that the English were one of the 10 lost tribes and consequently should circumcise as the Jews did. In the United States, the practice has probably become widespread through the influence of biblical fundamentalism.

Judaism does not, and never has claimed any medical benefits from circumcision, although many Jews say that the operation has such benefits. At one time in Europe, only non-medics were allowed to become *mohelim* to reinforce the fact that circumcision has a religious, not a medical purpose. And yet many disaffiliated Jews who keep nothing else of the religion will still circumcise a son. Questioned, they say: "Oh, but it's better for the child anyhow — isn't it?"

For parents who want to make a considered decision, the medical evidence is confusing. For every benefit claimed on behalf of removing

the foreskin — everything from protection against cancer to better staying power in bed — there are counter allega-

tions of pain inflicted on newborns, not to mention horror stories from The Circumcisions That Went Wrong file.

The cancer connection resurfaces routinely. Jewish men, it is pointed out, rarely suffer cancer of the penis. However, the chances of getting penile cancer in Britain are small (there are about 100 cases a year) although it is a common disease in South America. The belief was that smegma could be carcinogenic, but despite many scientific investigations, only one study ever succeeded in linking smegma to cancers — using horse smegma to produce tumours in mice. This experiment has since been damned in the medical journals as "deficient in conceptualisation, methodology, execution, gathering of data and analysis".

### For parents, the medical evidence is confusing

LTH

# circumcision, which is still popular with the upper classes of the foreskin



DALEY after MANTEGNA

Women partners of circumcised men were thought to be protected from cervical cancer. Again, evidence from Jewish women was brought to bear: a 1965 report showed that cervical cancer occurred in only 2.2 per 100,000 married Jewish women, but was as high as 44 per 100,000 in non-Jewish women married to uncircumcised men. However there are groups where circumcision is not practised, for example among Lebanese Christians, where the incidence of cervical cancer is as low as among Jewish women, showing that non-circumcision is not by itself a risk factor for cervical cancer.

Nevertheless the claim recurs even though it is now clear that the disease is caused by a sexually transmitted infection and that circumcision does not appear to influence it one way or the other. Extensive research has identified other factors which probably have a lot more to do with causing the disease: namely, how young a girl is when she first has sex, how many partners she has, genital infections and heredity. Laws governing orthodox Jewish sexual relations — no sex during periods — might be relevant in reducing sexually transmitted infections in Jewish couples. But, more likely, strong family bonds and social conventions reduce the likelihood of a Jewish man or woman having multiple sex partners.

The suggestion that circumcised men are less vulnerable to the HIV virus was first made by Dr Aaron Fink, a semi-retired urologist, in

the *New England Journal of Medicine* on 30 October 1986. "The presence of a foreskin," said Fink, "predisposes both heterosexual and homosexual men to the acquisition of Aids." Fink thinks the possibilities of the virus penetrating are greater when "the skin surface is a delicate, easily abraded penile lining, such as the mucosal inner layer of the foreskin, than when the foreskin is absent". However it might as easily be argued that the foreskin protects the penis, making abrasion less likely.

By now, even the doctors were admitting to feeling confused. Dr Jay Berkelhamer, director of Wylter's Children's Hospital in Chicago,

told the *Miami Herald*: "We thought we had this issue resolved, that we could say with a clear conscience that it was

purely cosmetic surgery. But there's that Texas report..."

Dr Thomas Wiswell of the Brooks Army Medical Centre in Texas reported in the journal *Paediatrics* that a study of more than 400,000 infants showed that uncircumcised boys were 10 times more likely to develop urinary tract infections in their first year. This led to scare stories in the US press telling parents that not circumcising sons could mean condemning children to kidney trouble later on.

That sort of reporting turned the circumcision issue hot and heavy once again. Campaigners against circumcision such as Marilyn Milos, an ex-nurse, talk about "pro-circumcision types who can't keep their hands off baby boys' bodies".

This means that it is the politics more than the medicine involved which has prompted the American academy review. Doctors in the US are wary of lawsuits.

Marilyn Milos said she started campaigning after seeing babies strapped to plastic boards screaming their heads off in operating the-

atres. Dr Sifman tells how parents prefer circumcision using the plastibel device — this is put on the foreskin so that the blood supply is tied off and after a few days the foreskin falls off — because it is bloodless; but, he says, since it takes place in theatre, parents do not see the discomfort involved in fixing the device.

In sharp contrast is the Jewish circumcision — known as the *brit*, from the Hebrew word meaning covenant. This is done at home when the baby is at least eight days old (hospitals operate on the third day or earlier). The child is surrounded by watching family and friends, and the baby held by an experienced relative. Anti-circumcisionists such as Milos and Odent, when asked about watching a *brit*, change tack and talk about psychological damage — "men intruding on a woman's world" (Odent), or vice versa (Milos) — rather than pain and cruelty.

The part of the foreskin to be removed is pulled forward over the glans (the end of the penis) and then a shield is put on to protect the glans. A *mohel* uses a steel double-edged knife. Dr Sifman describes: "People often remark that there is no sudden painful yelp — that is, no change in the cry. Quite often the baby is crying already, because they don't like being held."

"Of course there is bleeding and the bleeding can look quite heavy for a few minutes. A dressing has to be put on, and the mother sees a blood-stained bandage which is alarming, and when the dressing is taken off she sees a raw area because we do not suture [stitch]."

"There is no need to suture — it heals up perfectly well. Doctors, surgeons, who are not aware of the Jewish method, are often quite shocked when they first see a child who's been circumcised in this way, before it has healed. They feel it will never heal, and needs a graft, and it will look awful. In fact, that's all nonsense, as our experience shows. But there have been surgeons who've done grafts on children, because they are not prepared to listen."

An experienced *mohel* said: "I'm quite sure circumcision is not bad for us, and I feel that one day we will find out the health reasons behind it. But to prove it on the medical grounds we have today, seems to me, quite tenuous." And that, orthodox Jewish soon-to-be-mother that I am, is exactly how I feel too.

## Foreskin Envy

Dear Tony: I have just received the first four issues of *Acorn*. I must congratulate you on the excellence – the increasing excellence – of the publication. I had no idea that the question of circumcision could be so interesting and intriguing. You certainly deserve our thanks for all the hard work that must go into getting each issue of *Acorn* into print. I should like to tell *Acorn* of my experience of circumcision.

I am aged 56, married, with three children. I was circumcised at birth. This was in Cape Town, South Africa: I was born into a white middle-class English-speaking Protestant family. Does this suggest that neonatal circumcision followed the middle-class English around the world? I can just remember that my male play-mates seemed to be circumcised too. This was in the 1930s. I do not know why I was circumcised, whether it was automatically done to all new born males in the district where I lived, or if my parents requested the operation. Likewise I do not know if my father had been circumcised: he died when I was a baby. Later, at a Grammar school in England, I found that about half the boys in my class were roundheads. I was initiated into the joys of masturbation when I was 11 by a cousin, who was part Chinese and had been born in the European 'colony' in Shanghai. Like me, he was a roundhead. Then I had a friend with whom I had masturbation sessions, and he was not circumcised. How I envied him his foreskin. My attitude to circumcision since those early adolescent days has been one of anger and envy. I really do profoundly regret the removal of my foreskin, entirely without my consent. I feel anger at my parents for allowing the operation to take place. Yet I am equally certain that they had the very best intentions for my future and my welfare. But it has made me unhappy, and I would prefer to be responsible for my own welfare. In short, I think a great wrong was done to me, and I yearn to have a nice long foreskin back again.

I cannot know what effect this neonatal circumcision has had on my sex-life – I can only use my imagination. I imagine that because my glans is permanently uncovered it is not nearly so sensitive, and that this lessens the sensations of intercourse. This does not mean that I don't enjoy intercourse, it's just that I think I would enjoy it more if I were uncircumcised. I am a keen masturbator, and it is here that I think I miss out most. I long to have a foreskin that I could move back and forward over my glans when wanking. As it is, I have two basic wanking techniques, neither of which involves the use of a lubricant, other than my own, which is copious. (I do occasionally use one, when I want a real quickie.) Either I use my fingers on the shaft, my thumb on the top and my first two fingers underneath. I generally keep away from my glans. I use this method for a nice slow wank. The other technique is to wait until there is a lot of pre-cum fluid, and then to use a finger and this fluid to caress the glans, the frenulum, the meatus, and the part immediately behind the rim of the glans (the sulcus). This is a very nice way of wanking, which I realise I might not be able to do if I had not been circumcised and

my glans was very sensitive. Nevertheless, I envy those who have a foreskin to wank with.

What I feel to be a positive part of the operation is indeed the skill of the operator. If he had to perform, he did a very good job on me. There is hardly a trace of a scar. What remains of my foreskin forms a small ridge around the rim of my glans when my penis is flaccid. When erect, all the skin of the penis is nicely stretched.

To sum up. I appreciate all the arguments in favour of circumcision; even circumcision at birth. But I do feel very strongly that I, as an adult, should have had the responsibility of making the decision myself. I resent my parents taking the decision out of my hands. I would have liked to have had the adult experience of a foreskin. My wife and I decided not to have our two sons circumcised. I feel I have been marked for life by what might have been a totally unnecessary operation. Do other *Acorn* subscribers feel as strongly as I do? What can we do to 'learn to live with the fact' (one of your *Acorn* questions, Tony)?

Lastly a question: if the glands in my sulcus produce smegma, what happens to this product after circumcision?

*Sincerely yours, Tony – Tiptree*

[Thanks for a long and eloquent letter. Possibly one way we can help each other is to offer our favourite wanking techniques, as you have done, plus the chance to put our feelings into words: a worry shared is a worry halved. I think that your observation about circumcision spreading with the spread of the British Empire is probably accurate, since the incidence seems higher among those who were born in India, South Africa, Kenya, etc.

I have not found much information about smegma in the medical literature: can any member help? I heard that the claim that it was secreted by glands in the coronal sulcus (the dip just behind the glans rim, where the foreskin is attached) is now rejected, and that it is now held to be the dead skin cells which are naturally shed, plus the moisture secreted by the mucous membrane which forms the inner layer of the foreskin, plus some stale urine if the foreskin is tight enough to create a back-flow underneath it. Circumcision removes the mucous membrane, and dead skin cells are removed by washing, friction against clothing, etc. – T.A.]

## **Foreskin And Masturbation**

I would like to hear from men who have experience of sex before and after circumcision. From what I have learnt from letters in *Forum* it is suggested that sexual intercourse is more pleasurable both for the man and the woman when the foreskin has been removed. However, little is written



about masturbation by these men. Does the pleasure from intercourse for the man improve following circumcision but with an accompanying decrease in pleasure from wanking? If so, can the pleasure be intensified by using a lubricant? Being uncut but with a retracted foreskin, masturbation for me has always involved using my foreskin. But with an increasing desire to be cut, I have avoided using the skin, but do not find this as stimulating. Do other members find a similar problem?

*Regards, A.M. – Luton*

[Certainly a different technique is needed to wank without a foreskin, but my guess is that you find it less satisfactory because you are holding back from using yours in a way that you have got used to. Some men use baby oil as a lubricant; saliva is always available; what do others use? – T.A.]

## **Eastern Practice**

Dear Tony: I have found in my sexual experience that women prefer men to be circumcised, especially for oral sex. I myself have a long foreskin: when erect, the skin covers the glans, giving it a long, elongated look coming to a point of funnelled skin. The skin has stretched over the years, with wanking and sex. I feel that it is crucial what a boy is taught during the period of puberty. Some of my friends who had the opportunity of boarding school were circumcised, and when I asked them about this, all they could reply was that their parents had it done when they were quite young, but otherwise they could give no explanation. It would appear to have been an upper-class pattern some 20 years ago. When visiting Japan and enjoying its pleasures, I found that Japanese women were surprised to find that I had a foreskin, and indeed in a public bath others were invited to see this eighth wonder of the world.

*Yours in foreskins, Jim*

[Thanks, Jim. Apparently all Japanese boys are taught and encouraged to train their foreskins to stay back. Only with US influence since 1945 have they also started to have themselves circumcised. – T.A.]

## **Discovery**

Dear Acorn Group: My own particular 'fetish' began some 40+ years ago when as a 6-7 year old my friend of similar age showed me how to manipulate the foreskin, although for some reason he wasn't able to retract his own skin. I felt 'one up' on him and from that day I was hooked. I have always wanted to be circumcised but have never picked up the courage to get it done. So as a slight consolation at age 23 I trained my skin to remain retracted, which I suppose is a half and half situation. My first wife was very interested in this topic and her comments would stimulate me accordingly, whereas my second

(current) wife has no interest whatsoever which is a pity. However she does possess big tits which is a turn on for me.

My first encounter with *Forum* was a discarded copy in a litter bin at a railway station. There was a three page article on the pros/cons of circumcision by Dennis Nacton. From then on I've been a devotee of the magazine although it is sometimes difficult to 'smuggle' in copies as my wife would not understand my motives or desires to purchase such a publication. There have been numerous letters over the years on this favourite topic. In particular I like the comments and views of women, since for obvious reasons they have no axe to grind either way. But they do generally appear to be in favour of circumcision. Very recently 'Foiled by a foreskin' was interesting, and some seven years ago there was a letter from a lady in Bristol entitled 'A growing boy'. Her young nephew, aged 11, used to stay with her, and at bath time she would play with his foreskin in front of her two daughters, who were in the bath at the same time. I do hope she joins the group and lets us have some further comments. There was also a letter from a lady headed 'Circumcision of boys', in which she described in detail taking her 3-year-old to have a Plastibell fitted, and then after 3-4 days completing the circumcision herself at bath time and secreting the foreskin in a locket.

As additional topics in the Newsletter could we have a selection of past letters from *Forum*, a repeat of Dennis Nacton's article, and a discussion of which circumcision procedure is recommended in infancy, for young boys, and for adults.

*Yours sincerely, C.B. – Cheadle*

## **US Woman Prefers Foreskin**

Dear Acorn: As an American married to an Englishman, I thought you might be interested in my views on foreskin since the subject is close to my heart. Not least among the many attractions which lured me from my first husband who was circumcised, was my present husband's splendid long foreskin. All my American acquaintances previously had been circumcised and my present husband's foreskin was the first I ever saw. To say I was riveted is to understate the case. He didn't just have a little thimble of skin coyly concealing his knob, but a long rope of velvety elastic hose extending an inch or more beyond the tip.

So why is it that I for one prefer the foreskin to the circ'd penis? First, appearance. I take real delight and pride in the fragile classical beauty of my two youngsters' penises: both of them sport lovely long foreskins like their father. I now find the prospect of the stumpy circ'd penis with its raw-looking tomato on the end unattractive and much prefer the smooth banana-like taper of the foreskinned cock with its long supple foreskin corresponding to the stalk.

Second, versatility. No more sore wrists from trying to administer a hand-job to a guy with barely any mobility in his shaft and a hardened, de-sensitised glans. Instead I can play for hours winding my man's foreskin around my finger and stretching it out to an unbelievable length, lasciviously massaging the hard swelling beneath it, sliding it back to reveal the glowing moist knob and finally catching his discharge inside his voluminous foreskin by pinching the tip until it can be squeezed out like a gel from a tube.

I also prefer the way it functions when we fuck. I tend to be rather dry and I used to have discomfort from the battering I got from the hard dry rim of my first husband's glans. With my present man, my sensitive lining is shielded by the long tube of skin through which his knob slides to emerge only at the end of the stroke, with his moisture adding extra lubrication where it is needed.

Finally cleanliness. My first husband used to piss in a split stream from his permanently denuded knob and I used to get furious, since if one hit the bowl, the other was sure to hit the floor or the wall. This cannot happen with my present husband who always pisses with the foreskin pulled forward, thereby acting as a nozzle and producing a neat tidy stream with no splashing.

I've looked in vain for the dirt so many seem to associate with the much maligned foreskin. Perhaps my man is lucky but he can go for a week without pulling it back and all that collects is a little cloudy moisture with only the faintest odour, which I find turns me on anyway.

The experience in my country of birth is illuminating. The incidence of infant circumcision is dropping fast and in some of the western states a majority of new-born boys are now left intact. This is largely the work of NOCIRC, an organisation run entirely by women, dedicated to the eradication of unnecessary circumcision in the USA. NOCIRC's widespread publicity has been reinforced by a spate of lawsuits against doctors for carrying out unnecessary and unwanted circumcisions. Please note that the momentum for this anti-circumcision drive is provided by WOMEN! So much for the view that most girls prefer their men with defrocked donges.

*Sincerely, T.S.*

[Thanks, T.S., for your vigorous defence of the foreskin. I'm puzzled that your roundheaded man couldn't pee straight: most parents find that a boy tends to pee at a random angle unless he pulls his foreskin back. I wonder what you have taught your sons about how to look after their foreskins, and whether your admiration of their lovely long foreskins has led you to check that they are also functional and capable of being pulled back? – T.A.]



## Boyhood Ignorance

Dear *Acorn*: I was interested to read in issue 2 that in a survey of boys aged 9-18, many of the younger ones did not even realise that it was possible to retract the foreskin. I can well believe this, as I remember at school once pulling my foreskin back to show my glans off to a friend. He expressed total surprise at what I had done to my willy, and got his own out to do the same to his. He pulled back on his skin and looked down in astonishment as it slid back to reveal a tender red acorn. I was so excited at seeing a glans which had never been exposed before that I got a really hard erection. We were about 10 years old at the time, and I was curious to find out if any other of my friends were as ignorant about this part of their body. Most of those I approached had pulled their skin back before, but one other had never tried. When he did try, he was unable to. So was another of my friends: the opening in his prepuce was tiny and would not stretch at all, but he did know that it was supposed to retract. He said that his mother was arranging for him to go into hospital to have it 'seen to'. At the time I knew nothing about circumcision. The other friend with the tight skin, now in his 20s is still uncircumcised.

There must be many boys who reach puberty without ever retracting their foreskins. At puberty, however, as the penis increases in size, the skin will probably start to retract of its own accord during erections, so many boys will discover the ability to retract the foreskin at this stage. On the other hand, those with unretracted skins may continue in ignorance and I suspect there will be some men who go through their whole life with a tight foreskin and not realise there is anything wrong, unless of course it becomes infected through lack of hygiene.

I believe that in general parents seriously neglect their sons' penile hygiene. My own parents used to retract my foreskin in the bath from the age of about 4 to clean beneath it, but clearly many parents do not bother. I think all parents should start retracting their sons' prepuces from the age of 4 or 5 and seek medical advice if it can not be retracted. I see from the graph in issue 3 that around 5-10% of boys have a non-retractible prepuce at age 5. I am fascinated by the statement that those with non-retractible prepuces had 'therapeutic retraction' with 85% success: can you explain what this involves?

On another matter, is there any way for *Acorn* members to contact each other? I suggest a register of names and addresses of those who wish to contact others, with any other information a member wishes to add (eg age, whether cut or not, etc), and send a copy of the list to all members appearing on it. Any other ideas?

*J.A. – York*

[The contact list may get us into trouble as a contact magazine, but letters can be exchanged through Forum Society in Cardiff, if you join them and advertise

in their newsletter; or a letter to J.A. c/o *Acorn* will be sent on. A therapeutic retraction would be forcible stretching and retraction by a doctor or nurse, at the same time breaking down any adhesions between foreskin and glans. This may leave the foreskin retractible thereafter. – T.A.]

## **Advice Wanted On How To Manage a Long Foreskin**

Dear *Acorn*: These are some questions from a Cavalier who nearly lost his foreskin a few years back due to infection, possibly because of constant use of cock-rings to keep my foreskin back permanently. I'd welcome suggestions or solutions.

1. I have a very long, elephant-trunk type foreskin which I feel is most unattractive and, although I do not wish to be circumcised, I would like to be able to keep it pulled back. Unfortunately it is too bulky and my knob too flat to do this. Any suggestions? As an in-between measure, I manage to keep part of the knob exposed by pulling the skin back and pinching it as I bring it back over the knob. This means that I don't have to pull back much when I pee.
2. Masturbation methods: I very rarely wank by using the foreskin, instead holding it back completely and, with lubrication, rubbing over the exposed knob in the same way as a circumcised man would. My knob is now almost totally insensitive because of this. How do other cavaliers do it? I find that in this way it takes me longer to come – using the foreskin I come very quickly and also shoot further.
3. Cleanliness: I am certain that my uncut cock is as clean as any cut one and do not feel that this is a major factor in deciding on circumcision.
4. Are most cavaliers shy about retracting their skins when showering in public? I notice that most peel the skin back rather furtively, wash, and then pull it forward again. I generally keep it pulled back if I can after washing, leaving it that way until I dress again.
5. I have found that most of my contemporaries, in their early 40s, are cut but that the vast majority of the under-40s are not and I think that there is also a class element in this.

Basically I enjoy the effects and sexual variety of having a foreskin but dislike the look of mine – they're OK if short or only partially covering the knob. The circumcised cock definitely looks better, but I'd feel naked without my foreskin.

*J.H. – Kent*

[A real love-hate relationship, this! It sounds as though you had better avoid the cock-rings, anyway: anything that reduces the circulation increases the chance of infection. Some other possibilities: (a) you could wear a ring at each

side of your cock through a hafada piercing at the base and a piercing at the side of your foreskin; (b) you could have a very loose circumcision which shortened the foreskin but still left enough to partly cover the knob; (c) you could have a dorsal slit – a longitudinal one could be short enough to leave the glans tip exposed; a transverse one could expose the whole glans, but not remove any of the foreskin, which would hang in a roll under the glans, still available to play with (the traditional Masai operation). Other *Acorns* may have other suggestions: let's have them. – T.A.]

## **Muslim Style Circumcision Wanted**

Dear *Acorn*: I am not circumcised, but very much in favour of it being done. My father was 'done in 1910 in Egypt', I remember my mother telling me, and the few times I saw his penis I was struck by the fact that his cut was half way down the shaft. My brother was done when he was four years old because of complications, and when we used to fool around as teenagers and see who could come the quickest, he always won. His cut is also almost half way down his penis and the skin was as tight as a drum, which enabled him to rub his hand up and down the tender 'inside' skin. I have always tried to pretend that I was circumcised by finding way of holding my foreskin back. I am able to pull it right back because after having treatment by a very old doctor when I was seven years old, he cut my frenulum 'so that it would stay back', and since then I have enjoyed the benefits of a semi-circumcision.

I intend in the near future to have a circumcision but not the plain old 'cut it all off' type. I intend to have one like my brother's if I can find an Eastern doctor prepared to do it. I am now 50 years old and think that my sex life would be improved by having it done now. Is there a book that discusses the different types of circumcision and illustrates the final outcome? Good luck with your club.

*Yours sincerely, W.S. – Hants*

## **Cleanliness**

Dear *Acorn*: Like many others, I am interested in the subject of foreskins. I am 30 years of age and uncut. You ask what our parents taught us about hygiene of the penis. When I was seven, my mother always rolled my foreskin back in the bath, and washed it clean; this went on until I reached 12 and was allowed to bath myself and take over the cleaning of my knob, pulling back the foreskin. I feel that all boys should be taught to pull the foreskin back always when in the bath and to wash clean at all times. I do not believe that a foreskin hinders a sex life at all: most girls I have known have enjoyed pulling the foreskin back and forth in foreplay.

*Yours, Mark – Tottenham*

## Press Coverage Increases

One of the most difficult challenges of the Intact Baby Movement has been to get the U.S. media to report the growing trend to leave our boys intact. That is slowly changing.

The print media has been the most responsible, with radio and television lagging behind. You can help by contacting your local press and telling them you want to hear more about this issue. And, please, send us clippings or let us know if you hear or see something on radio or tv.

Listed below are some of the headlines we've seen in 1987.

**Circumcision: Controversy  
Surrounds Surgery On Infant  
Boys**

*Baton Rouge State-Times*

**The Age Old Question Of  
Circumcision**

*The Boston Globe*

**Circumcision More A Matter Of  
Habit Than Hygiene**

*The Palm Beach Post*

**Year Of The Intact Child**

*Harper's Magazine*

**Is Circumcision Needed?  
Doctors Disagree**

*The Detroit News*

**Whether Or Not To Have Your  
Son Circumcised**

*McCall's Magazine*

**Doubts About Circumcision  
- Fewer Boys Are Now Cut**

*Newsweek*

**Unkindest Cuts?**

*Parenting Magazine*

**Circumcision: Painful And  
Useless?**

*Miami Herald*

**U.S. Insurance Company Cuts  
Payments For Circumcision**

*The Times, London*

**Circumcision And Insurance  
Coverage**

*Family Circle Magazine*

**Fewer And Fewer Circumcisions**

*East West Magazine*

**Unkindest Cut?**

*Bucks County Courier Times*

**Group Battles Circumcision  
Scourge**

*Peoria Journal Star*

**Routine Circumcision Comes  
Under Attack**

*Worcester Evening Gazette*

**Circumcision: The Peculiarly  
American Medical Tradition**

*St. Petersburg Times*

## **Insurance Companies Drop Coverage**

U.S. Health insurers continue to drop circumcision from their list of covered surgeries. In addition to Prudential, the Blue Shield Plans of California, Maine, Washington/Alaska, and Pennsylvania have ceased payment, and Delaware will join the others on January 1, 1988. In Canada, where circumcision has dropped to 25% of males, the Alberta Province Health Care Insurance Plan will stop payment on August 1. Once parents have to pay for this unnecessary surgery, it dies a rapid death. Britain's high circumcision rate dropped to below 1% once its National Health Service ceased coverage.

### **Announcement Sent To All Pennsylvania Blue Shield Subscribers**

"Pennsylvania Blue Shield will no longer cover routine neo-natal circumcisions under our Medical/Surgical Programs.

"We have taken this action based on well-documented findings by various medical organizations that this procedure is not medically necessary.

"Following the approach that health care coverage is for medically necessary care, we have withdrawn coverage for routine neo-natal circumcisions. The Pennsylvania Insurance Department has given us approval to make this change to your program."

## **Dear Tony**

I just received issue 5 of *Acorn*. That makes five issues already in 1988, all extremely interesting and informative, and each larger than the previous. Congratulations! Keep up the good work.

I have a comment on a comment you made in reply to Warren in *Acorn* issue 3. You stated that the ecraseur (or foreskin strangulation) method of circumcision is not usually recommended for adults and gave the reference: I.A. Fraser et al., *British Journal of Surgery* 68: 593-5 (1981) in support of your statement. I obtained this article and found in it no reference to adult circumcisions. As you stated, it compared the circumcision of 100 children of ages up to 8 years (one 11 years) half circumcised by the Plastibell (an ecraseur method) with the other half circumcised by the conventional (in Britain) freehand method using scissors and sutures. They concluded that the Plastibell produced better cosmetic results and less discomfort, but 59% had difficulty urinating while 'only' 33% of those circumcised conventionally had this problem. They concluded that the Plastibell was a satisfactory method for circumcising boys up to 8 years of age. The reason for the age of 8 limit, however, was that the largest Plastibell they had would not fit most older boys. I do not interpret this as ruling out adult circumcisions by this method. There was no indication that problems increased with age or penis size. Adult size Plastibells can be obtained, but I don't know who makes them.

The following ad appeared in the 1977 *Manly Arts* catalog, 216 Madison Ave, Athens, Ohio 45701:

**Item 68. Plastibell circumcision devices, adult size. In original sanitary wrapper. We have only 8 of these. \$40 each.**

They offered also infant Plastibell kits at \$22 each. All the Plastibells quickly sold out. When I checked, they were not expecting to obtain any more.

*My very best wishes, Warren*

## **Meeting**

Some members have indicated their interest in a meeting in Oxford in the evening of 24 September. The cost in a guest house for bed and breakfast in a single room without bathroom will be £15, and £17 with a bathroom en suite. Members will make their own booking, identify themselves to each other once they have arrived, and allow the evening to develop from there. For details, write to *Acorn*.

## **Future Issues**

This issue of the Newsletter goes out in late July. There will be a break until October before the next issue. I hope it will be possible to produce one or two further issues in November/December, so please keep your contributions coming. Originally it was hoped to manage about four issues a year, but clearly the interest exists to support a greater frequency. This will probably require a higher subscription to cover the costs.

# **ACORN**

**1988 Issue No 7**

**(Formerly Issue G)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## **Editorial**

We're back again after a summer break, with lots of interesting correspondence, including two letters from women with clear preferences for cavaliers. There'll just be one more *Acorn* before the end of the year brings the inevitable disruptions of the Christmas mail. I hope you will agree that our subscription has given good value, with what should amount by the end of the year to some 130 A5 pages of information and the chance to contribute or to hear from others who share our interest. To continue receiving *Acorn* into 1989 you will have to renew your subscription. Unfortunately, with both rising reprographic costs, longer print runs, more and bigger issues than originally planned, this will have to go up to £10 for all the 1989 issues.

T.A.

## **Smegma Types**

The entire top layer of body skin is shed every 30 days, including that of the glans and inner foreskin. In an infant, this material accumulates in the enclosed space under the foreskin and works its way out at the tip in a process of separation of the two surfaces. In adults, for centuries smegma was thought of as a secretion of Tyson's glands, Tyson having misinterpreted lesions in the corona as the openings of glands. Drs A.B. Hyman and M.H. Brownstein reported in *Archives of Dermatology (USA)* the presence of sebaceous glands under the foreskin, but not specifically at the corona. Smegma was essentially a mixture of shed epithelial material (skin flakes) and sebum (the oily component of sweat). Men who have succeeded in re-covering their glans (keeping the foreskin forward after a period of keeping it behind the corona, for example) report a stickiness and the familiar shower-room odour of sweat.

Anthony – Devon

## **The Mark Of A Man**

Congratulation on *Acorn*. As one who yearns to be circumcised it is very nice to see the subject being discussed at some length at last. My ex-wife wanted me to be circumcised some time ago because my foreskin was quite long and seemed to roll back and cause her discomfort during love-making. After plucking up the courage and making an appointment, the day before I was due to be circumcised she left home and went off with another man. I had to cancel the operation, but have regretted it ever since. The problems I have had with my foreskin are unending: soreness, rolling back, even splitting when it is pulled right back. Believe me, I shall be glad to see the back of that useless bit of skin. Let's get circumcised and cut out the problems which a foreskin brings, whether loose or tight. Circumcision is the mark of a man.

C.P. – Wiltshire



## **Masturbation**

John McC's detailed contribution confirmed what many others have found: that the most intense masturbatory sensations essentially originate in the prepuce not the glans. All masturbation stimulates the shaft, with individual refinements, the to and from distance being determined by the mobile tissue available. Those who have been foreshortened have restricted movement and compensate by more forceful and rapid hand movements. Personally, for maximum stimulation my grasp is just behind the scar-line, with about  $1\frac{1}{4}$  inch movement to and fro, with forward thrusts against the glans pushing the coronal ridge onto itself without any cover. Sensations are greatest below, in what I term the vale of the lost frenulum. Though the glans surface responds only slightly to my touch, gentle stimulation from other sources has sometimes resensitised the area. For example, my fiancée's gentle finger movements on corona, meatus, frenal groove, and tracing the scar-line; the intense sensation of an insect moving on the glans after nude sunbathing had turned me from roundhead to redhead; the touch of trousers at each step, with the glans trapped at the sulcus in my Y-front opening. Individual refinements include plucking at the frenal area; pinching the tip of the foreskin, and rolling the penis between the thighs.

*Anthony – Devon*

## **Therapeutic Retraction**

Therapeutic Retraction of the foreskin is described in the *British Medical Journal*, 1983, by Graham G. Cooper, Department of Surgery, Western Infirmary, Glasgow G11, as follows: 'of 91 boys of mean age 4 years 9 months with non retractable prepuce, retraction under general anaesthetic relieved 79, leaving only 12 to be later circumcised'. Anthony relates this to a general rate of 10 per cent of 4-year-olds with non-retractable foreskins and concludes that circumcision would only be essential for about 1.3% of all boys. If done at the age of 4-5, the Plastibell would be the technique indicated to achieve the most uniformly satisfactory cosmetic results. But the use of general anaesthetic seems unnecessarily dangerous when, if any is needed at all, a local should be quite enough.

## **My Foreskin, My Friend**

Dear Tony: Most correspondence to the Newsletter, I notice, is from circumcised men, generally cut as adults. It follows that, for reasons not usually stated, they have been unhappy with their foreskins. Those that are unhappy with their circumcisions are not likely to write about it. Conversely, those that are happy with their foreskins are not likely to bother writing to defend their possession.

To redress the balance a little, here goes. I have a foreskin. When my cock is completely soft, my foreskin halfway covers my knob. I love my foreskin and he has repaid me by giving me hours of pleasure. He has ideas of his own, sometimes staying back for a couple of days and sometimes staying forward. During intercourse he is a good boy and disappears but during masturbation he's there and I find that 90% of the pleasure of masturbation is the friction of my foreskin over my knob. I would recommend anyone with a foreskin to make a comparison. While masturbating, put your free hand behind you and under your legs, and pull your ball-bag back as far as you can. Then you'll know what its like to masturbate circumcised. In a future letter I hope to include excerpts from a treatise by a doctor who appears to have spent a lot of time on the subject, refuting most of the anti-foreskin lobby; also a list of books on all aspects of the subject.

*D.H. – Avon*

[Thanks for introducing your friend: we hope to hear more soon. – T.A.]

### **Glans Sensitivity**

Dear Tony: Thanks once again for another fascinating issue. I was particularly interested to see the questions and answers in *Acorn* Issue 5 from 'Mr H' who circumcised me in September 1987. Afterwards some little bits of skin popped out between the stitches, and they have resulted in a sort of 'frilly effect' rather than a smooth scar-line. The SAS told me that any nodules could be removed after about 6 months, at no extra charge, but when I went back to see Mr H at Harley Street he said, slightly dismissively I thought, that there was nothing to worry about.

On the subject of sensitivity, I do think that my glans is less sensitive following the operation. As I had previously worn my foreskin retracted for about 25 years, I can only think that this must be directly attributable to the operation and the removal of inner foreskin. I am quite fascinated by the subject of sensitivity of the glans, both in cut and uncut men and also for those in whom the glans is permanently exposed/covered. I'd be interested to hear any comments through *Acorn*. For example, can you describe how sensitive your glans is when flaccid/erect? Can/do you directly stimulate the glans, i.e. masturbate with lubrication? Do you only manipulate the shaft, or do you move your foreskin over the glans to masturbate? If you were circumcised as an adult, how did it feel to have your glans exposed permanently? If you have a foreskin and normally keep it covering your glans, how long can you keep it pulled back? Could you try doing so for, say, a week and describe what it feels like?

*R.A. – Brighton*

## **Father And Son**

In the early 1930s, when I was about  $3\frac{1}{2}$ , my father, an RAF pilot, was posted to India. It was decided, by whom I do not know, that – because it was a hot country – I should be circumcised. This was undertaken by one of my father's tough rugby-playing RAF doctor friends. I remember nothing of the procedure except that I was sore for a long time afterwards. Thirty-five years later, when having a vasectomy in a North London hospital the friendly surgeon asked who had circumcised me. When I told him, he commented on what a horrible mess had been made. I had got used to it by then but must admit there were a lot of knobs and veins around the cicatrice. All the surgeon did, after he had finished the vasectomy, was to tie off the unsightly bits. He told me to keep them well greased with antiseptic cream. Within a week or ten days the three little pieces became detached, leaving the area smooth and neat without a vestige of spare skin, even when slack.

Our son was born in the late 1950s and from the start seemed a sickly little fellow. When picked up from his cot or pram, or after being fed, he would go red in the face, draw up his knees and scream. We had no idea what was wrong. My wife took him to the weekly baby clinic, where one of the nurses suggested that he might need to be circumcised. From there she took him to our GP who said the problem would solve itself as he got older; besides, the NHS did not encourage the operation.

We noticed in the bath that clearly his little prepuce was hard and red, so went back and consulted the clinic nurse. She suggested a Jewish mohel and gave us his name and telephone number. I contacted him and within a couple of days, a Sunday morning, I called for him at his house. He was a lovely, quiet and wise old man who did not drive. He took one look at the boy and agreed with the nurse. There and then, after much washing and preparation, the job was done. I held the baby (aged 9 weeks) with his legs very wide apart. The mohel pulled his prepuce through what looked like an Army button stick and cut it off very quickly. I noticed that he had a long and pointed thumb-nail which he then used to slit a thin membrane covering the tiny vivid-coloured glans. The boy cried, of course, and who wouldn't, but it was no worse than his previous 'knees-up' performance. The mohel then sprinkled yellow powder on the wound, applied a piece of greased gauze and an enormous wad of cotton-wool. Next with an extra-wide bandage he bound him from under his arms to the tip of his toes and told us to leave him like that or two or three days. He explained that the urine would help the wound heal. Three days later in a warm bath the dressing floated away leaving a marvellously neat job, and there were no more 'knees-up' screams.

*Fred – Barnet*

## **Jewish Woman Prefers Men With Foreskins**

Dear Mr Acorn: As a Sephardic Jew, the chances are that the man I marry will be Jewish. But I shall consider his lack of a foreskin with regret rather than rejoicing. The Talmud advises that Jewish women should not be permitted to have sex with gentile men. The reason given is that sex is so much more pleasurable with an uncircumcised man that they would be lost to the faith! This is to some extent nonsense, but as one who has broken this Talmudic injunction at least a dozen times during my 10 years in the UK, I have to admit that there is some truth behind it. Although the most important factor in procuring female pleasure is know-how and experience, there is little doubt that “the cut of a man’s jib” is a factor of significance. My attitude to circumcision is shared by a lot of intelligent and adventurous girls in Israel (i.e. most of them). It probably starts off as curiosity and the attitude that ‘grass is greener the other side of the hill’. If an Englishman gets on friendly terms with an Israeli girl it’s only a matter of time before she asks him, “Yeah l’kha Brit Milah?” (Are you circumcised?) He should not be embarrassed to say he isn’t because chances are it will open the door to her affections as well as her legs.

But why is it that many good Jewish girls are keen to try out foreskinned lovers? Most reform Jews these days question the need for circumcision and some really deplore it. But you would have a job to find one who does not conform. So Jewish girls who really want to find out what they are missing will often jump at the chance of having it off with a presentable gentile.

My view is that a foreskin adds an extra dimension to the penis, giving it a versatility that the circumcised man cannot compete with. No part of a woman’s body is as soft as the little bud of skin at the end of a long-skinned man’s erection, and for me it provides a clitoris-brush far superior to the tongue.

Apologists for circumcision usually raise the charge of uncleanness. Forget it: any girl who fucks with the sort of peasant who does not bother to keep himself clean will be outside my terms of reference. They also cite appearance and this I cannot understand. After seeing so many foreskins I really prefer the evenness and integral look of the uncircumcised penis with its head decently hidden to the damaged look of the circumcised penis with a bobble hanging off the end of it.

Contrary to what is said, a tight foreskin need not be a bar to sexual pleasure. My most accomplished lover had a long tight foreskin which extended well beyond his tip, even when erect. He never succeeded in pulling it back far enough to reveal any part of the head except the extremity, but it never gave him any trouble. Being a man of resource, he managed to clean it by inserting a soft plastic tube and irrigating under it with warm water and cotton-buds. He found his tight foreskin did not curtail his sexual activities in any way and I enjoyed trying to thread my tongue under it – so did he. To

conclude, circumcision is unnecessary. If enlightened, both men and women can get a lot of pleasure out of a foreskin. Those who want to cut it off are a neurotic minority.

*Y.Z. – London N5*

[Thanks for the results of your interesting research and for your interpretation of the Talmud, which seems more original than orthodox. Your lover may have done wonders with his plastic tube and cotton buds in the cause of hygiene, but most men with such a tight foreskin would remain peasants or get themselves circumcised. – T.A.]

## **Getting It Into Shape**

Dear Tony: Thanks for the latest edition of the newsletter. It seems to get better and better. My comments on the perfect penis: it should be 7 to 8 inches long when erect, and have a large pinkish glans with a pronounced rim and deep sulcus. When flaccid, there should be a short foreskin to cover the rim and part of the glans, which easily retracts itself on erection so that it never becomes a nuisance. To anyone contemplating circumcision, I would say that the paramount question is: 'is your foreskin a nuisance?' If so, have it circumcised.

I note that there are a number of observations on masturbation. From experience before and after circumcision, I would say that the main difference is that after circumcision the penis will stand considerably more handling before climaxing. I find one enjoyable variation is to use an American tip condom which covers just the glans: it is much easier to use if circumcised, and delays climaxing even further. Each individual develops their own technique when masturbating, but what is even more important are the fantasies which accompany masturbation, and the longer these last the more pleasurable it becomes. There is no need to feel that each time one masturbates one need climax; I find this is more relevant as one gets older. Surely there is no harm in masturbating when one feels the urge? Warren's letter in Issue 3 seems to infer that he is concerned about the frequency of masturbating. Personally I find that my masturbation urges vary considerably from time to time.

Is it possible to have more details about the ecraseur and Plastibell methods of circumcision, and perhaps a diagram? I can understand that it is possible to strangulate the dorsal aspect of the foreskin, but how does one cope with the frenulum?

*Bill – Kingston*

## **Male And Female Circumcision**

As a *male* circumcised at age 25 as a matter of choice, I have always been somewhat bemused by the controversy in the UK. A simple evening visit to the surgeon in New York and a good night's sleep left me fully able to discharge my duties as a ship's officer next day. I am more interested in the *female* equivalent these days and deplore the linguistic inaccuracies which have led to the term 'female circumcision' being generally applied to extensive mutilation, rather than the simple removal of the clitoral hood. Indeed a recent *Forum* article baldly stated: 'female circumcision is mutilation by removal of the inner lips and infibulation.'

They really should know better. This is a description of infibulation, or closing off the vulva as a way of ensuring or recreating 'virginity'. Another female genital operation, sometimes combined with trimming the inner lips, involves amputating the clitoris (clitoridectomy). Both are designed to limit female sexual pleasure, and probably do so.

Female circumcision, in its proper meaning, is the direct equivalent of the male operation (which does not, of course, involve cutting off the glans) and involves removing only the female foreskin so that the clitoris can be more exposed to stimuli. It is a controversial operation, recommended when the female prepuce is so thick that it is difficult or impossible to pull back over the clitoris that it covers, or if it is painfully tight, or cushioned with excess tissue. Its main aim is to heighten sensation, ease the achievement and increase the intensity of the female orgasm.

It would be interesting to hear from any *Acorn* members with information or views on female circumcision, or with experience (their own or their partner's) of it.

A.W. – Devon

## **Blind Encounter**

About 30 years ago, my father was medical doctor to a small residential hostel for teenage blind girls who were being assessed for their capabilities for a career and an independent life. I was an only child and the school holidays were often boring, so my father volunteered my services to look after the garden and do odd jobs at the hostel.

I got to know the warden quite well: a middle-aged woman who was strict with the girls but at the same time sympathetic to their disability. One day she asked me to her office and told me that one of the girls, Elaine, was interested in art and sculpture and wished to model the male body. Of course, being blind, all her sculpture had to be done from feel. So would it be possible for her to touch me in order to build up the necessary mental picture? Being a doctor's son, I think the warden thought she could approach me without causing offence. A date and time were duly arranged.

I was introduced to Elaine and we were left alone. I was a little nervous and did not know what to expect. She was, I guess, about 18, had dark hair, a beautiful smile, and was somewhat shy. She said that it was very kind of me to do this, and we began to exchange some general conversation about the hostel and our homes. She started to feel my head and face, etc. I then removed my shirt and she felt my chest and breasts, at once noting how mine differed from hers. I remember her spending a good deal of time feeling my shoulders and upper arms. She asked a number of questions as she gradually worked her way down to my trousers. She said that she would quite understand if I did not remove them, but I pointed out to her that unless I did so, she would not have the complete picture, to which she agreed. I stood there 'starkers' as her fingers made their way down to my pubic hair and genitals.

Her soft and exploring touch had made me erect. When she started to feel my penis she went very quiet as she began to handle my shaft, gradually working her way to the foreskin which still covered the glans. I tried to explain a little about the penis and the purpose of the foreskin, etc. She was still quiet as she felt my scrotum and testicles. It was at this point that I retracted my foreskin. I told her that if she felt my penis again she would find it different. She at once remarked that she found it more pleasant with the foreskin pulled back: the feel of the naked glans she found very erotic. Her fingers were small and sensitive, and she said she could detect the Tyson glands around the rim of the corona. I explained that these secreted sebum which, if allowed to accumulate, congealed into smegma.

She remarked that with the foreskin retracted, it felt as if it had disappeared. I found this somewhat difficult to explain in words. She was becoming more talkative and enquired about circumcision, which she had heard about from the Bible, and asked why some non-Jews also had the operation. She was interested to know how often I retracted my foreskin, and when I told her that because my foreskin was long I found it necessary to pull it back every time I peed, she said that if I was circumcised this would be avoided. By gently guiding her fingers and thumb, I was able to show her how to pull the foreskin forwards and backwards. I also showed her how to squeeze the frenulum between her thumb and forefinger, and she noticed that I clearly enjoyed this. She only did this for two or three moments, when I involuntarily climaxed and covered her hand with semen. This naturally surprised her, and she was concerned that something was wrong. Of course I had to explain what had happened, and she was relieved to know that no harm had been done. She wiped her hand. We sat chatting for some time as she continued to feel my thighs and legs. I was tempted to ask if I could caress her, and I think she would have agreed, but at the same time I had a strange feeling that I would be a cad if I did so: it was most odd. When I left she thanked me and gave me a lovely kiss.

Elaine left the hostel soon after this and so I never did find out how her sculpture progressed. I have often thought of her since, and do hope that she

was able to find a regular partner who could enjoy her inquisitive, probing fingers. As a result of her questions, I felt increasingly that I should give serious consideration to getting myself circumcised. After some initial apprehension, I spoke to my father about it. He reassured me that I had nothing to fear from the operation, and arranged for one of his medical colleagues to do it. It was soon done and the scar healed after about ten days. The result has given improved satisfaction and enjoyment ever since, which I hope will reassure others considering becoming a roundhead.

*Bill – Kingston*

## **In Favour Of Foreskins**

Dear Tony: As a mere woman it may seem presumptuous of me to make pronouncements on the subject closest to your hearts. However, except for your dedicated poofster, most of you men will have experience only of your own individual willies, whilst I can claim with some pride to be a cock connoisseur par excellence, having devoted my close attention to whole clutches of them over a number of years.

I have to say first off that I fail to understand what all the fuss is about. The vast majority of British men are uncircumcised and entirely happy, even proud, to be that way; and what's more, so are their wives and girlfriends. There's an awful lot of balls talked about hygiene, cancer and so on in support of the operation, but these arguments have all been thoroughly discredited by reputable authorities here and, latterly, in the US.

I struck up acquaintance with the foreskin when I first saw my mother peel my brother's back as a child. I found the momentary apparition of his blue-red little cherry, swiftly and modestly re-hooded with an expert flick of her wrist, a source of fascination and curiosity. As a result I took every opportunity thereafter to explore its possibilities by handling it and sliding the long tube of skin back to reveal once more his mysterious cherry.

I marvelled at its elasticity but only discovered its true potential by accident. I used to insist on holding it for him when he did wee-wees and, curious at seeing the long tassel of skin swell slightly from the pressure of his urine, I tried pinching the tip to interrupt the flow. I remember to this day my amazement at seeing his foreskin swell out like a huge wobbling egg, the skin distended so tight as to be almost transparent! I may say that my brother gave his wholehearted co-operation in my rude little game and said it gave him a lovely warm tickly feeling. I started doing this for him regularly and soon found that if properly handled, his whole penis would swell and harden. And then came my second exciting discovery: once his penis had hardened and the pressure released with a whoosh, I found I could make him yelp with pleasure by slipping the mobile length of skin rapidly to and fro over his wet knob, eventually causing him to shudder in an as yet unproductive orgasm.



Thus I embarked on a career as an enthusiastic lady wanker, at an age when most young ladies were still playing with dollies. Inevitably as I expanded my clientele I found myself confronted by my first roundhead. I was interested to see that his foreskin had been reduced to an unsightly bunch of skin underneath, whilst his knob had a pink, grainy texture instead of the exciting purple of the freshly peeled cavalier with its moist, glistening surface.

The question was, then as now, how do you toss off a cock with no mobile skin to work over the head? At first I was hesitant to touch his bare knob, since to do so with one of my foreskinned friends would usually make him wince. I needn't have worried. His knob was no more sensitive than the sole of my foot and it took ages to hit the jackpot.

Having established my preference, let me now expand on the theme. Appearance: I greatly admire the smooth elegant lines of a long tapering foreskin. It has a sort of aristocratic sense to it in contrast to the crude foreshortened stump of the roundhead, whose club-like appearance associates it irrevocably with the peasantry. Let's face it, the appearance of the circumcised cock is as aesthetically displeasing now as it was to the ancients. This reminds me of a new word for your anthology of words and phrases: VERPUS: Latin for circumcised man (a term of contempt used by Romans to describe a roundhead).

So there it is, gentlemen. There are women about, a big majority of them from my personal acquaintanceship, who don't share your enthusiasm for the knife. To me a long foreskin provides the biggest turn-on of all the male equipment. To peel back a tight one over a crock-smasher of an erection, gradually exposing the wet purple pee-hole glaring at you through the taut ring of foreskin (like an Evil Eye on a periscope) gives me a thrill to beat all save the attentions of a skilled cunnilinctor. Your readers could do worse than reflect on the words of Milton: "There is a destiny that shapes men's ends, rough hew them though they will".

G.P. – Hoddesdon

## Initiation

We know that circumcision (male, female or both) is used as the test and mark of initiation among many of the peoples of Africa, Australia, Arabia and the Muslim world, often as part of a much larger set of celebrations and ceremonies, and sometimes combined with more severe tests of courage and the ability to bear pain stoically, such as subincision.

Writing in *The Independent*, 2.8.88, 'An urge deeper than the skin', Ruby Wallace explained how a tattoo fulfilled a deep-seated need for ritual in her life. Several of her comments throw an interesting light on the attitudes and feelings associated with initiation, and so may be of interest to *Acorn* readers and are quoted here.

"I wanted a fully-fledged, decent-sized tattoo, the sort sailors have, of scarlet blossoms on my left shoulder. Friends' comments did not put me off. Once, sitting on a bus just thinking about the process involved – the injection of ink under the skin via a fairly hefty needle – I fainted. And yet I went ahead. Nothing would put me off. To have a tattoo was a need for me. Maybe I was not prepared for quite how painful it would be, and more to the point, how long it would take. I was with my boyfriend, who sat holding my hand and joking with me, and raved over the tattoo to keep my spirits up. The needles were, I am told, very fine. None the less, it felt like a combination of an injection and a dentist's drill. When Raymond said, after what seemed like hours, he had finished, I found I could hardly stand up. I was enchanted. My back, my old back that I had had all my life, would never look the same again. I had become a woman, and the change was forever marked.

Talking about the pain, Raymond's theory was that women were braver than men for this kind of pain, sharp and fierce. I am more inclined to believe that women make less fuss about pain all round. But his theory gave me my first clues as to why I wanted to be tattooed. When he talked about pain, and pain willingly chosen, he was talking about initiation.

Bani Shorter's book on women and initiation, *An Image Darkly Forming* (Routledge, 1987), claims that in former times transitions from one stage of life to another were always marked by ritual initiation. My addition to this theory is that in certain circumstances, people still instinctively perform their own ritual initiations, recognising and responding to an ancient need. Ear-piercing and face-painting are surely direct traditions of a tribal ancestry which used to involve such rituals for men too.

Recovering from anorexia with an extremely patient lover was the first time in my life I had felt loved. At the end of the tunnel I emerged into a sunlit day, with scarlet blossoms on my left shoulder. I felt forever changed and welcomed it. My sister remarked that when I am old and wrinkled, so will my tattoo be. I did not mind. It was my decision, my choice, my body. Having myself tattooed did not seem to me to be masochistic or self-destructive. The tattoo involved pain, it involved bleeding, and it meant I was forever altered. Initiation ceremonies generally involve these three components. My tattoo was a reminder of how much I had wanted to mark and ritualise my total and final emergence from the 'dark tunnel' of anorexia. My boyfriend acted in the role of high priest of the ceremony. I have never regretted having it done. Now I am born again, with flowers on my back."

Ruby Wallace is quoted at length because she seems to voice the same kind of feelings that one might have about deciding to have oneself circumcised or to have a body-piercing. Both involve pain, bleeding, and bodily alteration. Many *Acorn* members have made the decision willingly and are pleased with the result. What do *Acorn* members think about such an 'initiation' interpretation? What change(s) of status did you mark (or would you like to be marked) by an initiation ceremony? What form should such an initiation take? Is there a

hierarchy of status, with a series of initiations to progressively higher levels, and how should each be marked? Alteration involves showing off the new status: who should be 'high priest', who should be present as witnesses, and what should be their qualifications?

T.A.

## **Sensation And Performance, Before And After Circumcision**

This article is published at the request of a reader and sets out the views and experience of parents of boys who have been circumcised, some of them in infancy, but a significant number at a later stage in their lives, which has allowed them to compare life with and without a foreskin. The data presented are derived principally from Nacton's 1978 article in *Forum*, published again by request, with supplementary material from other sources. In our next *Acorn* we'll print the second half, which dealt directly with men's experience and opinions about circumcision.

What's in a foreskin? *Acorn* exists to exchange views of both men and women, for and against the foreskin and male circumcision. The argument also takes place across continents: in the USA most boys are still routinely circumcised at birth; in the UK most infant males are not. Some doctors and researchers suggest that foreskins cause penile and cervical cancer, other experts poo-poo these findings which they believe inconclusive. Circumcision is ritually practised by some of the world's greatest religions, notably Judaism and Mohammedanism, and by tribal doctors in many primitive societies. Some women prefer the shape of a circumcised glans sexually speaking; some men argue that the circumcised penis is less prone to premature ejaculation since it is desensitized in the ordinary course of rubbing against clothing. Men who have been circumcised at birth may grow up feeling abnormal; men who have not been circumcised at birth may become under-confident adults who blame all their shortcomings onto their long foreskins. All males may feel anxious because they are not the same as everyone else and therefore over vehemently defend their condition, whether 'roundhead' or 'cavalier'. The same applies to 'penis-fetishists' who have an over-developed interest in their genitals and know the map references for every hair and nodule. Zoologist Dr Desmond Morris believes circumcision is nothing more than bodily mutilation and argues that males should be left to decide for themselves in later life whether they wish to be cut or not. Clearly there is a group of men who need circumcision because of a too-tight foreskin which prevents them having sexual intercourse or even enjoying an erection at all. *Acorn* receives enquiries every month from men who know they want to be circumcised but don't know where to go for help... and so the various data accumulate.

In 1978 Dennis Nacton produced two surveys of circumcision, the first a questionnaire directed to parents in respect of their children; the second to men who have been circumcised outside early infancy. Together these survey findings should give clear answers to the question of a child's reaction to circumcision, particularly if you are thinking of taking any decision for him. They also reveal a good deal about contemporary sexual psychology.

Eventually, 109 child and 313 adult questionnaires were returned to Nacton from a variety of British sources. Table 1 shows the child's age at circumcision, whether his father was circumcised or not and if so, whether before the birth of the child or after.

**Table 1**  
**Boys' circumcision in relation to**  
**circumcised/uncircumcised status of father**

Age at circumcision		Father uncircumcised	Father circumcised	
Years old	Number		a) before the birth of the boy	b) after
1	4	2	2	0
2	12	3	7	2
3	16	2	14	0
4	9	2	5	2
5	3	0	3	0
6	6	0	4	2
7	13	4	5	4
8	7	0	4	3
9	7	0	2	5
10	10	6	2	2
11	1	0	0	1
12	3	0	3	0
13	0	0	0	0
14	5	2	3	0
15	4	4	0	0
16	7	7	0	0
17	2	2	0	0
<b>Totals</b>	<b>109</b>	<b>34</b>	<b>54</b>	<b>21</b>

The question was asked: what were the circumstances leading up to the son being circumcised, when the father was uncircumcised. Phimosis (too tight foreskin) and balanitis (inflammation) were the main reasons in 85% of cases.

In two cases of one-year-old boys the doctor advised circumcision and the parents did not get reasons. In one case it was prevention because the father did not want his son to experience the irritation he had endured. One mother (also a nurse) had one son done because of balanitis, then got the other two boys (aged 5 and 10) cut for reasons of conformity. One boy of 10 complained that his tight, adherent foreskin hurt 'when I play with myself'. Two 15-year-olds discovered they had phimosis as a result of school sex lectures.

When the father was circumcised before the birth of the boys the reasons given for the majority of circumcisions on their sons were again tight foreskins and inflammation, together with hygiene (85%). In one case the boy was felt by the parents to be too interested in his penis, so they had him 'doctored'. In another case the boy saw his father naked at the beach and wished 'to be like daddy'. Many of the problems revealed themselves when the boy reached puberty and found it impossible to retract his foreskin over his first erections. This led to inflammation.

Where the father was circumcised after the children's birth, the universal reason in all 21 cases was to prevent the child having to repeat the father's uncomfortable experiences. In 18 of the cases, the improved sexual experience following the father's circumcision was a material factor when arriving at the decision to dock the son's foreskin.

To the questions: how long was it between the circumcision being proposed and performed? Were you satisfied with the procedure? the longest and shortest delays were found to be in the private sector – four and a half years (a non-urgent case) and three days. The average delay under private treatment was four weeks. With NHS operations the delay varied from one week to two years, with an average of three and a half months. In over half the privately performed cases, the parents were working class. 46 of the circumcisions were done under the NHS and 63 privately.

The operations seemed satisfactory to the parents in 94% of all cases. Two operations did not completely expose the glans and were re-done later at the parents' insistence. Complications occurred in only three cases. In two, the frenulum was cut, causing haemorrhage. In the third, an active 18-month old tore his stitches climbing out of his cot.

In 87 cases (80%) discomfort lasted for less than a week and in only seven cases did it last more than a fortnight. The maximum period of discomfort was three months (two cases). There was no apparent emotional effect on 69 of the children (63%). Two children were distressed at the loss of their foreskins; three didn't like it 'at first'. Other reactions were 'normal as after any operation'. Most boys liked the comfort, appearance, cleanliness and lack of smell of their circumcised penis. A feeling that they had been mutilated was conspicuous by its absence. Some of the circumcisions were done by the doctor in his surgery or at the child's home under local anaesthetic, which was well liked by the parents and child. 'I watched it all. It was very interesting',

said a ten-year-old.

When asked 'have you ever talked about circumcisions with other boys?', in 67 cases (61%) the answer was no. Among comments made by the others were: 'Yes. Leg-pulling and comparing wanking techniques.' 'I was once asked if I was Jewish, but this did not bother me.' 'They asked me if it hurt and they wanted to touch it.' 'My best friend was done as a baby and he said my late circumcision stunted my growth.' 'We compared our scars and measured ourselves with rulers and also compared our testicles and seats. He said we would both have difficulty with sex because of not being sensitive where the skin would have been, but I don't believe that.'

When asked 'if you ever have a son, would you want him to be circumcised?', 61 (88%) of the 67 said they would. 59 answers were a plain yes, but two added comments: 'Yes, as a baby, so that he does not need it later,' and 'At birth: I would not want my sons done at my age since it hurt a lot.' There were some don't knows and one said 'only if his wife agreed'. Most parents in this sample seemed to be of the view that circumcision should be performed routinely at birth, though one couple considered the operation had been a waste of time, even with problems of tightness and irritation of the prepuce.

Parents were asked: 'What instruction were you given when he was born or later about the care of the foreskin?' In 85 of the 109 cases (78%) the reply was none. In the remaining 24 the advice was varied: 'leave it alone', 'gently ease it back a little at a time to cleanse it', 'just pull the foreskin back occasionally to keep it clean', 'I was told to cleanse the penis head daily by retracting the foreskin', 'to wash daily once the foreskin had separated from the glans', 'I was able to pull the foreskin back each time I bathed him.' (Note: an infant's foreskin should not be forcibly retracted – it is not retractile till the boy is about three years old. See article, 'Circumcision', *Forum* Vol 10, No 1)

A further postal survey added 35 responses to those obtained by Nacton. From these it was evident that interest in circumcision was often shown at an early age: half gave an age of 10 or under, and the remainder became interested at ages ranging from 12 to 21. The aspects mentioned as of interest included: reasons for circumcision, operation techniques, extent of removal, how to get it done, how widespread is the practice in Britain, whether it would be painful, how their own compared with others, what women think of circumcision, what effect it would have on one's sex life, circumcision as an initiation rite, and 4 inquiries about reversal operations.

Advantages of circumcision were stated as cleanliness (18 mentions), preferred appearance (13), improved intercourse (6), reduced sensitivity and preferred feel (5 each), efficiency when urinating (2), none (2), prevention of cancer, cured balanitis, to be like friends etc (one each). Disadvantages mentioned included making masturbation more difficult or less pleasurable (8 mentions), none (5), reduced sensitivity (4) uneven result (3) or unsightly

scar (2), irreversibility, dislike of feel/appearance (2) and being in the minority (2).

*To be continued*

## **How Much To Cut?**

For anyone who has decided to have himself or his son circumcised, there is still the question to be resolved: how much foreskin should be removed? Surgeons can adopt one of three strategies, resulting in: (a) the majority of the glans remaining covered; or (b) the corona (glans rim) remaining covered; or (c) total exposure of the glans. What are the pros and cons of each of these?

### **a) The majority of the glans remaining covered**

In this case the surgeon cuts back any excess of foreskin beyond the end of the glans and exposes the tip of the penis including the meatus (the opening of the urinary passage). Those who favour this solution say that the boy or man still retains many of the benefits of the foreskin whilst gaining the prophylactic benefits of circumcision. There is no soiling of the foreskin during urination and there is no danger of phimosis. It is of course virtually impossible to tell that anyone dealt with in this way has been circumcised. Indeed since in many uncircumcised men the foreskin shrinks naturally to expose part of the glans, these circumcised men have more foreskin than some of their uncut brothers.

### **b) The corona remains covered**

In this case much of the foreskin is removed but sufficient is left to cover the rim of the glans (corona) when the penis is relaxed. Here it is felt that there is advantage in leaving protection for the most sensitive part of the glans whilst still allowing the man the full benefits of circumcision. In such cases it is usually apparent that the boy or man has been circumcised although sometimes there is similarity to the uncircumcised man with a short foreskin.

### **c) Total exposure of the glans**

In this case the surgeon removes as much of the foreskin as possible. There is no spare skin left and the whole of the glans, including the corona, is totally and permanently exposed. There can be no disguising the fact that the boy or man concerned has been circumcised even when his penis is relaxed.

Those who favour this radical treatment claim that it is the only proper form of circumcision in that only by this method are all the benefits gained.

There are no problems with hygiene whether from smegma or urine. The permanent exposure of the whole glans reduces over-sensitivity especially of the corona. Also the totally uncovered glans is felt to be aesthetically the

most pleasing. When circumcision is performed for religious reasons (as with Jews and Moslems) or for tribal reasons (as in many African countries) there is usually insistence on the complete removal of the foreskin.

This form of operation calls for the greatest skill from the surgeon. The perfect result leaves no spare skin on the shaft of the penis but at the same time does not cause uncomfortable tightness or pulling. Sometimes this ideal is achieved but more often there is a slight rucking of the skin behind the glans rim although there is never enough actually to stretch forward onto the glans.

So which is the best answer? As with all matters concerned with circumcision, the final choice has to be personal. My own preference is certainly for the total excision of the foreskin. Whatever your preference, however, one word of warning. Surgeons will often not bother to discuss with patients the form of operation that they are going to perform. Many men who have at last been circumcised after many years of desiring the operation have been disappointed to find that it is not as complete as they had assumed it would be. Whether the operation is for yourself or your son, make sure that your wishes are impressed upon the surgeon. It would be interesting to hear views on this subject and also on the question of the frenulum. Should it be cut during circumcision? Is circumcision really radical if the frenulum is still intact? The opinions of those who have been cut in that way would be particularly interesting. I am happy to be written to directly:

*Ivan Goodhart – BM Box 2252, London WC1N 3XX*

### **More From The Acorn Dictionary: E – W**

**Electrosurgery:** Dr W.W. Walker, an American, devised a circumcision procedure in 1929 which used an electrically-heated wire to sever the prepuce of a neonate bloodlessly. Clumsily used, in 1967 the penis of one of twins was so severely damaged that a sex-change was advised. In a similar case in 1975, the family was awarded \$850,000 damages; by the age of 3 the boy had undergone 8 attempts at restorative operations.

**Enuresis:** unable to control urination, incontinence, 'bed-wetting'.

**Epispadias:** (Greek epi, upon, and spadon, a rent) very rarely a boy is born with the opening of the penis not at the tip but on its dorsal (upper) side, perhaps with other genital deformities; if severe, may give rise to doubt as to his sex.

**Epispastic:** (Latin: epispasticus, drawing out with blisters) describing the formation of an artificial foreskin by Jews, persecuted by Antiochus Epiphanes. The spadister drew skin forward so it could be sewn to the skin of the glans and made tight with glue. Greek customs and gymnastic games had reached Palestine and were so popular that Jews wished to participate but were ashamed to reveal their circumcised state when appearing naked in public.



Since then to prevent foreskin renewal, after cutting off the outer foreskin Jewish circumcisers added the stage of periah, tearing the inner membrane and turning it back, as an essential part of the ritual operation.

**Epithelium:** cell tissue which forms the outer surface of the body, including the outer foreskin.

**Euphemism:** a figure of speech to refer to something 'unmentionable'. Ones for the genitalia include 'privates' (1634, Sir Thomas Herbert); button (for clitoris), developing to 'button-hole' for vagina and 'button-hole worker' for penis; John Thomas, penis, originating in 1840s but popularised in D.H. Lawrence's *Lady Chatterly's Lover* (1928).

**Flaccid:** hanging loose, limp, flabby, relaxed, drooping; of the penis, not erect.

**Foreskin:** the doubled-over skin which more-or-less covers the end of the penis unless removed by circumcision, also known as prepuce.

**Fossa navicularis:** where the final section of the urethra (the urinary channel in the penis) widens a little for about the length of the glans before narrowing again at the meatus.

**Frenulum (also fraenum or frenum):** the small bridge of skin which joins the glans to the foreskin underneath; easily stretched or torn, but sometimes so tight as to make retracting the foreskin impossible; sometimes called 'the penis string'.

**Glans:** the dark-coloured knob at the end of the penis, structurally part of the corpus spongiosum, and covered by the foreskin unless exposed by a short or retracted foreskin or by circumcision.

**Guiche:** a ring piercing the skin in the perineal area just behind the scrotum.

**Haemostasis:** (noun) prevention of bleeding; (adjective): **haemostatic**.

**Hypospadias:** a fairly rare birth defect in which the opening of the penis (the meatus) is located not at the tip but on the underside of the penis. Sometimes the opening is near the tip and the problem is minor; occasionally it may be as far back as the scrotum or the base of the penis, and more serious. Usually the foreskin is short and the glans exposed. Repair by plastic surgery may use some of the foreskin, so a boy with hypospadias should not be circumcised. As an initiation test, after circumcision Australian aborigines create an artificial hypospadias by sub-incising the urethra from its opening at the tip along some or all of the length under the penis. See also meatotomy, meatus.

**Masturbate:** to wank; to stimulate one's own sexual organs by rubbing, etc. In Victorian times, doctors claimed that masturbation weakened the sight and/or the mind, or even caused blindness or madness. There is no evidence of any such connection – if there were, most men and many women

would be blind and/or mad. Masturbation is as enjoyable (or more so) after circumcision as before. By providing experience of what gives oneself pleasure, masturbation can pave the way towards enjoyment of sex with a partner. Circumcision was recommended to prevent masturbation. Although it may not do so physically, the operation or its threat may be used to discourage excessive masturbation.

**Meatotomy:** operation of cutting the glans meatus to widen it, usually either because of difficulty urinating or to allow an instrument to be inserted, e.g. to inspect the urinary tract or reduce obstruction by an enlarged prostate gland.

**Meatus:** (pronounced me-ate-us) the opening of the urethra at the end of the penis, from which urine and semen flow; usually the meatus of the glans but can also refer to the meatus of the foreskin.

**Mohel (plural, mohalim):** Jewish circumciser trained in surgical and ritual aspects of infant circumcision.

**Mucous membrane, mucosa:** moist and sensitive type of skin which secretes mucus, a slimy fluid, and lines various tubular cavities of the body such as the nose and mouth, the urethra or the foreskin (compare epithelium).

**Orgasm:** the climax of sexual excitement; in the male, ejaculation occurs, then the erection of the penis begins to subside; in both male and female, the height of pleasure is experienced and tensions are then released.

**Paraphimosis:** the painful condition in which a tight foreskin becomes trapped behind and strangles the glans; requires urgent first aid.

**Penis:** the external male genital organ. Numerous slang terms include cock, dick, John Thomas, prick, willy.

**Phimosis:** tightness of the foreskin.

**Pillcock or 'peelcock':** uncircumcised; contrast clipcock; see also cavalier.

**Posthectomy:** word coined by Doiteau (1927) for his operation of shortening the foreskin and widening its opening, from Greek posthe, foreskin, and tomy, cutting.

**Prepuce:** the doubled-over skin which more-or-less covers the end of the penis unless removed by circumcision; also known as foreskin.

**'Prince Albert':** a ring worn through a ventral piercing at the base of the glans near the frenulum and emerging through the meatus.

**Proximal:** at the inner, nearer or attached end, e.g. to the body (opposite: distal).

**Raphe:** seam-like junction; e.g. the dark mid-line running along the underside of the penis (pronounced 'raff-A': there is an acute accent on the e).

**Roundhead:** slang term for 'circumcised', because of the smooth, rounded head of the glans; contrast 'cavalier'. (Cavaliers and Roundheads were the opposed sides in the English Civil War). See also clipcock.

**Scrotum:** the bag of skin hanging below the penis which holds the testicles; it is temperature-sensitive, contracting in cold weather and relaxing when warm so that the testicles are not over-heated.

**Semen:** the whitish, slightly sticky fluid containing sperm which is secreted by the testicles and other glands and ejaculated by a man at orgasm.

**Smegma:** a white, cheese-like substance with a distinctive stale and offensive smell which forms from glandular secretions and dead skin-cells, and may accumulate in the coronal sulcus of uncircumcised males, especially from about the age of 10 onwards. It may offer a breeding ground for bacterial, fungal or viral infections.

**Sperm:** the very small 'tadpole'-like male 'seed' which is capable of forming a baby when united with a female egg. Sperm contain the father's contribution of half the genetic material which sets the characteristics of the child, the other half being supplied from the egg. Sperm are made in the testicles of men and stored there until ejaculated at orgasm, as a component of semen. Many millions are produced over a lifetime, but the number is not fixed and the testicles can continue to produce them into old age: men in their 80s have successfully fathered children.

**Sub-incision:** to cut open the urethra on the under-side of the penis. See also 'meatotomy'.

**Sulcus:** a groove or furrow. Coronal sulcus: the groove behind the glans corona (rim) where the inner foreskin is attached to the penis. Glands located in this area secrete a substance which, mixed with cells discarded by the skin surface, make smegma.

**Supercision, super-incision:** anthropological term for a dorsal slit in the foreskin, the form of male initiation practised by Melanesians of the Western Pacific.

**Testicles:** the 'balls' or 'nuts', glands located in the scrotum which, after puberty, make semen and other fluids.

**Testosterone:** the hormone which sets off male puberty and maintains male physical characteristics.

**Tumescence:** the process of becoming swollen or inflated; of the penis, erecting; opposite: detumescence.

**Tumid:** swollen, inflated, erect; opposite of flaccid.

**Urethra:** the tube running along the ventral side of the penis through which flows urine and semen.

**Ventral:** the backward or lower surface, e.g. of the penis (opposite: dorsal).

**Vas:** the tubes which carry semen from the testicles to the penis. Vasectomy is a (near-) permanent form of birth control in which the vas are cut and tied in a minor operation, usually done only when a man feels that his family is complete.

**Wank:** to masturbate (see above); to stimulate one's own sexual organs by rubbing, etc.

## **Piercing**

Do any *Acorn* readers have any knowledge or experience of tattooing, or of piercing the foreskin and/or glans? If so, it would be interesting to hear from them.

*Bill – Kingston*

## **Postal Strike**

Incoming mail was disrupted by the postal strike and its aftermath, together with Cerig's well-deserved break during the last half of September. In consequence it has not been possible to include recent contributions and responses to recent correspondence in this issue. It is hoped that the final *Acorn* of 1988 will go out in mid-November, well before Christmas imposes its postal delays.





# **ACORN**

**1988 Issue No 8**

**(Formerly Issue H)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

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Printed & Published in England by Acorn

## Editorial

Welcome again to *Acorn*, the newsletter of the *Forum* group for people interested in everything phallic: the penis, circumcision (male and female), the foreskin, piercing, and 'getting the phallus into the best possible shape'. The owner and/or his partner of course should be the judge of what is 'best'!

This is your newsletter and its success depends very much on your contributions. If contributions continue to come in as they have done in 1988, we shall again manage 8 issues of 12 pages in 1989. As well as personal we'll include contact requests (which may be edited if they become too long or too explicit). There are also plans later in this issue for a survey which will allow us to collate observations from readers around the country. In future we will also include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme.

T.A.

## Subscriptions

As you know, the principle has been that, whether you joined in January or at any time later, an annual subscription pays for all the issues published in this year, including back copies. This has meant that it has been fairly easy to ensure that everyone gets what they have paid for. **This is the last issue which will be sent to 1988 subscribers. To continue receiving *Acorn* again in 1989 you will have to renew your subscription.** Unfortunately, with increased reprographic costs, more and bigger issues than originally planned, and longer print runs (now that we have 85 *Acorn* members), the subscription will have to go up to £10 for all the 1989 issues. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be sent to our address as on page 1.

## The Nacton Survey (continued)

In *Acorn* 7 we reprinted part of a 1978 article by Dennis Nacton analysing responses to his questionnaire about the experience of parents and boys who had been circumcised. In this issue we move on to the part of Nacton's questionnaire relating to adolescents and adults. There were 313 replies, the youngest coming from a 15-year-old whose father said he was man enough to complete his own form and the oldest from a husband of 77 still enjoying active relations with his wife. There were 291 Britons, 8 from the USA, 3 Germans, 3 Swedes, 2 Danes, and one each from Austria, Canada, France, New Zealand, Norway and Switzerland who completed the survey. Approximately 40% of respondents were white-collar workers, the rest blue-collar workers. Jobs included an accountant, actor, ambulance driver, ballet dancer, barrister, clergyman, chiropodist, farmer, gardener, glazier, hospital porter, medical student, miner, nurse, NHS administrator, doctor, postman,



tripe dresser, warehouseman, office managers and military personnel, both officers and other ranks.

**Table 2**  
**Age at circumcision**

<b>Age at circumcision</b>			<b>Now aged 25 or less</b>		<b>Now aged over 25</b>	
<b>Age group</b>	<b>No</b>	<b>%</b>	<b>No</b>	<b>Average age now</b>	<b>No</b>	<b>Average age now</b>
1-10	37	12	10	20	27	42
11-20	39	12	19	16.5	20	43
21-30	102	33	23	23.5	79	33
31-40	57	18			57	39
41-50	41	13			41	47
51-60	23	7			23	57
61-70	12	4			12	68
71+	2	1			2	76
<b>Totals</b>	<b>313</b>	<b>100</b>	<b>52</b>	<b>(16.6%)</b>	<b>261</b>	<b>(83.4%)</b>

Note: 57% of the circumcisions were performed under the age of 31 and 51% during the period of greatest sexual activity (21-40 years old).

Table 3 summarises answers to the question: Why were you circumcised? It shows that four-fifths of circumcisions were for medical or physical reasons. The distinction between the two is to some extent arbitrary, since phimosis can lead to infection and vice versa. In some cases difficulty in retracting the foreskin only occurred when the man had an erection; in one such case the man, then aged 16, was told by his GP that circumcision was not necessary and he had it done four years later after approaching *Forum*, who were able to recommend a sound doctor. Often the trouble is an old, long-lasting complaint: "I had never been able to pull my foreskin back" (labourer aged 24, circumcised at 22). "Tight foreskin, inflamed tip" (librarian aged 29, circumcised at 28).

**Table 3**  
**Reasons given for circumcision by adults**

<b>Medical/physical reasons</b>	<b>No</b>	<b>%</b>	<b>Other reasons</b>	<b>No</b>	<b>%</b>
Tight foreskin/phimosis	102	33	Parents' decision	11	4
Foreskin too long/loose	39	12	Caught masturbating	2	-
Inflammation/infection	93	30	Social/hygiene	2	-
Foreskin/frenulum damage	13	4	Wife's health	15	5
Medical advice (unspecific)	5	2	Cosmetic/ inferiority complex	31	10
<b>Totals</b>	<b>252</b>	<b>81</b>		<b>61</b>	<b>19</b>

Conditions prior to the operation can cause much suffering: "Pain during intercourse; erratic urine spray and dribbling" (chiropodist aged 29, circumcised at 27). "Repeated irritation of glans and foreskin with soreness leading to deterioration of sex relations with wife" (engineer aged 47, circumcised at 46). "Until I was 30 I never had any trouble but then my foreskin became tight so that when I entered, the foreskin was forced back on the glans. The pain was such that I had to stop trying to penetrate and had to press the foreskin off the glans. This was not easy as the rim of the foreskin strangled and bit into the glans" (petty officer RN, aged 35, circumcised at 32). "It was not possible to keep clean while fighting in Burma. Heat, no clean clothes, excessive sweating and lack of washing facilities made foreskin suppurate. It hurt like hell" (teacher aged 53, circumcised at 20 while in the army). To the supplementary questionnaire there were eight replies stating that the reason for the circumcision was a preference for the appearance. One of these respondents had been circumcised at age 21, one at 22, 4 in their 30s and 2 in their 40s, and three mentioned that the operation fulfilled a long-standing wish.

A very loose foreskin, particularly if it is rather long, can also lead to difficulties. The usual consequence is that the foreskin will not remain retracted, either when the man wishes to keep it retracted normally, or during sexual intercourse when it may result in loss of sensation. This may affect either partner: more usually the woman but sometimes both. "Loose skin slid over glans like a shutter, reducing contact during intercourse" (life assurance manager aged 44, circumcised at 32). "I was very surprised when, one day, my wife suggested I get circumcised for her. She explained that she wanted very much to feel my penis sliding against her vagina and labia, but my foreskin remained motionless against her as I slid back and forth with my loose skin. As a result she seldom reached orgasm and felt frustrated. I attempted to draw my foreskin back and hold it tight during coitus but this was not satisfactory for either of us. I gave up my foreskin. If your wife wants you to get circumcised because she likes or needs the extra stimulation a circumcised penis gives, I would get it done. The gain exceeds the disadvantages." (Extract from a very clinical letter in lieu of a questionnaire. The man seemed to be about 35 and had been circumcised 10 years earlier). Four men with loose foreskin problems said they had previously been given a partial circumcision to correct a phimosis, the unintended effect of which was to substitute one problem for another. The main effect of a loose foreskin on a man appears to be a loss of sensation in the corona (rim) of the glans when covered by the foreskin. Four men, whose foreskins had been kept retracted since they were pre-pubertal (by parental instruction or personal choice) said this had resulted in their foreskins becoming extremely short as if they had been circumcised, but they found after they had been having sex for some time that the foreskin became stretched and spoilt this effect.

Three men were circumcised for a fungus infection. Eleven were done for thrush/monilial balanitis (also fungal infections). In five of these cases, the wife was stated to be on the pill, which was considered to be the reason. Of the 13 damage cases, 7 resulted from getting the foreskin caught in the trouser zip. "My foreskin was damaged in an accident with trouser fastener and did not heal cleanly" (chemist aged 35, circumcised at 29). Other damage reasons were: "As a result of a fall on a broken ladder which caused a tear in my foreskin" (model-maker aged 52, circumcised at 50). "Burn on end of foreskin caused by contact with paraffin heater in dormitory when larking about" (farmer aged 45, circumcised at 10). "Bleeding from glans and foreskin during intercourse" (work-study officer aged 26, circumcised at 26; cousin done for same reason). "To repair the damage caused when I tore my foreskin and frenulum during a 'woman sitting on top' position of intercourse" (civil servant aged 42, circumcised at 27). "Foreskin split during intercourse" (accountant aged 24, circumcised at 24). "I had a tear in the frenulum" (caused by girlfriend masturbating him – postman aged 23, circumcised at 23).

Other reasons included: "The operation was becoming fashionable and my parents regretted not having me done earlier – they were also convinced that it would discourage excessive masturbation" (bank official aged 47, circumcised at 10). "According to my parents, it is the mark of a little gentleman! It was not done at birth since it was not feasible in the country we were living in" (army officer aged 40, circumcised at three and a half). "Boarding school had circumcision as an entry requirement" (American student nurse aged 27, circumcised at nine).

During adolescence five individuals had trained their foreskins to stay back to look circumcised. The health of a wife was a factor in 15 cases, usually to do with cancer fears. Cosmetic reasons and inferiority complexes played a much more significant part. "For some reason which I do not clearly understand, I have always thought the circumcised organ looks superior" (musician aged 45, circumcised at 40). "A compulsive desire from about 11 years of age. I envied my pals who were circumcised" (local government officer aged 23, circumcised at 19). "I became aware of circumcision at prep school – I suppose half the boys were circumcised. I felt left out. By my late teens, I'd trained my foreskin to stay retracted almost permanently – but still wished to be circumcised" (teacher aged 34, circumcised at 32).

Another wrote: "I had wanted to as long as I can remember. I became unable to establish a normal relationship with the opposite sex. I attempted to do the job myself with great trepidation. When I got to the point of no return, ie a wound that would not heal, I cycled five miles over to hospital casualty where I was admitted and circumcised that day under anaesthetic" (engineer aged 51, circumcised at 23). Two others had also attempted self-circumcision, one at the age of 19 and the other at 43 after being successfully married for many years.

The supplementary questionnaire revealed further cases of self-help: three men had divided their frenulum, one had loosened his foreskin with a dorsal slit, extending this twice until the slit was  $\frac{3}{4}$  inch long, and then (aged 48) had circumcised himself using an adaptation of a 'Plastibell' technique; but he released the ligature after only a few hours and had to obtain help from a casualty officer for sutures to halt the haemorrhage. Another had circumcised himself in stages beginning at age 14 with a transverse dorsal incision to form a 'button-hole' through which he pushed his glans (a technique like the one used traditionally by East African tribes), later achieving full circumcision at the age of 21. A third had used a cuff-resection technique in a series of four or five operations done during his 30s, shortening his foreskin repeatedly until he had achieved the desired degree of tension in the penile skin. The last two had also extended the urethral meatus with meatotomy operations.

The wish to be circumcised for non-medical or physical reasons is a curious phenomenon and though it occurred more in those age and social groups where circumcision was most common, it was not confined to them. Nor was it necessarily connected with other males of the family being circumcised: in many cases none were. Nor, again, did it correlate with homosexuality: of the 27 replies to the appropriate section of the supplementary questionnaire, 16 described themselves as heterosexual, 4 bisexual, 4 autosexual and only 2 as homosexual. It would seem that the naked glans is often regarded as a celebration or assertion of masculinity among males and towards the females who apparently sometimes respond to this feeling. Is this the fundamental explanation of the operation's widespread practice throughout the world for religious or social reasons?

Those men who were circumcised under a local anaesthetic were of course aware of what was happening. None of them regretted having it done this way. They were mostly impressed by the ease, simplicity and quickness of the operation. Few experienced any discomfort – adult circumcision is really a very simple operation.

Question: "What did you feel about being circumcised (a) as a small boy (if so)? (b) as an adolescent (if so)? and (c) now?" Of the 37 circumcised in early childhood, 15 (41%) had no recollection of their feelings or made no comment. Thirteen of the 15 are now pleased they are circumcised and two are sorry. Of the remaining 22 who made a comment, 15 are now pleased and seven sorry. Nine of the non-pleased said they felt slightly different or odd at the time; four said they liked being the same as their fathers, etc; one developed a detestation of medical men and being undressed, and one was "bitter".

Of the seven who were sorry to have been circumcised, two were resentful because the only reason for being done was the parents' wish to inhibit masturbation, and in the other five cases because of appallingly poor surgery: "It looks awful. The operation was badly done and more skin was taken off one side of my penis than the other. The result is an unsightly bunch of skin on the starboard side, a highly stretched raw patch on the port side and a wrinkled

mass of flesh around the frenulum, with the result that my cock develops a marked left-hand slew when erect. I also invariably get soreness around the tightly stretched bit when I have intercourse” (typical response).

When the 37 who had been circumcised became adolescent, their attitudes were: 19 pleased with their circumcisions, 5 indifferent, and of the nine previously displeased, there was some softening of the resentment. By adulthood, these 37 generally preferred circumcision (73%).

Of the 39 circumcised in adolescence, 17 made no comment, two were worried, one felt too much had been taken off, one did not like the look of it, one felt “one up” on his mates, and 17 were pleased. [So the experience was generally more satisfactory when done in adolescence than in childhood. — T.A.] Of the 237 circumcised as adults, two regretted having gone through with it (“Sex so unsatisfactory I am suicidal”), 107 made no comment, and 76 said they were pleased (“I feel quite sincerely that it was an event of very great psychological and spiritual significance – it was God-given, allowing me to start again when my life was so appalling”).

**Table 4**  
**Are you pleased or sorry to have been circumcised?**

<b>Present age</b>	<b>25 or under</b>		<b>Over 25</b>	
	<b>No</b>	<b>%</b>	<b>No</b>	<b>%</b>
Pleased	45	86	249	95
Neutral	5	10	2	1
Sorry	2	4	10	4
<b>Totals</b>	<b>52</b>		<b>261</b>	

Of those 25 or under, one was dissatisfied because it was untidy and one because it was not sufficiently complete. Of the over-25s, eight were dissatisfied because of bad or untidy surgery and eight because it was not sufficiently complete, but most were clearly pleased.

Of the 249 with sexual experience pre- and post-circumcision, 41 found that the operation had made little or no difference to them, though 23 of these men said women preferred a circumcised partner, especially for fellatio. 73, mostly with mild phimosis or a rather long foreskin, felt that circumcision had reduced sensitivity of the glans with beneficial results as it had delayed orgasm with less risk of premature ejaculation. They also found it gave them better control. 19 with severe phimosis said sensitivity had increased. One said he had experienced almost total loss of sensitivity following the operation. 58 said the glans had become larger, especially in the area of the corona and often it had changed its shape from slim and pointed to plump and rounded, “a fireman’s helmet”, to quote one. A Norwegian was so impressed by the effect of the change that he made little drawings at the foot of his questionnaire to show what had happened. 81 found that the foreskin no longer slid over the

glans during intercourse. This appeared to benefit both partners because of the better contact and friction. It appears from the comments that the rim of the glans is its most sensitive part and that circumcision, by ensuring complete exposure of the penile rim and neck, maximises feeling for many men.

Some men are naturally better lovers than others and the only valid way in which the sexual benefits or otherwise of the operation can be properly tested is among those who have had extensive sexual experience with the same partners.

There were 53 married couples and 38 unmarried couples who met this criterion. With only one exception, a man who had kept his foreskin retracted during adolescence and (unsurprisingly) found no change, all these 91 couples said their sex life had become more pleasurable after circumcision. They particularly praised their ability to make sex last longer, the absence of smell and insensitivity. These results are summarised in Table 5.

**Table 5**  
**Opinion after circumcision by 91 males with extensive before and after experience of sex with the same partner**

Better control and longer to reach orgasm	41	45%
Cured premature ejaculation	21	23%
Better feel and contact	22	24%
Better excitation of the shaft	7	8%
Improved sensitivity	7	8%
Lessened sensitivity as desired	11	12%
Improved appearance	26	29%
Glans shape and look improved	16	18%
No smell	10	11%
Greater general comfort	7	8%
No flapping or trapping of foreskin during sex	8	9%
Preferred by partner for oral sex	25	28%
Less easy to masturbate	5	5%
Better friction with clitoris	6	7%

St. Paul preached: “Let there be neither Greek nor Jew, circumcision nor uncircumcision”. Some men can train their foreskins to retract permanently, and some men enjoy their foreskins. Alas, Paul didn’t contemplate how essential circumcision is if some men are to be able to enjoy their sex life. It seems clear from this survey that boys and men who need and then obtain circumcision find it a very successful experience. It is a little more uncertain whether it should be a general procedure at birth. In some it arouses strong feelings of “going against nature”. Most parents are likely to be as good at

making the decision as their doctors. On the general benefits of circumcision today, a consultant wrote: "Prophylactically, the operation confers virtual immunity against penile cancer, and there is considerable evidence it reduces the incidence of cervical cancer in women and prostate cancer in men, both of which are associated with general herpes virus infections which have been noted to occur less frequently in circumcised men."

## Acorn Survey

Nacton was highly successful in obtaining responses to his survey. It would be interesting to have *Acorn* members write in with information about themselves, both briefly in a form which can be summarised, and perhaps adding a longer account of their own views on the foreskin, circumcision, etc. In addition, *Acorn* members may have the opportunity to make (very discrete) observations in changing-rooms, urinals, etc. If data is collected systematically it should be possible to reach some useful conclusions about the distribution of foreskins, the proportion of men who keep their glans half-bare or bare, and the average age at which the option of keeping a foreskin retracted becomes a serious possibility for at least some lads. Conditions will often not allow observation of a circumcision scar-line, even if present, but the proportion of the glans covered can be seen and this can be simply noted in 10ths, with a bare glans as 0, about half covered (5), or the same length as the glans (10), or with a significant overhang (12), or moved from covered to bare (10 : 1) etc. Of course any observations must be made unobtrusively, and noted in more convenient circumstances later. The criteria suggested are rough ones, and can usually be assessed in a brief glance or two. When convenient, data can be sent to *Acorn* for collation. The following scheme is suggested:

Penis size (for age): small/average/well endowed:	Sm/Av/WE
Circumcision scar visible (yes: C / no: U)	C/U
Glans coverage by foreskin (10ths):	erect E 0-12
(more than 10 if overhanging)	flaccid F 0-12
Foreskin opening: slack/tight/no foreskin:	S/T/O
Shaft skin when erect: slack/tight:	S/T
Age in years (estimate if necessary)	
Religion (if known/relevant):	
Christian/Jew/Muslim/other:	C/J/M/O
Skin colour: black/brown/white/yellow:	BL/BR/W/Y
Location: town, county	
Comments:	

## **A Lost Friend**

I am interested in joining the *Acorn* group, having been introduced to Issue 1 by a friend in the south of England. *Acorn* is an extremely good name. I became a roundhead at about 7-8 years old, when I had my tonsils and adenoids removed and found that my most treasured possession had been “cut”. Neither at the time nor in the 40 years since have my parents offered any explanation. My son is a cavalier (naturally), and very proud to be one: he does not like roundheads! However, circumcision as a general topic has always interested me in the sense of initiation rites etc, but over the last few years I have been most interested in reading the *Forum* letters. Did you know that foreskin restoration has been available (at much cost and time) in the USA for several years? Is a person's sexuality affected by whether he is a roundhead or cavalier?

A.C.M. – Ayrshire

## **The Frenulum and Circumcision**

Dear Tony,

At last I have got around to writing to congratulate you on the issues of *Acorn* to date. You have done some really good work and it is interesting to learn that obviously so many people share an interest in foreskins and circumcision. I had always assumed (and maybe others have too) that it was an interest very particular to myself, although the correspondence in *Forum* over the years started to dispel this assumption.

It would seem that many people's interest in the subject originated from two sources; (1) parental attention to the foreskin early in life; and (2) life in single-sex boarding schools where there was a natural curiosity about other boys' willies. Like another correspondent, I thought for some time that those with circumcised willies were born like that, and it was only the unfortunates such as myself who possessed a long 'trunk'.

Having seen very many circumcised organs during my school career I am particularly interested in the technique of the operation. I can recall that there seemed to be two extremes. Sometimes the remaining skin 'wrinkled up' behind the glans, and sometimes the skin seemed to go straight back smoothly, even without an erection. I always thought the latter looked better, although there were also numerous 'in between' conditions. My experience dates from the 40s and 50s, when some 80% of my contemporaries were circumcised. Almost all had totally invisible scars. I can only recall ever seeing two bad circumcisions. One was where the glans had been accidentally cut and scarred. The other looked as though the whole operation had been untidy, and there were little bridges of skin between the circumcision scar and the corona of the glans. But neither of the owners ever seemed at all worried about them.



Back to techniques. I am particularly interested in the frenulum, and various comments in *Acorn* have reinforced this, especially when there have been references to its total removal. I find this hard to understand in view of my own condition. I was circumcised at 26 with a very tidy result. There are no stitch marks thanks (I was told) to a running suture. The frenulum was left attached to the base of the glans, but is not attached fully to the shaft skin. The result is a triangle of frenulum which hangs down under the glans, albeit only about  $\frac{1}{4}$ " on either side. At the time I did not question it as I was not as well versed in the subject as I am now. I would certainly not want to lose my frenulum as it is very sensitive, but it seems to me that those methods of circumcision have a lot to recommend them that entail turning back the inner foreskin to cover the shaft and leave the scar 2 inches or so behind the glans, therefore leaving the frenulum completely unaltered.

Thanks again for the Newsletter. It would be interesting to know of more books and publications, especially if illustrated. The only book I have is the one by Nicholas Carter, *Routine Circumcision*, which was reviewed in *Forum* about eight years ago.

Regards, J.R. – Norfolk

[Good to hear from you J.R. The first style of circumcision which you noticed sounds like the Muslim type, when the outer skin is pulled well forwards and, with a single cut, removed level with the tip of the glans. This leaves all the inner layer of skin, so that the scar line is well back from the corona and the frenulum remains untouched. Type two involves a second cutting stage to remove some or all of the inner skin. Some surgical text-books urged that this second stage should be thoroughly done, closely following the line of the corona and removing the frenulum. But most advise leaving the frenal area untouched, not least because there is a greater risk of heavy bleeding in this area. The latter advice is heavily emphasised by Jewish operators, who try to ensure that there is no slack on the upper (dorsal) surface but often leave substantial slack skin, including the frenulum, gathered under the glans, where it may form something of a bulge. – T.A.]

## Cock

Further to the comments about the origin and meaning of this word, we can add some further meanings (from Longman's English Larousse) which throw more light on its popular colloquial meaning of 'penis': (nouns) male bird; a tap; the hammer of a gun; the raised position of this hammer, and hence 'to go off at half-cock', meaning to fail because not fully ready or prepared; (transitive verbs) to erect or cause to stand on end, as in 'the dog cocked its ears'; (intransitive verb) to stick up, stand on end. 'Cock of the walk', someone who asserts himself domineeringly.

## **Dorsal Slit – The Unkind Cut**

Of several methods of male circumcision, surely the meanest is the dorsal slit. It was a simple operation that required no skill, and for a decade before and after the founding of the NHS babies and small boys were subjected to it. In my case, at the age of 5 or 6 I started to have problems: when passing urine, the tip of the foreskin would swell up and the urine would just dribble out. Perpetual retention of urine led to bedwetting. There were also minor infections of the prepuce and, each time these cleared up, the restriction became worse. Eventually a concerned aunt had me seen to by her friend, a nurse. She tried to stretch the foreskin with an instrument which looked like a three-pronged pair of pliers. She inserted these into the prepuce and held them open. It was most uncomfortable. After ten minutes or so the pressure was released, and I was left with a very sore stretched prepuce, but for the first time ever I remember seeing my glans. Some months later things were pretty much back to where they had been. My mother called the doctor about a boil on my sister's knee, and then asked him to look at my penis.

I well remember the results. He made me lie on the kitchen table, rubbed some ointment into the end of my foreskin, and then slipped the blade of a pair of scissors into the end, pulled the skin forward over the blade and snipped. There was a sharp pain and I started to cry. I still watched, however, while he pulled the skin right back then dabbed the cut, now a large area, with some fluid and dressed it with a gauze bandage. I was sore for a day or two, then it healed with the foreskin remaining permanently back.

I gather that I was lucky, as only the forward part of the prepuce was cut. I've been in contact with a chap whose dorsal slit extended right back, through both inner and outer layers of foreskin, to the glans rim. In my case I now have enough foreskin to cover the glans if I pull it forward, but when flaccid it remains bunched up behind the glans. During intercourse my penis moves within this 'glove' of skin, decreasing the friction for both my partner and me. If I hold the foreskin back by hand then sensitivity is greatly increased. I am now desperately trying to find a doctor who will rejoin the slit to allow me to become what I feel is normal, free of the unkind cut.

*T.S. – Gwynedd*

## **Operation Costs**

The Surgical Advisory Service in London is still advertising day-patient circumcision under local anaesthetic for £100. By comparison, the costs quoted by the Ring Medical Centre in Norway (postboks 528, Majorstuen, Oslo 3. Tel: (02) 46 68 95) are much higher. Treatment (unspecified) for a tight foreskin costs members NOK (Norwegian kroner) 2,000 (about £169) and non-members NOK 3,000 (£253). Charges for 'Ritual circumcision' are NOK 4,000 (£337) to members and NOK 5,000 (£421) to non-members.

## **Frenulum**

The *Acorn* newsletter improves with every issue and does a great job of spreading information on all aspects of our subject, including the frenulum. This small structure, while not strictly analogous with the female hymen, can be seen as similar in some respects. It frequently does not persist after sexual activity commences, and many cases could be cited of its breaking during masturbation, love-play or intercourse. If it does break, bleeding may be quite copious, which may be embarrassing for those concerned, especially if they seek medical attention. It would be interesting to hear of incidents of this type.

*A.W. – Burgess Hill*

## **Oxford Meeting**

Despite the postal strike (which made notifications difficult) seven *Acorns* spent an interesting time together in Oxford in September. There was only one cavalier among all the roundheads – a more even balance would have been better. Accommodation in an inexpensive guest-house was comfortable and the group found an excellent Chinese restaurant for dinner. The atmosphere was supportive rather than sexy and the conversation both before and after dinner was long, relaxed and informative. Members came away more learned than when they started, as well as making friends and coming to a much fuller understanding of each other's attitudes and feelings towards their cavalier or roundhead status.

These were the gains from keeping together as a group: perhaps, next time, members will also feel confident enough to spend some of the time one-to-one. Suggested locations for future meetings are in Weston-super-Mare, Coventry, Lancashire or Edinburgh: write in, please, to say if you would like to come, which location you prefer, and to suggest a suitable venue. When further arrangements are made details will be sent out to enquirers.

## **Re Forum Magazine Article – Vol 21, No 6, 1988**

Dear T.A.

I was truly fascinated by your letter. I have contributed to the correspondence column over the years and thought that you might be interested in my views on the subject.

My husband at the tender age of 5 was whipped off to the old fashioned family doctor because his mother was concerned that his foreskin would not retract. Fortunately, in my opinion, the 'doc' was an anti circumcision philosopher. Using a local anaesthetic fluid and some oil he manipulated the foreskin and succeeded in full retraction. He urged 'mother-in-law' to

encourage retraction in the bath at every bath-time in order to stretch the foreskin. This enabled good hygiene and was probably the first sex lesson for my husband and greater awareness of his special organ.

When I first met my husband and in those early days of naughty heavy petting and exposure of our intimate bits I wrongly assumed that he was circumcised. You see he had developed the technique of sustaining retraction by anchoring his foreskin behind the ridge of his glans. Later when we were married and we discussed all kinds of sexual matters he explained that he preferred his foreskin to be permanently retracted as this was much more enjoyable to him since he was more aware of the sensitivity of the glans rubbing on his under clothing and at times promoted partial erection. I must admit that I like to see some shape to one side of a man's flies when he wears tight trousers. Afterall, women don't hide their shape! I like to display my feminine charms and also to ensure that my pubes can be discerned when wearing slacks and bikinis.

As far as performance is concerned, I like to see my husband enter me with full blooded purple headed glans exposed. I love to give oral attention and know that there is greater cleanliness always assured. That leaves me to sorely savour his ejaculate. As a vasectomised male, unlike one of the correspondents, I do not think his 'cum' is in any way diminished by being devoid of sperm. In fact his modified semen is sweeter since he was vasectomised and I enjoy the taste in this enhanced form.

I also enjoy masturbating him by hand (often when I have a period) because he needs relief and I prefer to be in charge rather than his wanking off in the bathroom. I can still cover his acorn by fully bringing his foreskin forward over his glans when I don't use the roll technique between palms.

My husband (and all men) are much more interesting with an exposed penis but I have the best of both worlds (and so does he) in having the choice in aesthetic terms and the ability to look different according to the mood. I dislike penises with surplus skin that wrinkles beyond the head.

The reverse side of the penis not normally in view with a full frontal also excites me. The underside of the penis with its coronal ridge and frenulum (the later particularly sensitive) really is part and parcel of a man's prick and is an interesting component much the same as a woman's cunt lips that can only be seen in detail when a woman is well and truly aroused. I often think that so much is hidden from view in the female genital tract and I have given much excitement to my husband in revealing every intimate detail when we are making love. It's a long time since our early encounters of fumbling under the sheets in the dark. To both of us, exposure is very exciting and we haven't lost the intrigue of our respective intimate bits being brought readily into view. It's a pity that women don't regard their cunts as pretty: many have been conditioned that all that pink is not quite nice.

I have widened out the discussion by not confining my comments to cut or uncut pricks but I hope you will find my honest beliefs and preferences from a woman's point of view helpful in your research work and that others will be able to share my interests in the subject.

In conclusion, men shouldn't really be too obsessed if they have been circumcised since there 'aint much they can do about it. But I would like to suggest that it is not something that should be rushed into. Primarily it is a matter between couples although I do really believe that I am lucky being married to a man that remains intact. It's my delight in the important parts of my partner's anatomy that keeps us sexually active into our 50s.

*Good luck, Ann*

## **Phimosis**

I don't know if I am in time for the October issue, but I wanted to make just a few points. One was that *Acorn* has been so interesting and informative that I'd happily subscribe more to keep it coming. While I don't suppose we will ever again reach the percentage who were circumcised in the thirties and forties, it's very important that guys like us should have the information to hand so that circumcision is always an available option for those who require it for themselves or their family.

Second, one of your correspondents in an earlier issue wrote that his circumcision had left the fold. I suppose he was referring to the junction of the inner and outer preputial skin. I think it is important that this should be removed, both for the look of the result and also because it is there that the foreskin is usually narrowest.

Thirdly, while it is interesting to see the views of the anti's represented, I hope the magazine as a whole will remain balanced towards those of us who are pro. Finally, I would be very interested to hear from those who have personal experience of severe phimosis: perhaps an article and a letter?

*D.P. – London*

## **Dear Tony**

I read in my husband's copy of *Acorn* the rather negative view one woman had of circumcision and your request for other women's views. Although the popularity of circumcision is decreasing, I remain a supporter.

I grew up a liberal during the sexual revolution, before it was brought to an end by herpes and aids. Consequently I enjoyed my share of casual sex. Although I always, or nearly always enjoyed sex, I never climaxed until after I received a female circumcision. A girl friend told me how circumcision had improved sex for her. Perhaps the foreskin of my clitoris was excessively long as hers had been and was hooding my clitoris. I made an appointment with her

doctor and found that not only was my foreskin too long but it was excessively thick and needed to be removed. I let him circumcise me, and wow what a difference it made. The sensations after that were so strong that I came again and again during sex. In this type of female circumcision just the foreskin is removed making the glans of the clitoris more exposed to stimulation. It is quite different from the Muslim female circumcision that desensitizes the genitals because the entire clitoris is removed.

During these years I explored the genitals of quite a few men. Uncircumcised men were very rare and I immediately became intrigued with the penis of the first uncut boy I became intimate with. It was exciting to play with his foreskin and to push the skin back and see the head come into view. But when we had sex, it was a great disappointment. There was no sliding of his skin against my labia and vagina. His penis shaft slid in and out within its sheath of skin which remained motionless against me. Also I always felt that his penis was not as clean as that of a circumcised boy. I had previously told him how interesting and exciting his foreskin was, hence he was shocked when I told him that if our relationship was to continue, he would have to get circumcised. He confided that his foreskin had always been an embarrassment to him. The only reason that he had not gotten circumcised was that he feared his sexual pleasure would be diminished without a foreskin. I told him that more likely circumcision would increase his sexual pleasure, and told him of my own experience. So he had it done and had the best sex he had ever had after his circumcision healed.

I have discussed circumcision with many women. Most don't give much thought to the topic. Nearly all have circumcised husbands and prefer a circumcised man but say that this did not influence their choice of husband. All have had their male children circumcised. They are not sufficiently convinced of the benefits of female circumcision to have themselves or their daughters circumcised.

*Very truly yours, Edna*

# **ACORN**

**1989 Issue No 1**

**(Formerly Issue I)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

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Printed & Published in England by Acorn

## Editorial

Welcome to *Acorn*, the newsletter of the *Forum* group for people interested in everything phallic: the penis, circumcision (male and female), the foreskin, piercing, and 'getting the phallus into the best possible shape'. The owner and/or his partner should be the judge of what is 'best', of course!

**Subscriptions:** Whether you join in January or at any time later in the year, an annual subscription pays for all the issues published this year, 1989, including back copies. This has meant that it has been fairly easy to ensure that everyone gets what they have paid for. Unfortunately, with increased reprographic costs, more and bigger issues than originally planned, and long print runs, the subscription has had to go up to £10 for 1989. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be addressed to *Acorn* at the address on the front page.

**Contributions:** The response to starting the Newsletter in 1988 was far greater than expected. If contributions come in as they did in 1988, we hope to again manage 8 issues of 12 pages in 1989. There are plans later in this issue for a survey which will allow us to collate observations from readers around the country. As well as personal accounts, we'll include contact requests (which may be edited if they become too long or too explicit). In future we will also include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. But this is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories.

T.A.

## Are Roundheads More Self-Assertive?

Dear Tony: I have really enjoyed *Acorn*: it now seems to be growing into an oak! Herewith my subscription for 1989. By the very nature of things, the circumcised state must be a minority, and yet it seems to obtrude beyond its true proportion. Why is this? It takes little more than a glance at 'health', sex or male magazines to realise the prevalence of the bare glans. *Oh Calcutta* similarly drew comment. Free beaches around the world also tend to support this view. Could it be that the owners have some message to give? Has circumcision, whenever it was performed, made them more aware of their bare glans? Have they become more assertive or exhibitionist? Could they perhaps be more proud, or more defensive, or more in search of sympathy, than their foreskinned friends? Your excellent magazine recognises that the circumcised are 10% to 15% of the population, so why is it that, despite an unbiased editorial, more Roundheads than Cavaliers seems to contribute? Or is that just my imagination?

Fred – Barnet



[One reason may be that many of the magazines are printed for the US market, where roundheads predominate: the 'regular American guy' is a roundhead. Another may be that, at least among adults, a significant proportion of cavaliers keep their foreskins back and their glans bare, and pass as roundheads. In my view, because a cavalier's glans is usually bare when the penis is erect, the bare glans comes to signify virility. Indeed, I suspect that one reason for circumcision at puberty was to ensure that the youths of the tribe would be prepared for their reproductive role, since circumcision would remove a tight foreskin as a possible cause of reluctance to perform. It would also indicate to a girl that the lad had been initiated into manhood by the elders of the tribe, and so had been approved as a mate. Again, circumcision equates with virility. Others equate a bare glans with cleanliness. — T.A.]

## **Spanish Adventure**

Dear Tony: I find it very depressing to read letters from people advocating the circumcision of infants. I don't think anyone has the right to inflict mutilation on another human being purely to satisfy what at best amounts to a whim and at worst an obsession. What if your little boy doesn't share your views when he grows up, and bitterly resents the damage you have done to him in body and psyche? Believe me, I know what I'm talking about, having suffered more than my fair share of humiliation and misery over the years due to dissatisfaction with my scarred and deformed penis.

Last summer, for example, I went on holiday to Spain and met a delightful couple with their own villa who invited me to a swimming party which they were throwing next day. I turned up to be ushered in to the most gorgeous secluded garden with a small pool surrounded by occupied sun-loungers. But what shook me to the core, being a fairly averagely inhibited chap, was to find myself greeted by a dozen couples, all extremely bronzed and extremely nude! There was I in my natty swim trunks feeling all white and conspicuous. My hostess came forward, wearing nothing but a big smile and an impressive pubic bush, to take me round and introduce me to the gathering, finishing up in front of a striking-looking lady where she left me to go and get me a drink. What struck me about this woman was not so much that she was six feet tall and built in proportion, but that every body hair had been meticulously removed, making her doubly and startlingly nude. If she hadn't been such a work of art, she would have looked obscene, lying there and blatantly displaying her large and prominent pubic bulge, deeply riven halfway to her navel. By now I was squirming with embarrassment, but there was no way I could tear my eyes away from the lady's spectacular great vulva, and as I watched I could feel myself hardening to that inspiring vision. The lady had a sly smile on her face as she stretched lasciviously under my gaze. Then she suddenly sat up and lent forward. "You've had your little treat. Now it's my turn", she said, and to my consternation she grabbed my trunks and pulled them down round my ankles.

I was horrified on two counts. First, I was on the way to acquiring a flying hard-on, and second, it had not escaped my notice that every one of the men I had been introduced to was uncircumcised, the consort of my cloven lady-friend spectacularly so with a foreskin of umbrella like proportions: it extended well beyond the tip, tapered to a narrow waist, then burgeoned out into a big rosette of crinkly brown skin. I had always found the thought of such virtuosity in the development of the foreskin rather disturbing since it threw my stripped and raw looking penis into such stark relief and gave rise to thoughts of the untold pleasures such a succulent length of foreskin would afford to him and his lady-friend.

When the lady saw my penis perking away as it rose and swelled, she shrieked with laughter. But then she stopped and examined my cock more closely. "Oh look", she said, "he's been circumcised." There upon several of the women crowded round to gaze at it whilst my lady friend solicitously enquired if I'd had something wrong with it, or was it my religion, perhaps?

I'm sure that for most of those ladies it was a passing if unfamiliar phenomenon, but I could have died on the spot at being the object of so much pitying feminine curiosity. I proceeded to get drunk as quickly as I could, lying on my stomach to avoid revealing my disfigured parts to the inquisitive scrutiny of all those people, feeling like a freak at a fun-fair. No man should have to suffer that sort of humiliation, especially when it's only to assuage the whim of another person who doesn't have to share the consequences.

*Yours, G.H.*

[Courage, brother! Most of your embarrassment arose from the social scene: you came last, knew no-one, pale, in trunks, felt out of place; they were already assembled, relaxed, bronzed, nude. So, take a pride in showing off your virile roundhead on your own home territory at changing rooms etc, and watch for the look of interest that results.]

## **More News From Spain**

Dear Tony: I am interested in news from *Acorn* and would like to join. Here in Spain circumcision is more popular than before, not in cases of young boys, who still all go home after birth with foreskins, but with late teenagers and men going to get married. Several Spanish magazines publish photos of men and ladies. Last month one magazine suggested that men who want their photo published should pose with their foreskin 'out of view', and more and more photos of Spanish men now show a clear circumcision scar. The op is advertised in several Madrid and Barcelona newspapers every day.

*J.M.*

## **Medical Examinations**

Over the years I have had four medical examinations, and each time my penis and/or foreskin has been discussed. On the first occasion I was about ten years old and the doctor was a middle-aged woman. I was standing in her surgery starkers, when she suddenly pulled my foreskin back and remarked that if I ever lived in a hot climate I would benefit from being circumcised. I remember being embarrassed, standing there with an erection and my glans uncovered. I was also confused as I did not understand the meaning of circumcision. My parents were annoyed that these remarks had not been made to them. They found it quite difficult to explain what circumcision was and the need for the operation.

On the second occasion I was approximately fourteen years old, and the doctor after examining my balls pulled my foreskin back and remarked that it was important to wash there often and to keep the skin back as much as possible. I did try this at first but found that I had repeated erections which were uncomfortable in a pair of close fitting trousers. The foreskin tended to roll forward and double up on itself; again, this was uncomfortable. A long foreskin can on occasions be difficult to roll forwards.

The third occasion was a medical for National Service, and again the doctor pulled my foreskin back and closely examined my glans and meatus to see if I had VD. He noticed that I winced when he retracted the foreskin and remarked that my foreskin was tight 'at the hose'. I have never been able to find out exactly what he meant by this (any ideas?) I realised that I had developed a technique for retracting my foreskin which was comfortable to me, but as soon as someone else did it, it was somewhat painful.

On the last occasion, I was circumcised. The doctor again felt my balls and then said that every woman prefers a circumcised penis. Having read recent issues of *Acorn*, I have come to realise that this is not always the case! Have any other *Acorns* had similar experiences?

*All the best, Bill*

## **Keen Cavalier**

Dear T.A.: Like all your other readers, I am most impressed and grateful for the issues of *Acorn*. If there is any criticism, it is that it has become a bit repetitive, but I suppose that can't be helped as you print items as received. I know the work that goes into running such an undertaking as I ran the 'Over 50' introduction club for a few years. I had to give it up eventually for lack of nation-wide contacts, lack of time and because my members just would not keep to the simple conditions required. It was interesting, though, and rewarding when those who found what they had looked for were good enough to tell me.

I belong to the group of uncircumcised men who did not know that a foreskin could be retracted! My father, a Jewish GP, was circumcised, of course. I was not, since my mother was Christian, so I remained a cavalier and have been glad of it. I have a reasonably long foreskin (elephant's trunk) and I guess I must be different in that all my pleasurable sensations during foreplay and sex come from the foreskin. I love to have my foreskin stimulated in every possible way, manually and orally, during foreplay. Once I enter the vagina the foreskin is pushed back and thereafter much less sensitive. Any girl who loves peeling a cock and does so to mine during foreplay will be told off, since thereafter I have lost my sensitivity. During actual intercourse one of my greatest pleasures is when I or my partner grips my penis firmly right at the entry of the vagina and then retracts. This moves the foreskin back over the erect penis, and is just wonderful. Another good use of the foreskin is to slide the cock up the slit and caress the clitoris with the foreskin, which gives us both pleasure.

As mentioned above, I did not know the foreskin could be retracted until I was well into my 30s. My parents did not teach me hygiene. Consequently I had an almighty attack of balanitis. I was considerably taken aback when the specialist doctor pulled my foreskin back. I vividly remember the disgust in his face when he discovered the mess. He prescribed some cleaning lotion, a solution of Centenium available from a chemist for a few pence and very useful for cleaning the cock, also after an application of ointment. He also prescribed an ointment containing silver, which cleared up the balanitis in no time at all. No need for a circumcision for that reason.

Both my wife and I are very sexually orientated and although approaching my 70s we still make love at least once every day. I am now very careful about cleanliness, and wash or at least rinse every time after I have a pee. I note that some men have complained about reddening of the foreskin, itching, and irritation and advocate circumcision for these reasons. Well, I say that all you need is a little water to wash your cock with after peeing. The composition of urine depends entirely on what you have eaten, and its concentration on how much you have drunk. Normal urine is sterile and totally harmless, and slightly salty but otherwise tasteless. But sometimes bacterial action generates ammonia, which is alkaline and can be highly irritant, especially if there are slight cuts or abrasions in the foreskin. Sometimes this problem is eased by drinking more.

*Keep up the good work, J.T.D.*

## **Frustrations Of A Would-Be Roundhead**

Dear Tony: As a newcomer to *Acorn*, I have found the issues you have sent of absorbing interest, and sincerely congratulate you on a first class production. My interest in circumcision stems from serving in the forces. At one of the numerous medical inspections I was standing next to a Jewish boy who had the largest glans I had ever seen. From that moment I longed to be like him. I have a short foreskin which is easily drawn back and is kept more or less permanently retracted. When I left the Forces I went to see Doctor 1 and he asked if I had scalding when urinating, and of course with a retracted foreskin I had not. He then went on to explain that circumcision was 'messy', would involve stitches and that I did not need the operation. Doctor 2, as soon as he saw my short foreskin, said 'You are alright. I don't like doing unnecessary operations.' So I have been thwarted twice. After these setbacks I now feel like Mr C.B. of Cheadle in Issue 6/88 in not having the courage to have it done, especially as I do not have the moral support of my wife, who thinks circumcision is unnecessary. But I do feel that for a man wanting circumcision without 'medical' grounds there is a case that he should be able to have it, even under the NHS. I can not entertain the SAS, as it is too expensive. Perhaps other members know of doctors who are more sympathetic towards the operation.

*R.V.A. - Lancs*

## **Proud To Be A Roundhead**

Dear Tony, When I was about 11 or 12 years old, one of my friends was describing to me some 'horrible torture' he had thought up (he often used to do this, and later became a customs officer!) and I remember he said to me: 'You know when you pull back the skin at the end of your cock and there is a sort of slit...' Well, I said yes and listened to what he had to say but really I did not know what on earth he was talking about. Later I examined my cock but I could not understand his description. Much later I discovered what he meant when I saw his 'willy' and realised there was a difference. Unlike him, I had been circumcised as a baby, as had my brother, and I had never known anything different. I certainly don't regret the operation and I have never found it to be a disadvantage. In fact, quite the reverse: I am proud to show off what I believe and have been told on many occasions is a very attractive cock. It has been admired by many people, both male and female, who have had the opportunity to see, fondle, wank and suck it. I am just glad that I do not have an unsightly, smelly and unpleasant-tasting foreskin. As for wanking, I have never had any problem, although it is true that most women and uncircumcised men find difficulty in mastering the special technique required. In order to wank a properly circumcised cock, it is necessary to grasp the skin fairly firmly towards the base of the penis and roll it upwards in order for it to be folded over the exposed knob. The best person I ever found

to do this, other than myself, was one of my first girlfriends. She really had the knack. She was a student nurse, but that did not explain her expertise. As a nurse myself I have had lots of nurse girl-friends, and most of them are pretty useless at wanking. Brenda was magnificent.

As to whether or not men should be circumcised, it depends on the reason for doing it. If the foreskin is too tight, thereby causing difficulty with personal hygiene, then I think it is better removed. When I was a baby it was more or less fashionable, and certainly when I was at Grammar School it was the rule rather than the exception. But if it is not necessary for this reason, then perhaps it should be left alone. Personally I much prefer to see a cleanly circumcised knob, and am much more willing to take one into my mouth for a suck than with a cavalier. I also notice that circumcised cocks are much more popular in 'blue' movies, certainly the continental ones. I think there are probably a number of reasons for this. First, as I have said, I think it is more attractive anyway, and during a 'come' shot it is easier to see the spunk shoot out from the uncovered knob.

Second, I think there may also be a more commercial reason. Why do we have a foreskin anyway? Well, first of all, one has to realise that the purpose of the glans is not only to penetrate the female's vagina. It also carries a huge number of sensory nerve-endings which, when stimulated, bring about the ejaculation of sperm in the semen and at the same time provides a reward to the man in the form of an orgasm. To prevent undue friction on the glans at times other than during intercourse, the foreskin acts as a protective cover. It would obviously be a waste if involuntary ejaculations were to take place because of unwanted friction. When circumcised, the glans becomes less sensitive, which means that one is able to sustain stimulation for a longer period without 'coming', as I am able to do. This must be better for the blue movie industry as well. In fact, I believe that the films I have seen where the man comes too early (to the disgust of the director) have involved men with foreskins.

I have often indulged in marathon sessions of sucking and fucking lasting several hours before letting go on my spunk in a 'mind blowing' orgasm, only possible because of my circumcised and less friction-sensitive acorn.

The foreskin or prepuce, being made of skin, would of course provide a great deal of stimulation by friction of the two skin surfaces rubbing together, perhaps causing soreness and ulceration. Therefore there is a lubricant beneath the foreskin. This has the revolting name of smegma and is normally a clear, colourless and odourless fluid. Unfortunately though, it readily breaks down and becomes an ideal breeding ground for bacteria, hence the smell. So it is essential to wash under the foreskin frequently. I would never dream of touching, let alone sucking, an uncircumcised cock unless it had been thoroughly washed, and I think that most people would feel the same. How women allow an unwashed cock to penetrate their delightful cunt, goodness only knows. There is also the suggestion that bad hygiene and the consequent

continuing depositing of smegma on the woman's cervix during unprotected sex may be a cause of cancer, a problem which rarely occurs when the regular sexual partner is circumcised. So, if the man is uncircumcised, he must be scrupulous in his personal hygiene. I have never, ever, regretted having been circumcised and I do believe that my circumcised knob is the more attractive for it, 'a thing of beauty and a joy to ever hold'.

I mentioned the female clitoral hood as the equivalent of the prepuce, a similar protective cover for her sensitive 'glans' of the clitoris. There are many similarities between male and female anatomy; after all, we begin as one single cell and only develop in different ways after an initial common period. Looking at a vagina, imagine the labia stretched out and fused together to form a sack: this would be the scrotum. Then look at the urethra (urine opening) just below the clitoris, and imagine both the urethra and clitoris stretched outwards and covered with skin continuous with the scrotum: this would be the penis. In fact, there is a 'seam', the raphe, along the underside of the penis continuous with the frenulum and running on along the scrotum. The modified ovaries descend into the scrotum as testicles.

*Ken – W. Sussex*

## **My Masturbation Method**

I saw a photo in Issue 2 of *Body Art* of a Prince Albert penis ring on a penis which had been beautifully circumcised, with all the spare skin removed. Yes, circumcision, even at the age of 8, changed my life. Since then I have often wanted a foreskin, but since I am circumcised I have now decided to find out about having the job done properly, or how to do it properly.

Congratulations on *Acorn*: it should have been out years ago, with its uninhibited articles and views. On masturbation, I have a special way, which I use only on rare occasions when extra pleasure is required. Others may like to try it. Have fun! Put the palms of your hands together with the penis between them and move the palms in opposite directions, then reverse. By altering the amount of your penis between your palms, the pressure exerted, and the speed of rolling, the intensity of sensation can be varied. Sometimes it is so intense that one's breath almost 'shouts out'. A variation, although not as pleasant, is to roll your prick on your stomach. My wife likes my rolling method because when intercourse follows, it is normally longer lasting, once a second erection occurs, and 'superb' (her word). I have also experimented with various creams, oils and talcs: each has its own effect. For me, although cold at first, Pond's Vanishing Cream provides the ultimate sensations and feeling of well being after 'coming'. Does anyone else have a special method?

*Mac – Ayrshire*

## **Have I The Right?**

It is fashionable nowadays to question the right of parents to have their sons circumcised. It is much better, it is argued, to leave baby boys intact so that the boys themselves, when they become men, can decide whether they wish to be cut. Indeed there are apparently now cases where circumcised children in America are suing parents and doctors for assault in removing their foreskins. So for the father who is in favour of circumcision but is not sure whether or not he is justified in arranging the operation, what are the rights and wrongs of the situation?

To me there seem to be three factors to be considered.

First, the argument that the choice is being left to the son needs to be challenged. Many men will testify to the difficulty of arranging adult circumcision. There is now fortunately the Surgical Advisory Service available but it is expensive and one suspects that the number of operations with which it could cope is limited. Approximately half a million male babies are born in this country each year. Thus if all young men on reaching the age of 18 decided that they wished to be circumcised, 2000 operations would be required each day. Where are the facilities to carry out this number of ops – even if the medical profession were willing to undertake them? We all know that adult circumcisions are few and far between and are likely to remain so. There is unlikely ever to be a situation where every youth approaching manhood is offered the automatic right of free circumcision. We must therefore face the fact that the vast majority of those who are not circumcised as babies will die with their foreskins still intact. The father who decides not to have his son circumcised is not therefore in most cases leaving the decision to the son; he is in fact deciding that the boy will remain uncircumcised throughout his life.

The second point to be considered is whether it is advantageous for the male to be in the circumcised state during childhood. The 'wait-and-see' proponents seem to neglect the fact that, by the time a young man reaches the age of eighteen, a quarter of his life, on average, has gone. If there are benefits to circumcision, by delaying the operation until adulthood the benefits are being lost over a significant period. And surely some of the advantages of the cut state are particularly applicable to childhood. Anyone who has seen a small boy unconsciously rubbing his penis must be aware of the irritation caused by an unclean foreskin. The foreskin may not be retractable until a boy is four or five years old but that does not mean that nothing can penetrate under the foreskin. Indeed, to think of leaving any part of the body unwashed for four or five years is to encourage infection and irritation. But the fact must also be faced that parents are not very good at teaching their sons penile hygiene and boys are not very good at carrying it out. Doctors will tell real horror stories of what they find in routine examinations when they pull back the foreskin. In far too many cases an uncircumcised penis is a dirty penis. Neonatal circumcision prevents such problems.



Then there is the prophylactic argument. Whilst it is true that in most cases the foreskin retracts naturally by the time the child is five years old, sometimes the foreskin never retracts on its own. Even if it pulls back in early childhood there is the distinct possibility that as the penis grows and the glans expands the entrance to the foreskin will be too narrow to allow it to be skinned back. The necessity for circumcision in childhood, at puberty or in early adulthood is certainly not uncommon. And at that stage the operation can cause more discomfort to the boy as well as a lot of embarrassment in explaining the operation to his contemporaries. By declining to have his son cut in infancy, a father may be condemning his son to the need for the operation a few years later. But for the majority of advocates of circumcision the main benefit is the permanent exposure of the glans. Every culture that practises circumcision carries it out before or at puberty. The exposed glans is seen as a mark of manhood and the benefits of exposure are seen to their full in sexual activity. Most young men will have become sexually active before their eighteenth birthday. Ideally therefore a boy needs to be cut before puberty and a father who leaves the choice to his son to make when he comes of age is condemning the boy to start his sex life with the handicap of a foreskin.

The third point to be addressed is the actual right of a father to take decisions on behalf of his son. It is a fact of parenthood that throughout childhood, decisions are constantly being taken by parents about their children. These range from the trivial – what time is bedtime tonight – to the profound – what school do I send the child to, what values do I inculcate? If parents agonised every time that they made a choice for their child as to whether they had the right to make that choice, they would be nervous wrecks long before the child reached school age! Most parents do not worry about this. They know that it is their responsibility to act in the way that they judge best on behalf of their son or daughter, even if some judgments may be wrong. This is part of the role of parenthood.

One of the first decisions that a father of a new-born son faces is: 'Shall have him circumcised?' In my opinion the father who says: "I'll leave it for my son to decide when he grows up" is ducking his responsibilities. If a father believes in the benefits of circumcision, the son has a right to enjoy those benefits during infancy and childhood. A father who believes in circumcision yet does not have his son cut is actually deciding to act against the interests of his son. He is deliberately leaving the foreskin in place when he thinks that the child would be best served by its removal. He is taking a negative decision.

But these are only my opinions. I would be interested to hear from others about what they think are the rights and wrongs of this question; also from fathers about what they decided about their own sons and why. If I get sufficient response I will do a follow-up report for a future issue of *Acorn*.

*Ivan Goodhart, BM Box 2252, London WC1N 3XX*

## **Dear Acorn**

A lot of people who write to *Forum* quote female preference for the circumcised penis as their reason for getting their foreskins pruned. I'm afraid that's not my experience by a long chalk. The women in my life have all been opposed to my circumcision, or at best indifferent. Attitudes range from 'not interested in damaged goods' to 'poor thing, was there something wrong with it?' and I've yet to find a girl who prefers its appearance. Not surprising I suppose – I'd be the first to admit it does look decidedly shabby with its uneven scar and ugly bunch of red crinkly skin when compared with a sleek tapering foreskin.

The first of my problems manifested itself when I was introduced to the exciting sport of wanking to orgasm at the age of 13. A couple of older girls whose lechery was matched only by their spirit of competition enlisted me one day in a 'boat race'. In this, two equal teams of lads like myself were taken by the girls to a barn after school and were required to 'present arms'. On a signal from the referee each girl commenced a vigorous massage of the first penis in the line, moving on to the next as soon as she had collected the first's deposit in a jamjar. The team to finish first was the winner.

I only lasted a couple of boat races before being relegated to the task of referee. The problem of course was my lack of foreskin (I was the only roundhead in the village). It was not just the time it took to procure an orgasm, but the difficulty the girl experienced in manipulating my organ, the skin having been cut right back so as to leave no mobility (as is so admired by contributors to your columns). It was thus made clear to me that a foreskin was an indispensable asset in this particular little game. As referee I watched with envy as the two girls worked their way down the lines, their fists moving with practised ease to roll the skin the whole length of the penis from the balls to beyond the tip, finally catching each offering in the stretched out tube of skin before milking it neatly into the jamjar.

I came to appreciate how much of a deprivation my foreskin was when in later life I found I had lost all sensitivity as a result of exposure and, let's face it, rough usage. It was this which caused me to lose my last girlfriend who found she got sore long before I reached orgasm, and thereafter suffered a sprained wrist trying to bring me off manually, despite liberal applications of KY jelly. We parted amicably enough – she tried her best to accommodate my demands, heaven knows. But she made it clear that it's cavaliers for her from now on; roundheads are just too much trouble.

For those contemplating the op, I have some advice – don't bother! Those who glibly claim that circumcision makes no difference to sensitivity don't know what they're on about. Anybody know of a good cosmetic surgeon who specialises in foreskin replacement?

*J.D.A. – Herts*

## Dear Tony

A word of warning to all those lads who want to lop their foreskins off but haven't yet got round to it – just remember there's no going back! The woman in your life may be a foreskin phobe who wants you to get rid of it, but what about the next woman in your life? From my experience the majority of women are foreskin philes and some feel quite strongly about it.

Take my ex-husband for example. When I first knew him he had a perfectly presentable penis with a foreskin which could have graced some of the finest boudoirs in the land. Somehow he got infected with this inexplicable yen to sacrifice his prepuce on the altar of fashion, and to my abiding disgust, had himself done a few weeks before our wedding. He didn't realise what an unwelcome wedding present it would be to me – because he didn't bother to ask. And now the poor chap is condemned to a life of bitter regret in the knowledge that he made a dreadful mistake and now has to live with it.

The first problem was, that like one of your correspondents, he popped some of his stitches and finished up with a frill of mangled red scar tissue behind his knob. Now I feel very strongly that the male organ should be the symbol of his strength and virility – it should be an object of respect, if not veneration; whereas the mere term 'frilly willy' makes people fall about and devalues the masculine sceptre to an object of ridicule. My poor husband, what did you do to yourself?

Right from the start he was dissatisfied with his new organ, and then dismayed. His experience did not match those of his so-called friends who had egged him on with tales of improvement across the board. Besides looking horrible, he found the loss of sensitivity quite pronounced. He also spent a frustrating amount of time off the road due to recurrent soreness at the point where the convoluted scar tissue was overstretched by his erection and the use to which he put it. For him, the experience of sex after the chop when compared with sex with a foreskin is like looking at a monochrome photograph after seeing a gloriously vivid and colourful painting of the same subject.

I left him, not because of his mangled cock so much as the depressed and dissatisfied state of mind circumcision had reduced him to. So my advice is – if you've got the slightest doubt, don't!

*Yours sincerely, C. Potter*

## **True Female Circumcision**

[The next contribution comes with a covering note as follows:]

“As the life partner of an enthusiastic supporter of Acorn, I feel sure your readers would be interested in my account of female circumcision by the removal of the clitoral prepuce.

“All these events took place many years before the recent furore about ritual female ‘circumcision’, from which they differ as much as chalk from cheese. Some details are intentionally blurred to avoid recognition by my friends and family, and for the same reason I prefer to remain anonymous.”

I am afraid some of this may seem a bit boring, but how else can I give the background and reasons leading to my own circumcision, and of the freedom and satisfaction it brings.

As an only child, my interests were reading and walking in the lovely country round my childhood home. I matured young but did not go out with boys until the age of eighteen, and as usual with girls of that time, I was not fully aware of the detailed nature and function of the sexual organs. Moderate petting, as it would now be called, was enjoyable but no intimate touching took place. This was how things were in those far off days, and most of my friends acted in the same way. We had many a chat about the boys and our reactions to them. One girl complained that she got a hard lump ‘down there’ if sexually roused, while another said that sexual excitement was actually painful for her (we were all still virgins, but thoroughly enjoyed courting).

I married at twenty-two, and after a few ups and downs (no pun intended) settled to married life with my husband. I enjoyed cuddling and all that went with it, but was unable to ‘let go’ in orgasm, we both thought this may be due to inhibitions left over from the controlled petting of my single days. Now with hindsight I think my tight prepuce was probably to blame.

At this time we were working overseas, hot weather, frequent intercourse, or both caused the formation of smegma under my clitoral hood. This was unpleasant and impossible to remove by ordinary bathing, however we coped by painfully stretching the foreskin and scraping the smegma away. After some years the skin loosened, but frequent attention was needed to keep it really clean, and my orgasms remained difficult. Several children and twelve or fourteen years later (we had read up a lot on the subject in the meantime) I decided to do something about it, and to get rid of the offending skin once and for all.

This was done very simply by removing the skin with round nosed scissors, and a small dressing was applied for a few days. The result was electrifying as the clitoris was open to stimulation, and so easy to keep fresh and clean. My orgasms improved immediately and were often multiple. It was so sensitive that I would ‘come’ from the contact of my clothes when dressing, or even

from leaning against the furniture.

Now after nearly thirty years my orgasms remain good and my clitoris is free and happy. And I still thrill to a casual touch on the pubis.

Clearly circumcision is not a panacea for all sexual problems, but I feel that an exposed (or accessible) 'acorn' is very desirable for sexually active persons of either gender.

*Anon*

## **Questionnaire Reply**

In answer to the questions in *Forum* 21(6), I think that the majority of uncircumcised men do not clean their penis carefully enough. The foreskin should always be pulled back before peeing. Although I was not done until I was 15, I think that all boys should be circumcised before the age of one, as this minimises trauma and cures any problem before it starts. It should be a normal routine for all boys, so that they do not have to find out that they need to be circumcised later in life, which can be embarrassing. If a man wears tight swimming trunks you can usually see the glans' outline showing through them. Circumcision doesn't discourage masturbation: in fact it is better, as I can make it last longer. But most doctors discourage circumcision and only do it if they think it is necessary. I think any man who wishes to be circumcised should have it done, and the doctor should accept his decision about his preference. Circumcision is certainly necessary if the foreskin can not be retracted properly, or if it becomes infected. When I did finally manage to retract my foreskin it tore and never healed up properly, but became infected. I had constant irritation under it, but this has been cured now that I have been circumcised. Being circumcised was the best thing I ever had done. I am only unhappy it wasn't done till I was 15. Ten days after a school medical examination I and four others in my class had it done in the Jewish Hospital at Bethnal Green, East London. The rabbi did a perfect job: all the foreskin was removed and the stitches dissolved away. The only discomfort was from the local anaesthetic, and I was in hospital for two days. Being circumcised, I find that my glans is harder and not so sensitive. This is an advantage, as I think I last longer before coming and there is no foreskin to get in the way. Also a partner is more likely to suck a circumcised penis than one that isn't done.

*R.J.M. – Walthamstow*



# **ACORN**

**1989 Issue No 2**

**(Formerly Issue J)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

Welcome to another issue of *Acorn*, the newsletter of the *Forum* group for people interested in everything phallic: the penis, the foreskin, piercing, circumcision (male and female), and 'getting the phallus into the best possible shape'. The owner and/or his partner should be the judge of what is 'best', of course!

**Subscriptions:** Whether you join in January or at any time later in the year, an annual subscription pays for all the issues published this year, 1989, including back copies. This makes it fairly easy to ensure that everyone gets what they have paid for. If contributions come in as they did in 1988, we hope to again manage 8 issues of 12 pages in 1989: this is the second issue.

**Renewal Receipt:** Receipt of this issue is acknowledgment that you have renewed your subscription for 1989. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be addressed to *Acorn* at the address on the front page.

**Contributions:** The response to starting the Newsletter in 1988 was far greater than expected. This is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories. We will include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. Readers will use their judgement to decide which is fact and which is fantasy. As well as personal accounts, we'll include contact requests (which may be edited if they become too long or too explicit). Future contributions would be especially welcome on masturbation techniques and on things to do with a foreskin as well as ways of trimming one to shape!

T.A.

## Piercing

I had my nipples pierced last year. After six months I have just decided to remove the rings as, unfortunately, the piercings never completely healed. I was still getting a discharge and bleeding: not much of a turn-on for an erotic piercing! Personally I don't think I'd have a piercing in my cock, but I still think it is an interesting subject. In fact I'm interested generally in anything to do with the cock and balls and would certainly be interested to hear more about piercing. I frequently use a scrotum stretching weight that I bought from Mr Sebastian in London. I'd also like to hear more about using weights, ball dividers, cock rings etc, or any other ways people have found to stimulate and maintain an awareness of their cock and balls. I guess this could widen the coverage of *Acorn* beyond just circumcision and foreskins, but I'm sure it would be interesting.

R.A. – Brighton



## Initiation

I was interested to read in Newsletter 7/88 about the initiation aspect of circumcision. As probably the oldest operation known to man, circumcision goes back to the stone age when most probably the operation consisted of a dorsal slit to make the glans more prominent and accessible for intercourse, and thus was connected with fertility.

A dorsal slit requires less skill than full circumcision: it is doubtful if stone-age man had the required equipment to carry out a radical circumcision.

Circumcision is not confined by any means to Judaism, but the fact that circumcision is mentioned a number of times in the Bible has meant that the operation has become closely associated with the Jewish people. I have always considered that circumcision was primarily connected with hygiene: tribes living in a hot climate with a lack of water found circumcision very desirable. Coupled with all the Kosher dietary regulations, including the prohibition on eating pork, the hygiene theme predominates. Many of the troops serving in the North African desert during World War II, both Rommel's and Montgomery's, were circumcised for similar reasons.

Genesis Ch 17 v9 onwards gives very clear guidance to Abraham as to the circumcision procedure, and even requires that slaves should be included. This strong edict gives rise to the superstition that circumcision must have been favoured by women. Many women who favour a roundhead have said that they experience more sexual excitement from a roundhead rather than a cavalier, and it is often mentioned that a roundhead can withstand considerably more stimulation before climaxing. Research in the USA does appear to show that women who experience intense sexual stimulation tend to ovulate sooner and be fertile for longer periods each month, and hence have a greater chance of becoming pregnant. So Genesis 17 may be concerned less with hygiene and more with increasing the tribe of Israel. I am not entirely convinced that this is not reading more into the text than is reasonable, but what do other members think?

*Bill – Kingston*

## Exercises

I read your letter in *Forum* (February 1989) with interest, and wondered whether it would help a 66 year old like myself to regain some peak with suggestions, exercises etc. I am not circumcised, but keep my foreskin pulled back as far as possible, not always successful.

*D.K. – Winchester*

[Any ideas for exercises which would help our friend? — T.A.]

## **Women's Interest In Male Circumcision**

The recent input from ladies interested in circumcision confirms my own impression that they are often curious and fascinated by it: few mentioning the word in my hearing have ever been neutral about it.

My mother was an unswerving circumcisionist, presumably as a result of contact with American servicemen during the war. Her attempts to get me circumcised after my premature birth met refusal and the comment "It wouldn't look nice under a kilt." After years of forced attempts at retraction, it finally took paraphimosis to grant her request. She first mentioned to me that I was circumcised when I started work in industry and commented that it was 'easier to keep clean'. Later she advised my sister to get her boys 'done', and even broached the subject on local radio. My father never discussed any bodily matter with me, but after his death I was told he was uncircumcised.

Before a girl, one of my contemporaries, left school, she and a friend asked me if I knew what circumcision was, having heard of it in a scripture lesson and that "it might be seen during a baby brother's bath". For long she remained oblivious to the physical distinction, having only preputial acquaintanceships until the scalpel's intervention after her second son's paraphimosis at 4.5 years. She remarked that the end was so fat that someone one day would love 'that twiddly bit' underneath, and that all boys should be 'done'. Nevertheless, despite a succession of births, no other brother was operated on.

At work one girl said that circumcision was 'something done to Jewish babies' and wondered what it entailed. A second added that 'gentlemen who are circumcised can prevent their wives getting cancer'. Later a more knowledgeable but friendly clerk described her one-year-old son's circumcision and asked me if I was, following my answer with a sensuously spoken 'I like men who have been under the knife'. Unfortunately for me, theory and practice did not overlap. But she confessed a longing for 'someone with no sense of smell and a 12" tongue'.

My ex-fiancee worked as a secretary to a group of doctors. I recall her speaking excitedly of a coming Saturday morning operation: nail varnish removal, scrubbing up, and setting out instruments, without mentioning what was to be done. Weeks later after another such Saturday morning she mentioned that the patient was a strong baby. A cube of sugar in a bag had been used as a pacifier, the operation was bloody, and there were more than two stitches. It was only when she first handled my penis and traced the scar with her finger that she revealed 'We have a circumcision tomorrow'. Then came the details of previous surgery, how she held the baby's legs apart on the couch so tightly she feared loss of circulation, that not much had been removed, and her bandaging the wound afterwards. She never once used the terms foreskin or penis. Later she discussed circumcision with a female doctor, who stated a preference for the Jewish method, but not why.

Last year near a building which had once been a women's hospital, two ladies passing by openly discussed a son's circumcision there long ago. Lockyer Street Hospital had been used for other than gynaecological purposes in wartime, and he and I both had our foreskins despatched there. My grandmother worked as a domestic for a surgeon's family and her estranged husband, a sea captain, was presumably circumcised. It was she who was baby-sitting on the night of my operation; she was with me during etherification and surgery, but never once spoke to me about it.

I overheard a 16-year-old punk girl boasting of oral sex. When a man jokingly offered to 'slip her one' she replied "I've had enough cheese". Within a year she had given birth to an illegitimate son. More secure in her ignorance was the barmaid, caught in a risqué conversation, who said her foreskin was on the end of her nose. The male response was 'You need a handkerchief for a blow job', followed by, 'Actually, its not to be sniffed at.'

It is ironic that open interest and fascination with circumcision by women are socially acceptable, whilst the current incidence of circumcision for today's young has fallen to scarcity rate.

*Anthony – Devon*

## **Reg Has The Last Laugh**

The body of war hero Reg Kendall has been at Finchley Mortuary since last Christmas, because of confusion over his religion. No one doubted Reg when he said he was Jewish – but no-one knew he hadn't been circumcised. Reg died at his home in Granville Road, Barnet, on Christmas Day. No relatives of three-times married Reg could be traced to claim the body, so drinking pal Arthur Connelly took over.

A retire French polisher, Reg won the Military Medal while serving in the Royal Scots Greys during the Second World War. "I contacted the Burial Society of the United Synagogue, and they were really helpful", Mr Connelly said. The society arranged the funeral but as the body was being prepared it was obvious that he had not been circumcised. "They couldn't really deal with it then", he said. The funeral service had to be cancelled.

"One side of me was laughing and the other was quite worried – funerals cost hundreds of pounds." To Mr Connelly's relief, Barnet Council has stepped in to foot the bill. Mr Kendall will be cremated at Hendon Crematorium. "This is just the sort of tale that Reg would have loved telling. If he's up there looking down, he'll be laughing himself hysterical", he said.

*Hendon and Finchley Times, 19 January 1989*

## **Life And Frustrations Of An Acorn**

The penis has always held a fascination for me. I used to get erections and masturbate by 'fucking' the bed while lying on my stomach at the age of four and a half. I well remember my mother catching me doing it once and saying 'Never do that again. It will make you very ill.' By then I knew it did no such thing, and I carried on but took care not to be caught again. I cannot remember how often I did it, but it was quite regularly.

When I was five and a half I went to stay with two cousins, one a year older and the other a year younger. We were all bathed together and I still remember my intense surprise and wonderment when I saw their pricks. They were both uncircumcised, one with a short stubby foreskin and the younger with a long narrow one. There was I with my circumcised one: why were they different? Nothing took place between us but the experience started my lifelong interest in the phallus. It was only after I had gone to boarding school at 8 that I learnt 'the facts'.

At school it was not long before another boy, who was uncircumcised, obviously was just as puzzled by my lack of foreskin. We examined each other and I learnt that he was the same as me when his skin was pulled back. That only half satisfied me because it did not explain why my knob was bare. It was only much later that my education was completed! The 70 or so boys used to go into the swimming bath naked, and with my fixation on pricks I spent much more time watching my companions than I did learning to swim. In my time there I had quite a few liaisons with my fellows. All but two of these were circumcised so my experience of foreskins was still limited. Most of our 'activity' was playing although a few progressed as far as oral sex and mutual masturbation. It was here that I finally discovered that the hand was the most effective means of wanking. About half the pupils were uncircumcised and I never once saw anyone wearing his skin retracted.

At 13 I went to a day school where the opportunities for viewing were almost non-existent except in the loos, where I took every chance. The majority were uncircumcised and all pissed with their foreskins in position over their glans. During this time my phallus reached its present size (6.25" x 1.125"), and I grew a good ginger-coloured bush. I masturbated to climax nearly every day. Sex sessions with colleagues were rare but I had three friends with whom I had occasional sessions of mutual play leading to ejaculation. While I came to like having my prick sucked, I found the orgasm ruined by the glans being over-sensitive. The three friends were also circumcised and found the same.

At 18 I went to college in London and at one stage digged with another student with whom I developed a good sexual relationship. He had a longish narrow foreskin which he had difficulty in drawing up again once he had got it withdrawn behind the rim, so he normally kept it up. He loved being sucked off, presumably because his knob was protected against too much friction.

We used to spend a lot of time just fondling one another's pricks and balls. Even today I love doing this.

I took no interest in girls except to enjoy seeing their boobs and bottoms wobbling as they walked. I certainly never went out with one. In my last year at college I joined up with another student, Fred, who had an unusually shaped prick with a very short foreskin which only half covered the glans when limp. When erect his phallus had a very pronounced upward curve which rather detracted from the pleasure of sucking. He had another pal who was an ardent TV. We used to have threesomes in which Fred's pal was so female-orientated that he never once achieved the slightest trace of an erection, however much we played with and sucked his prick. He was uncircumcised and is the only person I have ever seen who wears his skin retracted all the time. He feels this is more in keeping with his femininity. In our sessions he always took the woman's role in liking deep kissing, having his breasts fondled and being fucked, all of which we enjoyed.

By the time I went to work I was entirely gay. However, due to lack of opportunity this faded and I became interested in girls and eventually married. This has worked out well except for sex. My wife is very uptight and regards the penis as little more than a rude method of getting pregnant. She seldom even fondles me, let alone plays or sucks. I am lucky if I can get intercourse more than once a fortnight, and then it is a very formal business. We have two sons whom we left uncircumcised, on the basis that they could always have the foreskin removed later if they wanted to.

Due to my wife's attitude to sex generally, I am reduced to regular masturbation which I find I still need every other day or so. I invariably fantasise about foreskins, wishing I had one mainly, I think, because I always imagine one can rub the glans if it is covered by the skin and therefore obtain a far more satisfying orgasm than just by pumping the shaft.

Quite often when my prick is really flaccid I push the glans right back so that the skin of the shaft forms a kind of foreskin. By working the glans, thus covered, rapidly between fingers and thumb I can achieve orgasm before much degree of erection has set in. The quality of orgasm is far far better than any obtained by hand or even in a vagina.

I shall be very interested to hear other people's opinions on the value of the foreskin and whether I am missing as much as I think I am by not having one.

*V.J.V. – Shropshire*

## **Elation And Success**

I was very interested to read in *Forum* (February 1989) about the creation of the *Acorn* Group. Well done! For many years I wondered if my fetish for circumcision was obsessional, being uncircumcised from birth. It was not until I placed an ad in the Classified Column of *Forum* two and a half years ago that I realised how many fellow men (and women?) were as sexually aroused as me by the appearance of a smooth, naked, cut penis.

Through regular correspondence with similar devotees, both circumcised and uncircumcised, I came to the decision to be circumcised myself. I can tell you that I went through a lot of soul-searching, wondering whether the finished result would be worth the pain of the operation. When a friend of mine went ahead with the cut two years ago and described the feeling of elation that he felt, I stopped fantasying and took the first step towards my goal. In February 1988, at the age of 25, I got in contact with the excellent Dr Sifman, a Jewish GP who for the modest cost of £100 would circumcise *any* adult, teenager or baby without reservation, provided the reason was not for conversion to Judaism. Thank God!

The operation was a success despite my erection throughout the period of local anaesthetic, which meant less foreskin could be cut off than I planned. The result is that when my penis is detumescent (eg after a swim), half my glans is covered by foreskin which has slipped forward. But that's a minor detail which might have been a blessing in disguise. The fact that I have retained my frenulum (good Jewish tradition which developed from the practice of the mohel of circumcising boys at eight days old), plus some surplus skin around it has led to excellent masturbation. What are the experiences of other *Acorns*?

After experiencing my own circumcision and taking part in that of a 6 month old baby boy, I'd love to meet a young Jewish woman, possibly through *Acorn*, as I think we would have much to discuss.

*Henry – Cambridge*

## **Growing Awareness**

Dear Tony: I'd like to renew my subscription to *Acorn*, and enclose a cheque, which also covers a subscription for a friend of mine, whose address I enclose. I thought you might be interested to know that during 1988 two of my friends have had revisions (i.e. second circumcision operations) performed. Also two pen friends have been circumcised and another has had a revision done, although before we started exchanging letters. There definitely does seem to be a growing awareness of circumcision, and its practice is becoming more common. Best wishes for 1989.

*Keith – London*

## Availability Of Circumcision

I have enjoyed all the past copies of *Acorn*: it gets more professional every copy. It is also a pleasure to read the more sensible attitudes both for and against circumcision, instead of some of the rather weird paragraphs we read in some other general publications. I would like to see a list of doctors and surgeons who are in favour of circumcision and who will circumcise both children and adults, with an indication of their fees, as I am sure that my fellow readers as well as others would like to know where to go, who to see, and how much the cost would be. It would also be useful to include Edna's doctor, who would circumcise a woman where there is a need. I say this because so many of the medical fraternity are so against routine circumcision and it is difficult to find the expertise we expect in this delicate operation. It would also be nice to hear the opinion of a medic as to the reason for this antipathy in the medical profession.

I am of the opinion that the decline of circumcision is a retrograde step and any person who is against should consider the problems that it helps to prevent. In a child these include a tight foreskin, phimosis, and inflammation (balanitis). Sometimes the result is difficulty or inability to urinate. You try to explain to a boy in considerable pain why he can't pee and has to go to hospital to be circumcised. If this happens in an emergency the operation may well be done by a surgeon who is not well practised, and usually the job is unsatisfactory in such circumstances. In the adult, phimosis and balanitis are quite common, but penile warts less so. The condition of thrush can be transmitted back and forth between sexual partners unless the foreskin is kept sterile and medicated until the bout has cleared up. Although it has not been proved, there is a link between the finding that cancer of the cervix is less frequent in females who have always had sex with circumcised males: in this case circumcision may be a useful preventive. Lets face it: having all males circumcised routinely could save the health service many thousands of pounds and, more important, could save a considerable number of women's lives. To all our female readers with an uncircumcised male at home I would say, get him the kindest cut of all; it may also be doing a female a life-saving favour. I look forward to the 1989 issues of *Acorn* and enclose my cheque for 10 pounds, which I consider well spent.

*BH - Leeds*

[Thanks for your letter. In Canada or Spain it is apparently quite common to see newspaper advertisements for circumcision. The problem in Britain is that, for a long time, doctors have been forbidden to advertise their services, and their professional organisations may impose heavy penalties if they do. However, The Surgical Advisory Service, from time to time in the *Observer* newspaper advertises circumcision in a one-hour brief visit to their clinic, for 190 pounds. They cater for adults, and some *Acorn* readers have been quite

pleased with their results. Their address is Marie Stopes House, 108 Whitfield Street, London W1P 6BE, (tel 01-388 1839).

Another source of information is *The Initiation Society*, which will send out a printed list of currently approved mohalim (Jewish circumcisers). The list is kept up to date annually, with some names removed and new ones added from time to time. They are trained mainly in the religious and ritual aspects, but must also have the necessary surgical skills to circumcise infant boys. Many are not otherwise medically qualified, although some are, and they are the ones to contact for an adult or adolescent circumcision: while they look primarily to serve fellow Jews, they are generally sympathetic to circumcision for non-Jews. It would be as well to make it clear from the outset whether or not one is considering conversion to the Jewish religion. Most are in London or Salford/Manchester, but there are a few in other parts of the country. The address is Alex Minn, Secretary, The Initiation Society, 16 Berkshire Gardens, London, N13 6AB, tel: 01-289 2573 (office), 01-888 1382 (home). It would obviously be courteous to enclose a stamped and self-addressed envelope for a reply.

If other doctors/surgeons would like to have their name made available to *Acorn* readers, they are welcome to suggest an appropriate wording. It would be interesting to have a contribution on current attitudes in medical schools and the medical profession, if any member wishes to offer one.

Obviously, neither *Acorn* nor its editor can make any recommendation to a particular circumciser, and it is entirely the responsibility of any reader to satisfy himself that the individual consulted is suitably qualified. He should also ensure that in any consultation it is clearly established what type of outcome is desired, how much inner and outer foreskin is to be removed, and approximately where the scar-line should lie. The anaesthetic should be discussed (risks and side-effects of a local anaesthetic are far less than for a general anaesthetic), and so should the aftercare. — *Tony Acorn*]

## **Overhand Or Underhand?**

When peeing, how do you hold your penis? Most men I have observed hold the penis with the fingers underneath and the thumb on top, but a minority have the fingers on top and the thumb underneath. The latter style is more 'modest' or secretive, since little or none of the penis is visible to an observer standing next to the person concerned. Have other readers made similar observations? Does any reader remember being told or shown (by a parent, for example) which way to hold it? What comments were made at the time about whether or not to hold it a particular way? It does not seem to differ between cavaliers and roundheads. But from a rough impression (deceptive though this may be), the overhand hold seems to be more common among men of working class appearance? Is this impression shared? More observations please.

T.A.



## **Step-Mother Knew Best**

I started to take an interest in the difference between circumcised and uncircumcised penises in the school changing rooms at about the age of 11 or 12. Most of the boys whose cock was cut were (with hindsight) shy, and the uncut ones were envious. Secretly I became more and more interested and, I suppose, jealous that this cut had not been done to me.

When I was 17 my father remarried (my step-mother was then in her late 40s). My father was uncircumcised but my step-brother was circumcised and my step-mother was a keen supporter. One bath-time she 'accidentally' (I thought at the time, although I was later to find out I was wrong) walked in and saw me as I was towelling myself dry. Laughingly she told me not to be shy as she was now responsible for me and we were both adults. She asked me if I had any problems or questions about sex, and later asked me to remove my towel. At once she became concerned about my penis and asked me if it wasn't uncomfortable with a foreskin. Feeling so natural, I told her my thoughts and at the end shrugged my shoulders and said "Anyway, its too late now, but I wish they had done me when I was a baby." She told me not to be silly, it could be done at any time, and proceeded to move it to see if it was OK. As it happened my father, who was in the services, was away and not due back for some three months – this too I later was told by my step-mother was no accident, as she had picked that time to arrive unannounced in the bathroom. She apparently had already a good idea that I was not circumcised as she had seen me in my bathing trunks. My step-mother said not to worry, she would take care of everything.

The next evening saw me lying on my bed with my legs over the side, on a plastic sheet, in the presence of my step-mother and her mother, a retired district nurse. It was her mother who circumcised me. She used a cold spray which was very stingy, and cut me with scissors and a scalpel. Afterwards she put in stitches and left me in the care of my step-mother, who changed my dressings. At the time I was frightened by the amount I was cut, but now I wish more had been taken. Although it was sore at the time, and there was discomfort with the stitches, I healed up within a couple of weeks. After I had healed my step-mother used to rub in surgical spirit onto the glans every night to 'harden things up'. At the time we were both pleased with the result, although my step-mother was upset that more skin was not removed and that my frenulum had been left untouched. With hindsight I now agree, as that really is the only untidy consequence of that night.

Most of the females I met after school liked the penis circumcised. My wife is largely indifferent on the issue, however, or rather is slightly 'anti' due to difficulty in mutual masturbation: my wife's masturbation technique of my circumcision is the least satisfactory aspect of my sex-life. We have sex about once a week, and I masturbate daily, usually accompanied with a circumcision fantasy.

The scar-line is about half an inch from the glans rim when my penis is limp and one inch when erect. The scar is parallel to the glans rim, and this is the thickest part of my penis, with a diameter of 4.5 inches when erect and only slightly less when limp. I've often wondered if it would be worth finding somebody to remove that bunch of skin underneath, but I don't know how practical that is as I have heard that this area can bleed severely, which I presume is why it was left in the first place.

To me, the advantages of circumcision are the appearance, the cleanliness, and an awareness of masculinity: probably one is more confident when circumcised. Sado-masochism does not turn me on, but I now regard circumcision-pain as an essential to manhood.

C.W. – Fife

[Thank you for your fascinating letter, C.W. Your final comments may well ring a bell with other readers who were circumcised as teenagers. One of the most difficult things to explain is the sense of relief to be circumcised at last, of added confidence, of masculinity, which some readers have felt and continue to feel after circumcision. If other readers have shared this feeling, please write in with your stories and a description of your feelings, both at the time and since. — T.A.]

## **Inside Leg**

Tailors estimate that 60-70 per cent of their customers 'dress' on the left. Some Doctors believe that this changes when a man is suffering from some physical problem, when 'the penis always points to the side of the lesion'. Stephen Gwyther and Christopher Coates of Charing Cross Hospital, London, decided to study 120 patients suffering either from a fracture to the necks of their thigh bones, or who had entered hospital for a hip joint replacement. They discovered that the penis points to the left in about 75 per cent of the cases, irrespective of the side of the body where the damaged bone was. A further 15-20 per cent point to the right, and in the final 5-10 per cent the penis lies straight. The doctors, reporting in the *British Journal of Hospital Medicine*, also established that the penis did not change direction when men had operations on both sides.

But how did they classify those who wear their penis tucked upwards in a tight pair of pants, I wonder?

Tony Acorn

## Dear Editor

Having had a number of boyfriends, both circumcised and uncircumcised, a roundhead husband and now an intact partner, I feel myself qualified to participate in the discussion over the relative merits of the foreskin. Although it wouldn't do to overstate the case, it is pure balls to claim that there is no difference in the sensitivity of the circumcised penis when compared with that equipped with a foreskin. A point which no one has bothered to make so far is the extent to which the foreskin can be used to act as a sensitivity regulator. Whilst in my experience a freshly peeled glans is sensitive in a way a permanently exposed one can never be, a glans which is totally encapsulated within the foreskin is usually less responsive to certain direct stimuli than the bare glans of a circumcised man.

In my view sensitivity to touch decreases in direct relation to the amount of exposure it is subjected to. One of my uncircumcised boyfriends used to leave his foreskin retracted for days at a time and it was noticeable that his glans soon took on the dry, pinkish-grey appearance of the circumcised knob. My present partner is concerned to retain the exquisite sensitivity of his glans and never uncovers except for specific sexual activities which demand it, and occasionally for hygienic reasons, although his foreskin seldom collects. He is lucky in that he is equipped with a foreskin which stays where it is put: if stretched forward beforehand it keeps the glans fully covered throughout the sex act and if withdrawn so that the tight opening nips in the groove behind the glans, it will stay back until pulled forward again.

I find the degree of sensitivity of the glans is reflected in its appearance. My present partner who keeps his glans covered retains the moist, shiny, liver coloured knob you see on a young boy in contrast to that of the boyfriend I mentioned who used to train his foreskin back.

My preference? You have to be a cold fish to judge a penis in isolation from the man as a whole, but I certainly have no plans at all for depriving my little boy of his cute little willie-cozy. If you consider the matter dispassionately, I think most people would agree that nature knows best. With my present boyfriend I have the choice between a fast response or a slow one. My circumcised partners were never able to experience the explosion of feeling my present man gets when I stimulate his glans with my tongue. Equally they were unable to experience the long term satisfaction I can give to my present partner when I find him fast asleep beside me with a huge erection (which is often the case). I love to lie there holding it gently in my hand, slowly moving the loose skin in circles over the sensitive surface of his knob. I can keep this up for ages before the pleasure finally wakes him up whereupon I milk his sperm into his pinched off foreskin before squeezing it like toothpaste from a tube, into his belly button. Can you think of a better way to start the day?

Yours etc.,

A.S.B.

## Dear Tony Acorn

I enclose herewith my subs for the 1989 year – a £10 postal order.

I think that it has been good to bring out a subject which obviously interests many people, but which has always been somewhat taboo under normal circumstances – since I left school I have not discussed in detail the subject of circumcision with any friends or inspected any cocks at close quarters because of the fear that it would be taken the wrong way.

A few comments:

- from several letters in *Acorn* recently, men are complaining of their foreskins coming forward during intercourse. Although I have a fairly loose foreskin which covers the complete knob even when erect, I am certain that during sex the skin stays back.
- can we have some information on masturbation methods from cavaliers – I almost always now wank with the skin held back, and using some form of lubrication, usually saliva or KY jelly, stimulate the knob directly. This has tended not only to provide better sensations, but also toughens the skin of the knob with an improvement in staying power in normal sex. I find that using the foreskin and pulling it back and forth is less satisfactory and also irritates the foreskin, which funnily enough is probably now more tender than the knob itself – and you will all ask the question, why not have it off? Well, there are advantages of having it both ways.
- having a loose foreskin and a not very pronounced rim on the knob, I find it difficult to keep the skin pulled back, unless I am wearing a jockstrap or tight underpants – this has also helped to toughen the knob and I can now hardly feel any difference whether I have the skin back or forward. I would like to be able to keep the skin back almost permanently, but have not found a method of doing so satisfactorily.
- has anyone with a long foreskin any experience of having it shortened, so that part of the knob is exposed? – it would be interesting to know.
- what proportion of members are cavaliers/roundheads? And, of the roundheads, how many have been circumcised in adulthood and for what reasons?
- when I was a small schoolboy, we used to refer to bottlenecks or policeman's helmets for cavaliers and roundheads – are there any other terms used?
- I recently saw an article in a motoring magazine on the new Vauxhall Cavalier headed 'A rounded Cavalier': I wonder whether this was a conscious play on words?

I look forward to the 1989 issues of *Acorn*.

Yours sincerely,

*J.H. – Beckenham*

## **Acorn At 70**

Dear Tony: I was most interested in the Nacton reports and the two opposing views expressed by ladies on the subject of circumcision. As to the suggestion of a survey of members on Nacton lines, I can contribute the following. I was circumcised at about 3-4 years of age as an anti-wanking measure. Although done at the local hospital, I believe the Jewish method was used, since there is no surplus skin on top or at the sides. The scar is now almost invisible, but a bunch of nicely sensitive skin surrounds the intact frenulum. A moistened fingertip vibrating the fleshy 'string' will produce an orgasm.

70 years ago peeping at one's own organ, let alone anyone else's, was taboo, so I didn't feel uncomfortable about it socially until at about 9 when curiosity about girls overcame taboo. Here I was definitely at a disadvantage. Knowing why I was cut, I thought anyone who saw it would know my 'shameful' secret, so chances to see and explore on the basis of "show me yours and I'll show you mine" were almost nil. Swimming lessons with the school helped, with the inevitable horseplay behind the masters' backs in the changing boxes. But rigid segregation of the sexes at school made intersex relationships extremely difficult for a diffident child: we were much less mature, self-confident and independent in the 1920s and 1930s.

As to personal preference, I have never found the lack of a prepuce a handicap sexually, but have often wished I had an 'accommodating' one on occasions, as there are so many things one can do and have done with it. I suppose the best of both worlds would be enjoyed by those fortunates able to train a medium foreskin to remain behind the glans rim at all times until deliberately pulled forward to cover the glans. Hygiene would be almost automatic.

*Harry – Colchester*

## **Tight Skin**

The report in *Forum* vol 22 no 2 is of great interest because of my own particular problem in the past. For more years than I care to remember I found myself with a foreskin so tight that it just would not pull back over the glans and I thought that circumcision must be the only answer to what was often very painful. Indeed on one occasion having sex I actually suffered torn skin and had to stay in hospital a few days to stop the bleeding. This episode turned me off sex with a partner for several years and I reverted to gentle wanking. About two years ago on the nudist beach I met a fellow who I thought had a very handsome cock with flared glans well displayed. I had to ask if he had been cut. He explained that he was intact but when young he had been taken to his doctor and the skin had been stretched. His son had now had the same treatment. I had never heard of this method and had my doubts. But

little by little I have managed in a period of two years to force back the skin, often with pain and of course soreness on newly opened skin so that now it uncovers the shiny knob and by forcing the skin right back it looks as though I am circumcised. Of course it won't stay right back; indeed it rolls forward over the cock head, but now I can fold the skin under, so revealing the now much tougher glans – the far more interesting *Acorn* effect.

My nephew tells me he has had the same problem and is giving serious thought to being cut, even though like me he does not really want to lose his foreskin. I will have to show him how I am able to tuck under the loose skin so as to harden off the lovely glans.

Now I have it held back for most of the time I have become much more virile and randy. Dare I confess it? One gets a much more prominent manly appearance in tight trousers. What a pity that all men and boys with foreskin problems are not made aware of the stretching possibilities. I know quite a few who suffer this problem.

While I have not had piercings myself as yet, I would like to hear from those who have had this fascinating experience.

*Dennis N. – Deal*

# **ACORN**

**1989 Issue No 3**

**(Formerly Issue K)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

Welcome to another issue of *Acorn*, the newsletter of the *Forum* group for people interested in everything phallic: the penis, the foreskin, piercing, circumcision (male and female), and 'getting the phallus into the best possible shape'. The owner and/or his partner should be the judge of what is 'best', of course! This issue includes a long survey of possible modifications to the penis, plus the usual large postbag.

**Acorn:** Why the name? In Latin it is glans, which applies to both cavaliers and roundheads, but it is also sufficiently anonymous to make a convenient name for us. We are a Group recognised by the *Forum Society* (which also recognises a range of encounter and other Groups), and they are kind enough to forward mail for us. There is also an *Acorn Group* in the USA (from whom we have borrowed the name), but the only connection otherwise is in our shared interests.

**Subscriptions:** Whether you joined in January or at any time later in the year, your £10 annual subscription pays for all the issues, including back copies, published in 1989. 1988 back copies (about 100 pages) are available for £5. This makes it fairly easy to ensure that everyone gets what they have paid for. Subscriptions may be sent by cheque or postal order, blank or payable to *Acorn*. They should be addressed to *Acorn* at the address on the front page.

**Contributions:** The response to starting the Newsletter in 1988 was far greater than expected. This is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories. We will include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. Readers must use their own judgement to decide which is fact and which is fantasy. We'll also include contact requests (which may be edited if they become too long or too explicit). If contributions come in as they did in 1988, we hope again to manage 8 issues of 12 pages in 1989: this April issue is the third, for publication in late March. Issue 4 is planned for publication in mid-May, and issue 5 is due in late June/early July.

**Information:** It must be clearly understood that any information given out, while supplied in good faith, in no way constitutes any recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so.

Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give them advice specific to their condition. The membership of *Acorn* includes doctors who have said they are willing to help other members.

A copy of the list of approved (and annually reviewed) Jewish circumcisers



(mohelim) is available from *The Initiation Society* or from the Editor of *Acorn*. Most only operate in a religious context, and only on infants, but some are additionally qualified and may be willing to help adolescents or adults in non-religious circumstances.

It is planned to contact Islamic circumcisers with a questionnaire, the results of which (if significant) will be compiled and made available. If any member can help with this survey by sending in the addresses of mosques in their area, please do so: they are sometimes listed in the phone book, or are available from local public libraries or (tourist) information offices.

**Confidentiality:** Contributions will be identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Letters may be forwarded anonymously if you wish. Obviously we gain in frankness from being able to write with these guarantees in mind.

T.A.

## Meeting In Weston-super-Mare

At the meeting in Oxford in September last year, seven *Acorn* members were present, which was rather disappointing. Another meeting is proposed and will take place at Weston-super-Mare on the weekend of June 17th-18th at the residence of David, one of our members. Bed and breakfast accommodation will cost about £9, plus Saturday evening dinner and drinks for another £5, with no worries about drinking and driving. Sunday lunch will cost £5 or under, so the weekend should not be expensive.

The Oxford weekend was taken up mostly with the technicalities of various methods of circumcision and, although very friendly, for much of the time was rather stilted regarding personal feelings, possibly due to it being a first meeting with everyone not knowing really what to expect. It is hoped that this coming meeting will be more down to earth, and to ensure that all participants feel comfortable, enquirers are asked to complete and send in the questionnaire below. The meeting will follow the lines required by the questionnaire answers.

We are not a one-sex group, so ladies, wives or partners are quite welcome and can be assured that they will be completely respected. Please bring along any material, print or film (VHS video available) that you think might be of interest to other people. Social nakedness and touching will be permitted, but *Forum Society* rules will apply regarding body fluids. If you are interested, please write with replies to the following questionnaire (your letter will be held in strictest confidence), and keep a copy of your answers for your own reference to bring with you. Include your name, address and (if possible) phone number, so that the organiser can contact you direct with details of the venue.

**Weston Meeting Questionnaire.** Write in on the following lines, keeping your own note of what you have said:

1. My name is ..... and I am ..... years old
2. I belong/do not belong to *the Forum Society*
3. I am heterosexual/mildly bisexual/bisexual/gay
4. I still have my foreskin/I was circumcised at the age of .....
5. I am pleased/displeased with my present state
6. I would like to discuss and see (where appropriate):
  - a) different types of foreskin
  - b) different results of circumcision
  - c) tidying-up methods
  - d) before and after sensations
  - e) piercing
  - f) attitudes to sizes
  - g) masturbation methods
  - h) other sexual subjects (specify):
7. I would be happy/unhappy to undress in front of other people
8. I would be happy/unhappy to touch and be touched by other people
9. I would be happy/unhappy to demonstrate my masturbation technique

Don't forget to include your name, address and telephone number. Reply to David, via *Acorn*

### **Full Frontals In Films**

Does Britain lead the world in the number of movies in which there are full frontal views of males? I can think of:

Yugoslavia: *Mystery of the Orgasm*

Sweden: *I am Curious*

France: *Pink Narcissus*

Britain: *Room with a View*  
*Sebastiane*  
*The Tempest* (Jarman)

USA: Is there one? Does Richard Gere only bare his buttocks?

*M.M.G. – N. Yorks.*

## Genital Modifications

The central aim of the *Acorn* Group is to provide a discussion forum for the exchange of information about ways of getting the phallus into the best possible shape. This article is a brief survey of a range of processes relevant to this aim, with the intention of stimulating responses from members. It will start with some quite minor, non-destructive modifications. Some of the major modifications towards the end are highly destructive. They are included, although not advocated, to show the lengths to which some men have gone. Readers must decide for themselves where the boundary lies between interesting experiment and masochistic excess.

The simplest modification is to remove the pubic hair. Removing hairs on the penis shaft may help to make it look longer. There are various methods of **depillation**. Shaving is an obvious way, but is difficult to do without nicking the skin, and the prickly stubble which soon follows is uncomfortable. Pulling out hairs individually avoids these problems but is slow. A frequent danger with creams is soreness and a skin rash. Recently a new device for home electrolysis has been advertised at about £30, and sounds promising: has anyone had any experience with it?

If the **foreskin** can not be **retracted** (phimosis), that is obviously a high priority. Try steadily pulling it back in frequently repeated sessions until the glans can be bared. But if you do this, it is vital to know about the risk of paraphimosis and how to deal with it. Basically this is when the tightest band of the foreskin slips behind the glans rim, becomes trapped there, and threatens to strangle the glans. The remedy is to interlock the fingers around the penis shaft with the palms towards the glans. Use the thumbs to press the glans between them and keep up this pressure until the blood has been forced out of the glans, then use the fingers to grip the foreskin and ease it forward over the glans rim.

The **foreskin** is highly elastic and can be variously modified by **stretching**, perhaps with the aim of lengthening it to produce an overhang beyond the end of the tip of the glans, or perhaps stretching the opening to widen it. It also varies extensively: some foreskins are long and some are short. Some are thick and wrinkled; others are tightly stretched, so that the outline of the glans' rim is easily visible through the foreskin. Some men are able effectively to choose whether to wear it pushed back to bare the glans whenever they like and for as long as they like. Most, however, find that it slips forward again to cover the glans as soon as the penis is no longer erect. In that case it may be worth experimenting with a rubber band or a cock-ring – the sort that goes around the scrotum (first) and then the base of the penis. But always use a ring made of a material which you can cut through if necessary: some are made of steel, which could be highly embarrassing if you find it is too tight to get off.

The shaft skin of the penis is also very elastic, and some circumcised men have had success stretching it forward and taping it there (using a non-

allergenic tape such as 'Micropore'). An erection applies further tension. In this way it has sometimes been possible to train the remaining cuff of foreskin to cover at least part of the glans, at least when not erect. An American organisation (BUFF: Brothers United for Future Foreskins) has collected experiences and provides mutual support for this activity. There have been various attempts at surgical restoration of the foreskin (the earliest recorded was by Celsius, some two thousand years ago), but results are unpredictable, much depending on how thorough the original circumcision was. Jewish mohels soon introduced a second stage to their operation, tearing and turning back the inner surface of foreskin, to prevent recourse to such a trick.

The **frenulum** (or frenum) is the little bridge of skin between the foreskin and the underside of the glans, sometimes referred to as the cock-string. Again it is very variable, hardly noticeable in some men, but in others very tough and tight, so that when the foreskin is pulled right back it pulls down on the tip of the glans. If it is a problem it can be cut, and may often be torn by vigorous masturbation or intercourse, and then may bleed quite copiously, but this usually stops quite quickly when the erection subsides, especially if the foreskin can also be pulled forward to cover it. It is also very easy to pierce, as the skin is very thin and heals very quickly. A ring worn in such a piercing can easily be concealed or revealed according to the wearer's choice, and if a ring diameter is chosen which fits around the glans rim, this can sometimes considerably enhance the shape of the penis. One way of demolishing the frenulum is to pierce it, using nylon monofilament (fishing-line, for example), then tie this tightly and tension it: over a period of a week or so the stitch will cut through. The Nuer tribe of the Upper Nile are said to do this, using a hair from the tail of a giraffe: the result is often a very long, loose foreskin. The foreskin can also be pierced in various ways, to hold it back or to keep it forward, perhaps with a chastity lock. It would also be possible to experiment with stretching a piercing by wearing increasingly heavy objects in it.

Various **cuts** can be made **in the foreskin**, to achieve a variety of effects, obviously culminating in complete removal by circumcision. But there are some other interesting possibilities as well. For example, some East African tribes make a buttonhole slit in the foreskin, longitudinally or across, about level with the glans rim, and then push the glans through this slit. The result is to bare the glans without removing any skin, and the foreskin then hangs under the glans, giving it a double-ended appearance. It must be held in place with a stitch while healing, but then the owner is free to decide whether to keep his glans bare or to tuck the tip back into its old foreskin 'sleeping-bag'. The dorsal slit (a cut in the foreskin on the upper – dorsal – side from its opening for a variable distance) bares the glans without removing any foreskin, and was sometimes done by British doctors instead of circumcision: the loose foreskin gathers under the glans and may form a soft lump, or may largely disappear.

**Circumcision** is obviously the most common surgical modification of the penis. Again a wide range of variation is possible, leaving the shaft skin loose, or tight as a result of radical circumcision. The placing of the scar-line can also be varied: in the sulcus (the valley immediately behind the glans rim), or, by leaving plenty of the inner layer of foreskin, well back from the glans rim along the shaft. If a slack outcome from an initial circumcision is unsatisfactory, revision is possible: a second operation removes a band of skin wide enough to achieve the desired tightness and the two edges are rejoined. This is a large topic and will only be touched on here. But it is important, if you are thinking of having a circumcision, to find out about the various ways it can be done and the consequences for different appearances, and to find an operator who will talk these over with you and find out about your preferences.

**Piercings** are a widespread device for modifying various parts of the body, including the penis. They may be temporary, or may be kept open by leaving a ring or stud in place so that they become permanent. Items worn in the piercing may be simple, or elaborately decorated jewellery can be designed. The piercing may be left small, or stretched: pictures of tribespeople with pierced and heavily stretched earlobes are not unusual, and the same principle can be applied to piercings elsewhere. As with any operation (and especially in view of the risk of AIDS) it is essential to use only instruments, jewellery and dressings which are sterile, though this can be achieved by boiling in a pressure cooker or heating in a dry oven to 150 degrees C for at least 20 minutes after temperature has been achieved.

Piercings may be single or multiple, and there are many possible male genital sites, including the foreskin, the shaft skin or the pubic area at the base of the penis. An interesting combination is a piercing at each side at the base (known as a hafada) and one in each side of the foreskin. When linked by one ring at each side, the foreskin is held back. The **frenulum** is easily and safely pierced, as the following story relates:

A school-friend showed me a book he had found in his father's chemist shop, which mentioned that in North Borneo a man would pierce his penis and keep the hole open with a quill. As we were very much at the stage of getting a hard-on at the slightest provocation and comparing dimensions, this intrigued us mightily. Inspection (against a hand torch) of the ligature connecting the foreskin to the knob showed that it might be possible to pierce it without hitting a blood vessel.

One early closing day when my friend's parents had left the shop we met there. Tommy had already taken a bodkin from his mother's sewing bag, and there were quills (tooth-picks) and iodine in the shop. The piercings took about ten minutes each, but it was some weeks before the holes became scar-free and usable. We wore large (about 3") safety-pins in the holes, which not only kept them open and clean but established us among

our class-mates as braves, as they imagined the piercings to have been an ordeal. It certainly added a new dimension to us (literally). In those pre-Y-front days we were forever trying to arrange erections so that they would show, especially in football shorts. In the end the piercing became a godsend when I discovered I could use it to hold my penis upright, hard or limp, with the aid of a key-ring through the frenulum and the lowest button on my shirt. I eventually chose a size that was a snug fit behind the rim of the glans when limp, but which on erection strongly emphasized that rim by deepening the sulcus (dip). My partner positively moaned for it to be moved slowly in and out of her lips, and it doubled my own orgasm as well, without limiting ejaculation in the slightest. In short, my piercing is a quiet success: a delight for everyday wear and an enhancement of my masculinity. [Condensed from *Forum* 15(9) 1982: 88.]

The *glans* can be *pierced* in various ways: a 'Prince Albert' allows a ring to be worn through a piercing into the urethra beside the frenulum. An apadravya is a piercing through the glans from front to back (as described in the *Karma Sutra*) and an ampallang is a hole from side to side, while dydoes involve piercings in the glans rim. In each case a short rod with a fixed ball at one end and a screw-on ball at the other is worn to keep the piercing open. It is essential that this keeper stays in place for at least two months, and scrupulous care is needed to keep the area clean, though this is assisted by the normal action of urine.

Other sites for piercings are the scrotum and the perineal raphe (the loose skin between the scrotum and the anus): a ring worn there is known as a guiche. Control over sexual activities can be conceded to a partner by using piercings for infibulation: a lock or ring can be inserted in two foreskin piercings, or in Prince Albert and guiche piercings, or in an ampallang. Various other restraints are also possible, including cock-ring(s) at base of penis and scrotum, a leather harness etc.

Bead *implants* can be used under the foreskin or the shaft skin to produce a knobbly effect (as with some 'fun' condoms), perhaps in a double line along the dorsal shaft, where they will best stimulate the clitoris. The pubic-hair area, the glans or the shaft skin can be *tattooed*: it is essential, however, to go to a reputable tattooist, as this is one way that AIDS can be spread. It could be fun to work out an appropriate design, using waterproof felt-tip pens. The best designs involve detailed design, and make use of the changing shape of the body and its muscles to give 'life' to designs of snakes, dragons, birds, butterflies, etc. There is a journal called *Body Arts* which gives ideas and addresses of suppliers of jewellery to wear in piercings.

Various modifications are possible to the *urethra* (the pipe down through the penis through which urine and semen are conducted). The opening is usually quite small, but the urethra then widens out substantially for about

the length of the glans before narrowing again. The opening can be cut to widen it (meatotomy, pronounced me-ate-ot-omy), either to let in surgical instruments (for a prostate operation for example) or to improve the flow of urine. The diameter of the urethra can be quite surprisingly large: well over 1cm. It can be stretched to widen it further by inserting various objects, though it is important for these to be smooth and non-breakable (interesting effects have been reported using the tall thin sort of candle). There is a risk of infection by doing so, but several cases are in the medical journals of men who have repeatedly done so, as an active form of auto-erotic sexual gratification and/or to obtain attention in hospital. [T.N. Wise, 'Urethral manipulation: an unusual paraphilia', *Journal of Sex and Marital Therapy* 8(3) 1982: 222-7]

Most Australian aboriginal tribes practised both circumcision and **sub-incision**, an operation by which the underside of the penis is cut open from the meatus (the natural urethral opening) for a variable distance. Some tribesmen later had this cut further extended as far as the scrotum. Early anthropologists thought subincision was done as a means of contraception, but it does not have this effect and is much more concerned with tribal myths and rituals of initiation.

Operations to the **scrotum** and **testicles** are more serious as they may affect fertility. Scrotal reduction involves removing part of the scrotum so that the testicles do not hang so loosely; if the scar-line followed the mid-line raphe it would be indistinguishable, but the reduced ability to keep the testicles cool could reduce fertility. An operation is sometimes necessary (before a boy reaches puberty) to correct an undescended testicle: the testicle is sewn into place and subjected to traction until the spermatic chord grows sufficiently to allow it to remain where it belongs. Vasectomy is a minor contraceptive operation which involves cutting and tying the spermatic chord. The Bushmen of South Africa used to believe that having two testicles made twins likely: this was to be avoided in their harsh climate, so routinely boys had one removed (orchidectomy) in a tribal initiation.

There are also reports of male genital self-mutilation by splitting up the **penis** or partial or complete **amputation**. These are reviewed by Greilsheimer and Groves, *Archives of General Psychiatry* 36 (1979): 441-6, who conclude that while some are psychotic at the time others are not, but are motivated by premeditated gender conversion or by feelings of rage towards themselves or women, sometimes urged on by their own sense of rage or guilt to attempt to apply the biblical command: 'If thine eye offend thee, pluck it out'. But everyone else would agree that that is going too far.

T.A.

## **Frenulum Modification**

Lovely to hear of your *Acorn* phallic group from *Forum*. Like you, I enjoy wanking to keep my penis strong and healthy. I enjoy a full and satisfying sex life with my wife and have over a number of years used a vacuum developer which has increased the length of the erect penis from 5" to over  $6\frac{1}{2}$ " : my wife is over the moon about this, but expresses a desire to feel it much thicker to fully satisfy her – any suggestions? To attain a good suction whilst using the developer I remove all the hair from the penis root, and in summer weather also remove all body hair from legs, belly, chest, and armpits, as well as from my pubes, penis and testicles of course. I find this not only exciting to do using a razor or depilatory cream, but I also find it fresher and more hygienic.

I am also interested in the piercing of the penis: can this be done oneself, using sterile equipment? I would love my frenulum pierced and ringed, and also either side of the foreskin. Whilst talking of foreskin, is it possible to stretch the frenulum so as to allow the foreskin to be completely pulled back without pulling the knob down, as is the usual case?. My wife is also interested in this and asks could it be cut surgically to allow much more movement during masturbation, which she loves doing?

S.S.L. – Durham

[Some interesting questions there, many of which are answered in the article above on penis modifications. It is difficult to stretch the frenulum without tearing it, so it is probably better to pierce and tie it, or cut it. A Prince Albert piercing is quite easily done oneself: it bleeds quite copiously, but this does not take long to stop. The difficult thing is to insert a stud or ring, unless you know the tricks. The foreskin is also easy to pierce, but other penis piercings are more difficult. There used to be a piercing operator in Durham: he moved to the Lake District but is now retired. Piercing operators known to your Editor are in London or Gloucestershire: write in for names if you want to go ahead with this. It is also important to get the right type of ring or stud first: normal ear-rings are usually too insecure and easily bent: there are suppliers both in Britain and the US. Sterile equipment and techniques are essential in view of the possibilities of infection with AIDS, hepatitis, etc. It is also necessary to work out carefully where you want the piercing to be, and to hold the skin firmly (eg with forceps) while working, especially where there are two surfaces, as with the foreskin. — T.A.]

## **Enthusiast**

I was extremely interested to read about the *Acorn* group in *Forum*. I have been a cock enthusiast for several years and my fascination with things phallic grows ever stronger. My cock is circumcised so my glans is always exposed. I regularly enjoy several types of phallic fun, including lubrication



with various oils, wearing cock rings, wearing short shorts, maintaining an erection for hours etc. I live on my own, which gives me great freedom and I enjoy occasional visits from four like-minded guys (ranging in age from 30 to 50) who are also enthusiasts. Three of them are uncircumcised and have covered glanses when they are soft. Yours like-mindedly,

*George – Perth*

### **New Member 1**

Dear *Acorn*: I read with interest your leading letter in the current edition of *Forum*. The theme of your group seems simple, and yet for me it fills a gap in the market: sometimes the most obvious things are the most overlooked.

Although size, shape and performance are jokey subjects amongst one's friends, I think men often feel the need to discuss, what in reality is a quite delicate matter, in depth and seriously. Perhaps correspondence and via a newsletter is the best way to do this. Your membership figures, while not overwhelming, seem to confirm the need to exchange views and opinions.

My main interests have focused on wearing extremely brief underwear, sometimes tailor-made by an understanding manufacturer, and often a size too small to give a constricted feeling. I've also tried padded briefs in various materials and garments in both rubber and leather specifically designed to either restrict or enhance. I find both sensations, although opposite, equally stimulating. An arab strap, for example, although intended for stimulation, can quite easily be modified to be a restrictive device. A developer, although very pleasurable to use, has not in fact been particularly effective. In the short term, whilst using it, the results are quite startling, but they wear off quite quickly.

I much look forward to hearing from you. I'd be more than willing to give you any information you require for the interest of other members or for analysis, confidentially of course but quite frankly.

*J.B. – Canterbury*

### **New Member 2**

Dear *Acorn*: When one's own particular interest seems to be unusually specialised it is easy to assume that there is no-one else in the world who shares it, so it was really very exciting to read in this month's *Forum* about *Acorn*. On the subject of keeping the glans uncovered, I doubt if anyone will have devoted more time and effort to investigating the possibilities. Maybe I'm not alone in this either.

*E.S. – Salisbury*

## **Skin**

Let glans and clit be bare  
Exposed to the fresh air

Remove redundant skin  
Enhance the slipping in

Hygiene and manly pride  
Together will abide

And satisfaction hit  
The girls who show their clit

The clean and pretty slot  
Will always be 'red hot'

So add to staying power  
And let orgasms flower

Exposed to the fresh air  
Let clit and glans be bare.

*A.W. – Sussex*

## **Interests And Fantasies**

Dear *Acorn* Group: I was most interested in your letter in the February issue of *Forum*. I am basically heterosexual, but have lately got more and more interested in your subject. I have no particular interest in men as such, but a great deal of interest in penises. I don't know if this is common, but there it is. Through *Forum* I have met one or two people: one was revoltingly dirty, one was enormously fat and had a tiny organ, and the last was fine but circumcised.

This brings me to the subject of circumcised vs uncircumcised penises. To me a roundhead looks like a very bald man, and is extremely boring. On the other hand, a cavalier has so many aspects, depending on its mood, especially if the foreskin is a good length: shrivelled when cold, graceful when normal, beautiful if semi-stiff, and really virile when fully erect. When uncircumcised it is really graceful and elegant. I have not had much experience of others, but mine, though I don't want to boast, has been described as beautiful. It is no more than average (about  $5\frac{1}{2}$ "). I have a fairly long but not tight foreskin which will still cover the whole acorn when stiff, if I want. I keep the glans covered most of the time.

As to fantasies, my favourite includes both sexes. I am doing a 69 with a woman, myself underneath licking her clitoris and she over me with me in her mouth. A man then kneels behind her and starts fucking her dog-fashion. Just before he comes he takes his prick out of her cunt, rams it into my mouth

and shoots his load down my throat. It remains to be seen if this is physically possible, but I'd like to try it. I am sorry your group's main activity is simply to publish a newsletter. It will be read, I am sure, with interest, but by a lot of isolated people who will probably wank over it. Is that all there is to life? Could we not have a get-together? I know there is the danger of AIDS and other infections, but anyone who joins could first go and get checked out by his nearest relevant clinic.

Yours sincerely,

P.B. – London

[Thanks for your letter. Look earlier in this issue for details of a group meeting in Weston-super-Mare. Clinics are fairly fussy about who they test for AIDS, but *Forum* rules ensure caution but permit non penetrative sex. — T.A.]

### **Circumcision Of Newborn Boys Cuts Kidney Infections By 90%**

**Based on *The Independent*, 16.3.1989, p.3, reporting an article  
by Jan Wunberg et al in *The Lancet***

The rate of infections of the urinary tract of baby boys is reduced by 90% if they are circumcised. When a baby boy is born in hospital, hostile bacteria may colonise the foreskin. The bacteria may then spread from the foreskin up the urethra (the urinary tube) to the kidneys, where they may cause serious infections. In the US, neonatal circumcision prevents some 20,000 cases of urinary tract infection per year. In the face of this evidence the American Academy of Pediatrics is under pressure to revise a statement it made in 1975 that there are no medical benefits to be gained from routine circumcision. A result of this has been a sharp fall in circumcision rates in the US from about 90% to nearer 50%. A Swedish team of doctors say that soon there may be pressure for a programme of circumcision of babies in Europe where, until now, circumcision has been rare except for religious reasons and among certain of the British upper classes. As is well known, the queue for kidney treatment in Britain is a very long one. If patients are fortunate, they obtain a kidney transplant, with all the attendant risks of major surgery and the possibility of immunological rejection of the transplant. Otherwise for the rest of their (shortened) lives they face the uncomfortable and very time-consuming process, perhaps twice per week, of renal dialysis.

Dr Jan Wunberg and colleagues from the Karolinska Institute in Stockholm argue, as an alternative to circumcision, that a baby should be deliberately infected with bowel bacteria from his mother, against which, they argue, he should have passive immunity received while in the womb. This argument is based on an old experiment, from the days before antibiotics, when babies were said to be protected from serious infections of the umbilicus

(belly-button) if they were deliberately infected with benign bacteria. From this they argue that 'Attempts to manipulate the faecal flora might in the long run be a more physiological approach than to remove the prepuce from all newborn boys'. Thus Swedish opponents of circumcision, rather than accept American evidence of the value of circumcision, are advocating deliberate infection of newborn boys from the shit of their mothers.

## **Yoga And The Size Of The Flaccid Penis**

Dear Acorn Group: At times my penis shrivels down to the size of almost an acorn (never mind it being the latin for just the glans). As I like nude beaches, I find this a little embarrassing. One dodge is to pretend that my penis is very sensitive to the sun and rub it frequently with sun tan cream to restore vitality – the rubbing, I mean, not the cream. I've found no cream, even a so-called 'Erection Cream', has any effect.

I have a foreskin and I prefer to keep the glans covered for most of the time. If it is uncovered, it rubs against underpants, which is mildly exciting for a while, but then becomes physically irritating. I find that a pleasant sensation is to spray the uncovered glans with a hand shower-unit turned full on, and I often achieve an erection this way (it turns me full on!)

A few years ago I tried the Chartham Method for penis enlargement: exercises, massage, and the vacuum tube. Just recently I found a copy of Dr Brian Richards' book *The Penis*, in which he describes the Method and typical results.

I managed an increase in length of a mere  $\frac{1}{4}$ " compared with a typical one inch, and this came in the first fortnight, not after four weeks as Dr Richards describes. I did notice an increase in girth, however, and my wife felt the difference, with her hand in the first instance. But after about 12 weeks I noticed a bit of a discharge from the 'pee-hole'. It was rather smelly, so I stopped the course, pleased with the extra thickness and hardness but disappointed by the hardly measurable increase in length. There was no difference in size when flaccid, compared with the start of the course. What results have others had?

It is supposed to be possible using Yoga to train yourself to control the normally involuntary muscles which control blood supply to the penis. Can anyone give me any information or references to writing about this?

M.M.G. – N. Yorks.

## Observations

Dear Tony: Thank you for enrolling me as a member of *Acorn*. To one who has had an insatiable interest in the penis since I discovered at the age of 5<sup>1</sup>/<sub>2</sub> that I was 'different' from my cousins, the dialogue on circumcision was just what I was hoping to read. As I rather suspected, the whole question of Cavalier vs Roundhead boils down to a very personal matter depending on experience. Hence I find myself among those who consider it entirely wrong to circumcise at birth, as I was. Boys should be left to decide for themselves in later life. I see, too, that opinions differ sharply between the ladies as to whether the bare or covered glans gives them the greatest pleasure in intercourse.

In issue 1/89 of the newsletter you ask for statistics along the lines of Nacton's survey. While I have no longer any real opportunity for observation, I had a spell of about a year working in London some ten years ago. On my way to work I usually called in at a 'Gents' which was very busy at that time of day. The urinals afforded some good views but it could be misleading to attempt to classify the penises in the way you suggest because of the many variables inherent in this situation. For example many obviously pulled their penis forward when peeing so that the shaft formed a short foreskin, giving the impression of a cavalier, whereas it was probably really a roundhead. All I can safely say is that, of the 300 or more I saw over that period, there were very few with elephant trunks and about 75% were roundheads.

The cubicles, which had peep-holes in the partitions, were very much more rewarding. There was a problem finding one vacant, so I was not able to take as much advantage of the potential as I would have liked. However, I reckon that I saw the intimate detail of at least 30 pricks. There was a common pattern among those who did not block the holes. They toyed with their prick to attract attention and then, satisfied that they were being watched, worked up to full erection which they proudly showed off before beginning to masturbate. Most went on to orgasm so that I had every chance to witness the full sequence. These encounters were completely impersonal and never once was there any suggestion of face-to-face meeting. But a few expected me to reciprocate for their benefit.

Of the 30 or so, I was very surprised and disappointed that 80% were roundheads. Of the 6 cavaliers, two had 'elephant trunk' foreskins which gave a slight overhang even when erect, and the rest shorter ones which just showed the tip of the glans. There was little variation in penis size: most were an average 6"; a few smaller, at 5.5", and I never saw any which could be called 'well-endowed'. All the roundheads had been very cleanly circumcised, with all traces of foreskin removed. The shaft skin on the cavaliers appeared to be much looser and bunched-up over the glans on the outward stroke of the wanking. Generally the glans was sharply defined even when flaccid, but a few were wrinkled except when the penis was very hard. The cavaliers with shortish foreskins had knobs which were redder in appearance and moist

enough to glisten. Neither of those with elephant trunks would (or could?) strip them back further than to just expose the very tip, which in both cases was paler and very moist.

All the roundheads wanked using one hand around the shaft well behind the glans. The cavaliers kept their foreskins up all the time and rubbed with their thumb over the glans. There was little difference in the time required to reach orgasm in either group. The amount of spunk varied quite a bit, from a few drips to three or four really good jets. It was impossible to determine the ages but this could have been a factor. All were white. I noticed a few very interesting variations:

1. several of the roundheads had shaved their bush
2. two of the roundheads ceased rubbing once they had triggered the orgasm: I have tried this but the result is disastrous!
3. one of the roundheads seemed to have a two-part orgasm; he shot just two jets of a nearly clear fluid, followed 15-20 seconds later by a normal ejaculate.
4. one of the cavaliers pinched the end of his elephant trunk so that the spunk was contained within the resulting 'condom'.

I hope my recollections may be of some interest. I did not keep notes, so what I have related cannot be called a scientific survey.

V. – Shropshire

## **Advertisement**

*Circumcision: an Ethnomedical Study*, by A. Thomas. Are you fascinated by the different surgical techniques of circumcision and their varied results, by personal accounts of the effects, and by the tribal initiations using circumcision as the initiation test in Africa, Australia and the Pacific? Have you ever wondered whether circumcision is for you or for your son? Then this book will answer more questions than you ever thought of asking. This is the second edition, revised and expanded to over 200 pages, extensively illustrated with drawings, pictures and statistical tables. Send £20 cheque or postal order to Tony Acorn, addressed as for *Acorn* replies, to cover cost plus secure packaging and postage.

# **ACORN**

**1989 Issue No 4**  
(Formerly Issue L)

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

Welcome to another issue of *Acorn*, the newsletter of the *Forum* group for people interested in circumcision, foreskins and everything phallic: the penis, piercing and 'getting the phallus into the best possible shape'. Of course the owner and/or his partner should be the judge of what is 'best'!

This issue is the fourth, planned for publication in mid-May, and issue 5 is due in late June/early July. It is intended to publish an issue about every 6 weeks, but the gap over the summer may be longer, until mid-September for Issue 6.

**Acorn:** Why the name? The Latin for acorn is glans, which both cavaliers and roundheads have in common. Those who know this meaning know what we are about. But *Acorn* makes a convenient name because it is sufficiently anonymous: it could also apply to people interested in anything from computers to naval history. We are a Group recognised by the *Forum Society* (which also recognises a range of encounter and other Groups), and they are kind enough to forward mail for us. There is also an *Acorn Group* in the USA (from whom we have borrowed the name), but the only connection otherwise is in our shared interests.

**Subscriptions:** Whether you joined in January or at any time later in the year, your £10 annual subscription pays for all the issues, including back copies, published in 1989. 1988 back copies (about 100 pages) are available for £5. This makes it fairly easy to ensure that everyone gets what they have paid for. Subscriptions may be sent by cheque or postal order, preferably blank: receipt will be acknowledged. They should be addressed to *Acorn* at the address on the front page.

**Contributions:** The response to starting the Newsletter in 1988 was far greater than expected. This is your newsletter, and its success depends very much on your contributions, so please keep sending your ideas, anecdotes, comments, information, observations and stories. We will include fantasy as well as factual contributions, provided only that the contributions relate to our broad theme. Readers must use their own judgement to decide which is fact and which is fantasy. We'll also include contact requests (which may be edited if they become too long or too explicit). If contributions come in as they did in 1988, we hope again to manage 8 issues of 12 pages in 1989.

**Information:** It must be clearly understood that any information given out, while supplied in good faith, in no way constitutes any recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so.

Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give them advice specific



to their condition. The membership of *Acorn* includes doctors who have said they are willing to help other members.

A copy of the list of approved (and annually reviewed) Jewish circumcisers (mohelim) is available from *The Initiation Society* or from the Editor of *Acorn*. Most only operate in a religious context, and only on infants, but some are additionally qualified and may be willing to help adolescents or adults in non-religious circumstances.

It is planned to contact Islamic circumcisers with a questionnaire, the results of which (if significant) will be compiled and made available. If any member can help with this survey by sending in the addresses of mosques in their area, please do so: they are sometimes listed in the phone book, or are available from local public libraries or (tourist) information offices.

**Other Members** may be contacted by sending your letter to *Acorn* and asking for it to be sent on to the person named. Thus your address will only be disclosed to the person you write to, and it is their decision whether to reply or not.

**Confidentiality:** Contributions will be identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Letters may be forwarded anonymously if you wish. Obviously we gain in frankness from being able to write with these guarantees in mind.

T.A.

## **Puerile Attitudes To Male Sexuality**

Dear *Acorn*: I was interested to read about your group in *Forum*. Modern religions have brainwashed us into such warped attitudes to sex that I wonder if your newsletter might not turn out to be 'tacky' and puerile, but if anyone can rescue men's most powerful symbol from nursery language, schoolboy sniggering, adult furtiveness and 'puritan' spite, they will do us all a favour. The obvious way to resolve any doubts is to subscribe: please send me your newsletter for a year.

J.W. – Swaffham

[Dear J.W.: Thank you for having the courage of your curiosity. I hope you like the contents, and will write in to explain your views more fully. — T.A.]

## Physiotherapy

Some thirty years ago, when I was a young teenager, I sustained a football injury, colliding with an opposing player and severely bruising the top of my left thigh. The school doctor prescribed a course of six therapy treatments.

The physiotherapist was a young, attractive Indian woman, who I surmised was shortly to qualify. She was conscientious and ever mindful that I was in considerable discomfort. The treatments necessitated my removing my trousers and underpants while she administered alternate treatments of heat and light massage. At first she spoke little, and only to ask me how I felt the treatment was progressing.

By the time of the fifth treatment the injury had improved considerably. I found her light touch erotic, and quite suddenly found that I had an erection. I remember being embarrassed and wondering if I should comment on the situation, and if so, what to say. But then she said: 'You have a healthy skin', and lent over and pulled my foreskin back. I later found out that she meant to say that I had a long foreskin.

My embarrassment was instantly replaced by curiosity as the treatment became much more relaxed and informal. It was soon clear that she much enjoyed manipulating and playing with my foreskin, pulling it right forward, then back, and then feeling my frenulum. She became much more talkative, telling me that she came from a tribe in North India on the borders with Nepal. She told me that the boys there were born with short foreskins, so that by adolescence the glans was permanently exposed. In childhood the foreskin was either lightly tattooed or pierced to indicate the individual's status in the tribe. Never before had she seen anyone with such a long foreskin, and asked if this was usual in England. I told her that my foreskin was probably longer than average, but that the length did vary considerably from one individual to another. She appeared never to have heard of circumcision and thought it most odd and unfortunate for anyone to have an operation like that. She continued to fondle my foreskin and penis, and soon I climaxed, covering her hand with semen, at which she giggled with delight.

I was naturally looking forward to the final treatment the following week, and kept wondering what to expect. After a brief examination and treatment of my thigh, she was soon eying my penis, and the erection which grew as she did so. Again my foreskin intrigued her, and she found it difficult to keep her hands off it. Quite suddenly she asked me to stand up. For a brief moment she turned away to unbutton her white coat and lift her dress to reveal that she was wearing no knickers. Without further ado, and saying nothing, she mounted my rampant erection, which soon disappeared into her moist pussy. She clasped her arms around my neck, while my arms supported her bottom. When the tip of my penis felt her cervix I thought she would knock me over. Her arms were tight around my shoulders and she buried her face in my neck. At the moment I climaxed, I sensed a further shudder down her slender body. As

she felt my erection beginning to lose its vigour, her grip on me tightened: she was having repeated orgasms. I had never experienced anything so erotically ecstatic. But then her grip loosened, she eased herself back onto the floor, and we stood looking at each other in exhaustion. What an introduction to the delights of sexual intercourse! What a physiotherapist!

*W.M. – Kingston*

## **Against Infant Circumcision**

I must congratulate Ivan Goodhart on his send-up of the circumcision scene entitled 'Have I the right?' in Issue 2/89. At first I was incredulous when I thought he was seriously advocating that, because some very few neurotics might have difficulty in finding a doctor daft enough to entertain their whim in the absence of a medical reason, that because the occasional low-grade lad neglects to wash under his foreskin, that because a father has to take decisions on his son's behalf, he should therefore have the right to mutilate him, and that all boys should be circumcised at birth. Hello, I thought, we have a right ayatollah here. But then I realised that this sort of bigotry and arrogance, in his absolute conviction in the rightness of his cause, in the face of overwhelming evidence to the contrary, just can't be for real.

As one whose anguish at having his sex-life ruined by the psychological and physical effects of circumcision in infancy to satisfy someone else's obsession has gone on record, I do tend to be appalled by the lip-smacking relish with which some people contemplate a mutilating operation which they will probably never have the bottle to undergo – but I've no quarrel with them if it is only themselves they have in mind. Those who advocate the wholesale mutilation of infants too young to protest, to satisfy some perverted inner craving, are guilty of unconsidered barbarity and a total dereliction of another person's human rights.

*R.B.W. – Bedford*

[Dear R.B.W.: How sad that you feel so threatened by Ivan Goodhart's carefully argued viewpoint, and that you should have found it so difficult to come to terms with what must have been a fact of all your own life, especially as your perception of your own problem seems to have prevented you from experiencing the pleasures and worries of trying to make the best decisions for children of your own. Those of us who have tried to do so, knowing the great advantages of circumcision ourselves and wishing to ensure them for our boys have encountered much opposition and elusiveness from the medical profession. This is the reason that *Acorn* exists: to make available information and advice and to give space to the arguments on either side from which conscientious parents can draw, and from which individuals who have made their own decision about the value of circumcision can benefit. So that we can better

understand what has given rise to your own sense of bitterness about being a roundhead, I hope that you will write in again with an account of when and how you discovered that you were circumcised and how this came to have such traumatic significance for you. — T.A.]

## **Pleased With A Dorsal Slit**

I wish I could thank the doctor who circumcised me when I was about 5 days old, but logic tells me that he is probably long-since dead. In my opinion he did an excellent job. It would appear that the foreskin was cut just once, along the top side. This means that there is loose skin on the underside of my penis which is full of sensitive nerve-endings and is very useful as I can rub it against the frenulum when masturbating. No extra lubrication is necessary, as in the case of men who have had most or all of the foreskin cut away. I have observed that the glans of my erect penis is much larger than average. I have also noted that this is the case for men who have been circumcised in infancy. Is this the exception, or the rule?

As far as adults are concerned, circumcision could be regarded as a form of cosmetic surgery. I have often wondered why people are not shown pictures illustrating the various ways in which circumcision can be done and the resulting appearance of the penis afterwards. As I have not encountered many men with my form of circumcision, if any reader wished to create such a book, I would volunteer myself for photography. Patients are shown the types of nose they can have after an operation: why should another part of the body be treated any differently?

According to statistics I read somewhere, I am one in ten thousand. At the age of 14, I discovered that by bending over I could easily put my penis in my mouth. This made an interesting variation when it came to masturbation. It increased my knowledge of the anatomy of my penis and taught me to overcome the problems encountered when indulging in 'souxante-neuf' (69). I am sure that members of the *Acorn* Group are already aware, but it is not common knowledge that in such a position it requires dexterity of the tongue and the ability to keep the teeth out of the way in order to achieve the maximum sensuous results. Ideally fellatio should be carried out when the frenulum side of the penis is against the tongue.

Having visited numerous saunas, nudist camps and beaches in England and Europe, I have observed that among men under 40, circumcision is becoming rarer. This is a pity, as I think that an exposed glans is one of the more pleasurable sights on a naked male body.

The practice of drawing back the foreskin is not so common amongst Germans, and they form the large majority of nudists. Perhaps a reader could satisfy my curiosity on one point. While visiting a nudist camp in Corsica, I met a very nice couple (man and wife). I happened to notice that whenever I

saw them on the beach, the man's foreskin covered his glans, but as soon as he saw me he drew it back. This happened on a daily basis. Was there some significance? Was he trying to tell me something? I have asked several people, but so far no-one has been able even to hazard a guess. I can report that amongst all the Continental men, there are more circumcisions in Switzerland than in any other country.

One unfortunate difference between Englishmen and men on the Continent is cleanliness. I refer specifically to uncircumcised men. The English leave a lot of cleanliness to be desired. I have had the pleasure of having quite a variety of cocks in my mouth, but have learned to make a thorough inspection of both appearance and smell before treating an Englishman, which is one reason why I am very partial to a circumcised penis. Some nudist camps have open bathroom/showers (mixed), and I have observed many men pull the foreskin back and clean the glans as part of their daily washing procedure, but this is rarer among the English.

*I.M. – Crawley*

[Dear I.M.: The man you met in Corsica may have shared your preference for the appearance of a bare glans, but may also have been worried about the risk of sunburn in the Corsican heat – or he may have been hoping that you would make the next move. — T.A.]

## **Improver Brings No Improvement**

Four or five years ago, having seen an advertisement, I thought that my vital statistics could perhaps do with improvement, so I sent for a penis developer. Oh, yes, it worked! For a while, to see one's member enlarge inside the plastic tube was quite fascinating. It was also rather uncomfortable having it drawn out in all directions.

After each session, however, His Nibs reverted to his normal humble self within an hour or so. The user is told to keep up the treatment for a while, which I did: a year at least. In the end I gave up, a sadder and wiser man, and the developer went. Not a millimetre's difference anywhere. Trying was fun, but really it was a waste of effort and money. Indeed, I blame the developer for a loss of much sensitivity which I have not since recovered, probably as a result of damage to blood vessels or nerve endings.

*Fred – Barnet*

## Tight Foreskin

This talk of therapeutic foreskin stretching under anaesthetic is all very well, but is it necessary? Anyone who has read the first chapter of *Walter's Erotic Memoirs* will see how quickly and effectively a bit of energetic sexual activity at puberty can relieve a tight foreskin. I found the same thing. I was blessed (cursed?) with a prodigiously long foreskin which defied all attempts on my part to retract it. A classmate with a similar condition had come to the attention of the district nurse, who had the reputation of being a rapacious foreskin collector. I had been disturbed to watch him suffer after he was given the chop, and to see his poor little cock when he showed it to me the next day – though within ten days he was wanking again, and proudly showing off how far he could pee. Unlike him, at the age of 13 I had still not set eyes on my knob, although I wasn't particularly worried as I'd never had any trouble with it.

Then one Monday during a football game I got a terrible crack on the hip: it hurt like hell and gave me a 'dead leg'. A woman who lived nearby was watching and saw the incident took me home for first aid and a cup of tea. She helped me off with my muddy football shorts, and, while I stood in front of her in my underpants, she sat on a stool and studied the bruise. She bent my injured leg, putting my foot on the stool between her legs, told me to put my hands on her shoulders to steady myself, and started vigorously massaging my hip bring the life back. At once I became aware of my cock shaking and leaping about inside my pants. Her large breasts were doing the same thing under her blouse and, most exciting of all, her wrap-around skirt fell away on either side to reveal her thighs and the dark bulge at the front of her skimpy knickers, just inches from my toes.

To my embarrassment I felt the front of my pants lift as I got the inevitable erection. Then, to my abject horror, it suddenly burst through the slit in my pants. There it was, in a state of disgraceful rigidity, wagging about in front of her face. She flicked it with her finger and then burst into peals of laughter; but seeing my stricken look, she did her best to soothe me. "It's not your fault," she said. "I suppose it's mine, for showing my knickers" (though she did nothing to hide them). "Anyway, that's the nicest willy I've seen for years", and, with that, she took hold of it and examined it carefully.

By now my erection was almost painfully tight, and my cock looked like a long white sausage. Through the taut foreskin the knob was sharply defined and was visibly darker in hue, while the foreskin hung from the end in a long, narrow tassel with a pink bud at the end. She commented on how long it was, and asked, "Do you have trouble pulling it back?" I just shook my head, speechless with my own excitement and with her familiarity, mentioning such a thing. "I wonder?", she said, and holding it firmly, she started to slide the skin back. But she never even succeeded in uncovering the eye. "Uh O", she said, "I thought it was a bit tight". She then started asking whether I had

been examined by the school doctor, whilst gently sliding the skin forward and back again as far as it would go. I revealed my fear that I might have to submit to the same operation as my school friend. "Nonsense", she said. "No one needs be circumcised. We'll soon put it right."

With that she started stretching the tight opening by repeatedly pulling the foreskin forward and then energetically pushing it back again as far as it would go. Under this repeated pressure, the elastic skin gave a little, and eventually the pee-hole came into view. But at that moment the delicious sensations caused by her hand movements overwhelmed me, causing my first ever orgasm, and I splattered the front of her blouse with my emission. Before I could be embarrassed by this, she said "don't worry about that. The important thing is to get your skin loosened up. We'll need to stretch it a bit more than that, so come back tomorrow. If you leave it too long it'll only tighten up again."

I went back the following day after school. Once we were in the bathroom, she extracted my penis from my flies and again stretched my foreskin back and forth over my erection, this time revealing a little more of my knob. Inevitably the lascivious handling of my sensitive penis caused me once more to swoon with delight. This time she caught my emission deftly in the wash-basin. But instead of letting me tuck my subsiding willy away in my trousers and sending me off, she picked up a knitting needle with a small knob at the end, inserted this under my foreskin, and pushed it back as far as the rim, then moved it first to the left and then to the right. She could not move it far before it stopped, and I cried out. "Looks as though you have got a bit of a problem with adhesions there", she said, taking out the knitting needle, which was covered with a whitish substance. "And a smegma problem", as she rinsed it off under the tap. Then she told me to try and pee into the basin. After a few moments I began to do so, and as I did, she pinched the tip of my foreskin tightly. The mounting pressure of the urine caused it to swell up, until even her firm grip had to give way and the urine flowed into the basin with a jet like a fire hydrant. "That's my boy", she said, as she allowed me to tuck my willy away, feeling like a piece of wet string. "Same time tomorrow."

My visits continued every afternoon for the rest of the week, and followed the same pattern. Eventually the last of the adhesions was freed, whereupon the whole foreskin ballooned out like a big wobbling golf-ball, with every vein visible. Commenting, "success at last", she let it go, but instead of letting me put it away afterwards, she pushed the foreskin back. This time it went on, right back behind the glans rim and on down my shaft to form a bunch of ruched skin in front of my balls. "There you are. The district nurse can't touch you now – but make sure you wash it every day and you'll find the girls won't be able to resist it! But you had better come back again on Monday after football."

This time, when I eagerly hefted my erection out in front of her, the tip was red. I pulled back the foreskin to show her proudly what we had achieved

together while my tumescence continued to mount. Her call of “careful” came too late: when I tried to pull it forward again, I could not get it back over the rim. “Never mind. I’ll show you what to do”, she said, clasping her fingers around my red and throbbing cock. With a weekend’s abstinence, it wasn’t long before I climaxed, despite the unfamiliar and supersensitive feel of my bare glans. Then she opposed her thumbs and used them to squeeze my glans between them. After a few minutes my erection subsided and the foreskin slid forward to its accustomed place. “You’ll have to be careful of that, and keep on stretching the opening, or you may get it caught there”, she said.

Thanks to the efforts of this kind and knowledgeable lady, I find myself the proud possessor of a fully mobile and supple foreskin which is a delight to all the girls who have handled it, and of course to me. I have kept up the habit of ballooning my foreskin quite frequently when I pee. I find it produces a pleasant sensation of tension and helps to keep the smegma to a minimum. Is this habit widespread, and is its value as a means of reducing adhesions generally recognised, or was it just a flash of inspiration on the part of my lady friend? I’ve never seen the subject mentioned before, but there must be others beside me who have experienced it: let’s hear from them!

I sometimes wonder if it was really necessary for me to keep going back to the lady for all the rest of the school year for further stretching, and if she really needed to pull me to orgasm each time. But I didn’t complain!

*Steve J. – London SW10*

## **Making Comparisons**

In issue 3/89, V (Shropshire) certainly seems to have done his homework, or rather his fieldwork, on the matter of cavaliers and roundheads. I had not realised there were such opportunities for regular viewing of others wanking, and without any awkward personal contact. His findings about the relative numbers of cavaliers and roundheads, however, I find completely contrary to my own experience.

Like many of your readers, I am sure, I have been fascinated by other’s private parts for as long as I can remember. At Grammar School during the 60s the showers and changing rooms gave ample opportunity to satisfy one’s curiosity and, I suppose, enjoy a little exhibitionism oneself.

I think it was in the second year, aged 12 to 13, that I was particularly keen on ‘cockspotting’. I would attempt to observe every other boy in my class and year in the nude and to gauge what sort of cock he had. At that age there was a very wide variation in development and characteristics to observe. Some were still little boys and others were definitely young men.



Every cock was different: Roundhead/Cavalier? Knob partly exposed? Short/Long? Thin/thick? Was the knob pronounced? Pubic hair: how much, and what colour? Were the balls conspicuous? A special treat, of course, was when perhaps a few Sixth Formers would be showering and you could watch their long cocks flop and sway as they walked. I wasn't the only one who showed an interest in that.

I took down one of those long school photographs I have. Twenty years on, I can look at the faces and remember the cocks of 53 of the faces on the photo. Ten of them were roundheads. I wonder whether being a roundhead himself, our correspondent made sufficient allowance for the fact that for many of us cavaliers our foreskin retracts naturally as soon as we start to become erect. I sometimes observe myself in a mirror and watch the knob gradually revealing itself fully as my cock stiffens and grows.

Around that age I was always ready for any fun and games with anyone who was interested, either in a quiet corner at school or at Scout Camp. I have very fond memories of those times. Are there any readers who would be interested in swapping accounts of exciting experiences at that age?

*J.R. – Telford*

## **Circumcised At 20**

Dear Tony: Many thanks for my membership in *Acorn*. I have been looking for a group in which I could join in a discussion about circumcision and related issues with informed, reasonable people. I am 27, married for three years to an American, and am living in the Boston area until we move to Britain, hopefully within the next 12 months. I discovered your group through the entry in Tuppy Owens' *1989 Sex Maniac's Diary*.

Shortly after I was born my parents took me to the doctor and asked whether circumcision was advisable. To their disappointment (I think), they were told that it was no longer considered necessary so I was brought up in a state 'au naturel' with a foreskin that fully covered my glans, although there was never more than an eighth of an inch or so of overhanging skin. I was never aware that other males were equipped significantly differently: in school I did not notice that anyone was different to the overwhelmingly foreskinned majority. Looking back, if anyone was circumcised, he was very discreet, maybe through awkward feelings of not being the same as the rest of us.

I discovered masturbation when I was 14 and over the next few years I perfected the art of gently rubbing the prepuce backwards and forwards for the best orgasm possible.

The earliest recollection I have of the mention of circumcision was when Jimmy Young had it as a topic of interest on the 10am-1pm slot on Radio 2, in about 1975 or 1976. About the same time it was discovered at school that

someone in the class a year ahead of me had been circumcised, which was used as joke/embarrassment material but the last laugh turned out to be on the joker, as the boy concerned suddenly found that the girls were more interested in him.

Throughout my teen years I gradually found out more and more, expanding particularly in February 1981 when I read an article by Keith Gordon in *Knave* vol 13 no 2. It was as a result of this that I first seriously considered having myself trimmed. I didn't do anything for over a year: the problem was finding a doctor willing and able to perform the operation, and I certainly wasn't going to approach the family GP. Eventually I wrote to Keith Gordon somewhere in Cumbria, and I also wrote to *Forum*. Both advised me of the name and address of a Harley Street physician, so in November 1982 I finally got up the courage and made an appointment. He sent me a prescription for anti-erection pills, so the stitches wouldn't pull out in the early days after the operation. On Saturday 20th November 1982 I masturbated with a foreskin for the last time, and took the first of the pills. The following Friday at noon I arrived in Harley Street. I was extremely nervous, as I am sure many other *Acorn* members may have been, but the doctor was very matter-of-fact and he got on with it.

The only discomfort was when he injected the local anaesthetic each side of the base of my penis. He asked me whether my penis was its normal size and proceeded to draw a line around it. This was followed (I wasn't watching) by the odd sensation of scissors cutting away at me. Suddenly it was over, and I was stitched and bandaged. It took a total of half an hour. I dressed, noting his advice that tight underwear (necessary on this occasion to keep everything in place) could be harmful to fertility. I then paid the £50 and left.

The first 6 hours were a little messy as I bled a little more than I expected, but nothing serious. I faithfully kept myself clean and used the sterile bandage the doctor had given me. This lasted 4 to 5 days, and the stitches started to fall out after about a week. Masturbation was possible a few days later, 10-12 days after the operation.

On balance I was very pleased with the outcome. I would never again have to bother about smegma, which had never been a serious problem but always seemed to be there unless I was freshly bathed or showered.

The appearance was much neater and cleaner-looking. As aesthetics were a prime motivating factor, this was important to me. And it satisfied a long-term curiosity. There were draw-backs of course: I had to modify my masturbation technique to rubbing the shaft gently, and only just touching the glans as I did so. Over a period of time I found that I tended to masturbate slightly less, but the orgasms were more intense. When urinating I found it necessary to learn the technique of shaking the drips off, instead of pushing the foreskin back and forward to wring it out.

Some of your correspondents seem to have been immediately aware of the sensitivity of a newly bared glans rubbing against underwear. I must say that this didn't happen to me: it didn't feel significantly different. I didn't get raging erections through friction with the cotton, although over the six and a half years since, there has been some loss of sensitivity.

My main regret is that I didn't have sex with a woman before I was circumcised. Looking back I wish I had, just so that I could contrast the two states even better. The only outlets I had had at that time were normal wanking or rare mutual masturbation sessions with my younger brother through my mid-teens.

I also wish that I had found out more about the various techniques of circumcision before the operation. The doctor removed sufficient skin so that I can now only pull the skin on the shaft far enough forward to partially cover the glans, and this is when I'm flaccid. If I had known, I would have asked him to remove as much as safely possible. Indeed, I want to know more about a revision or a re-circumcision operation. Has anyone had a revision? I'd like to correspond with such a person, and maybe see photos before and after. And when I return to Britain I'd like to attend one or more of *Acorn's* meetings to discuss the matter further.

S.W. – *Boston (USA)*

[Dear S.W.: It sounds like Dr Newell who did your circumcision. He used to prescribe stilboestrol to prevent erections, but others do not think it necessary. He retired 4-5 years ago, and so did Keith Gordon more recently. It would be interesting to hear why you want the revision operation which you mention. But be reassured: tightening up is probably even simpler than an initial circumcision. There are at least two medics in London doing revision operations, and one *Acorn* member has been tightened up by each in turn. One charges in the region of £100 and the other about £200. I look forward to hearing more from you, perhaps on masturbation methods before and after, your impressions of the incidence of circumcision in the USA compared with Britain, and women's attitudes. I regret not hearing the Jimmy Young show you mention: do other members remember it? — T.A.]

## Hygiene

Dear *Acorn* Group: I would like to join. As a small comment, I would like to suggest that there are in many families still remnants of the Victorian attitude to children summed up in the comment: "Don't touch yourself 'down there'." Superstitions take several generations to die out. If a child, boy or girl, says "My big toe hurts", the nearest adult will say "Show me your foot". But if a small boy says "My penis (or willy, or cock or whatever) is sore", does he receive the same sensible reply in all families? No. The conclusion is that washing the penis is probably much less thorough or frequent than washing

the feet (and, by the smell in some changing rooms, that is not very frequent either). Perhaps that is why circumcision used to be recommended. Now that it is rare in Britain, what price hygiene?

*E.R. – London NW10*

## **How To Keep Your Foreskin Back**

I was very interested to read the letter from E.S. in *Acorn* 3/89 concerning the possibility of keeping the glans uncovered. I too have made many attempts to do this from time to time. It is a most enjoyable feeling and gives those of us with foreskins the best of both worlds. The method which works best for me is to use a piece of foam rubber (as used for packaging/padding) about  $\frac{1}{4}$ " (1cm) thick, cut to a disc about 3" (7.5cm) diameter, with two  $\frac{3}{4}$ " slits cut at right angles in the centre. Then simply pull back the foreskin and push the glans through the slits so that the foam rests behind the glans rim, forming a collar to hold the foreskin back. So that the foam stays in place, the slits should be only just long enough to let the glans through when the penis is flaccid. The foam expands enough to allow the penis any degree of tumescence from flaccid to rock hard without any discomfort. I find this an effective, simple, cheap and comfortable way to keep the glans uncovered when I want.

*A.R. – Hampshire*

## **Isle Of Man Man**

Dear Tony Acorn, Like so many others, I must congratulate you on the great work you have done with the Newsletters. I have been away since early December, but now enclose a cheque to continue my membership. When I can get a little quiet and privacy I derive much pleasure in re-reading the 1988 newsletters and with more time would write for a book. The 8/88 Issue idea of a survey is good, but probably difficult to achieve widely. I suggest each member provides his own data. Mine are: Size: av. Circumcised: yes. Shaft skin when erect: tight. Age 70, Christian, white.

I was never able to find out why I was circumcised. In my early 20s my mother commented that doctors had been against it, then changed their minds, so I was done at three years old with my elder brother. Later he told me: "Mother wanted you done, so I had to be done too." The ignorance among both cavaliers and roundheads amazes me: many who only have a broken frenulum think they are circumcised. Like one of your earlier correspondents, I like to know if friends and acquaintances are done or not, and it's surprising which ones are shy and which not. I am proud to be one of the roundheads and like to see and be seen.

*I.K.*

## Some Survey Results

I think your idea for a foreskin survey is a great one. I am enclosing my results for January, all of them from a Health Club in North London: not very many, I'm afraid, as the club was closed for a lot of the time. I hope to do better next month.

Person no:	1	2	3	4	5	6	7	8	9	10
Size	av	we	av	av	av	av	av	we	av	av
Circumcised?	C	C	C	C	U	U	U	U	U	U
Glans cover	F0	F0	F0	F0	F12	F8	F10	F4	F10	F12
Opening	0	0	0	0	T	S	T	T	T	T
Age	47	19	24	28	34	34	17	22	34	24
Religion	C	J	?	?	?	?	C	C	?	C
Colour	W	W	W	BL	BR	BR	W	W	W	W

*I.G. – BM Box 2252, London WC1N 3XX*

## Contacts

### London And S.E.

Male, 49, circumcised, cheerful and sensitive, seeks masculine male (50+) for discussions of mutual interests and possibly friendship. Massage, nudity, travel, writing and bridge are just a few of my interests. Photograph and telephone number guarantees a reply.

*I.D.M. – Sussex.*

### Leeds

I would be very interested in making contacts to further my *Acorn* interests. I have already collected some information on the subject, not least a wide range of 'rare' videos. I am 38, white, a company director, single, able to travel and accommodate. I am well endowed, and love anything connected with the penis.

*D.P. – Adel, Leeds*



# ACORN

**1989 Issue No 5**  
(Formerly Issue M)

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

Welcome to the June issue of *Acorn*, the newsletter of the *Forum* group for people interested in 'cockspotting', circumcision, foreskins and everything phallic: the penis, piercing and 'getting the phallus into the best possible shape', whatever that means to you. This issue is the fifth of 1989, planned for publication in June. It contains the usual interesting range of letters, with modifications of the frenulum as a recurring theme.

Past issues have gone out about every 6 weeks or maybe more frequently. But there will have to be a gap over the summer, maybe until mid-September for Issue 6. To compensate, this issue runs to 16 pages, 4 more than our usual 12. We'll catch up over the autumn, especially if you keep sending interesting contributions for inclusion. Some readers have commented on the rather cramped layout of past issues. Unfortunately there are technical difficulties in achieving a two-columns-per-page layout, but this issue has more spacious headings to items, which I hope will help.

**Contributions:** Please keep sending your ideas, anecdotes, comments, information, observations and stories, fantasy as well as fact, provided only that the contributions relate to the theme set out above. This issue includes a survey of Members' members: please respond, indicating clearly whether you are a cavalier or a roundhead. Replies will be analysed in a future issue. We'll also take contact requests (which may be edited if they become too long or too explicit).

**Confidentiality:** Contributions are usually identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to contact another member. Obviously we gain in frankness from being able to write with these guarantees of confidentiality in mind.

**Subscriptions:** Whether you joined in January or later in the year, your £10 annual subscription pays for all the issues, including 1989 back copies. 1988 back copies (about 100 pages) are available for £5. Subscriptions may be sent by cheque or postal order payable to *Acorn*: receipt will be acknowledged (generally by supply of what you have requested). They should be addressed to *Acorn* at the address on the front page.

**Information:** Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give some specific advice. *Acorn* membership includes doctors who have said they are willing to help other members. However, it must be clearly understood that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or



by the *Forum Society* or its members or officers. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so.

A copy of the list of approved (and annually reviewed) Jewish circumcisers (mohelim) is available from *The Initiation Society*. Most only operate in a religious context, and only on infants, but some are additionally qualified and may be willing to help adolescents or adults in non-religious circumstances.

We are contacting Islamic circumcisers with a questionnaire, the results of which (if significant) will be compiled and made available to members.

T.A.

## **Penis Survey**

Dear B.B.: Many thanks for your letter. I am glad that you have found *Acorn* Newsletter interesting. Your suggestion of a penile survey is excellent and I have added a few questions to the ones you suggest. If all members co-operate, we should have a sample of almost 100. The usual confidentiality will apply. Members should, please, write in to *Acorn* with the following information:

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar line from glans rim.
6. If uncircumcised, how much (10ths) of glans is covered, flaccid.
7. If uncircumcised, how much (10ths) of glans is covered, erect.
8. If uncircumcised, is foreskin tight or loose.
9. When standing against a wall with erect penis, what is the distance between glans tip and the nearest part of your stomach?
10. Your height.
11. Your age.
12. Your identification (eg initials and place).

T.A.

## **New Member**

Dear *Acorn*: I wish to be made a member and receive your regular newsletter etc. What a great idea: I have often thought that a movement dedicated to adoration of the penis would be a step in the right direction, and the guy(s) in charge must be really dedicated. My congratulations. Once I have seen the layout, I think I might have some fascinating items to offer.

To introduce myself: I am 46, bisexual, hairy with moustache and sideburns and light brown hair. I usually have my foreskin over the head when working or whatever, but any sexual reaction automatically makes the skin retract. I have only a medium sized cock with a movable foreskin, and love to masturbate in every way, sometimes with the skin back, but other times I draw it to a tight close and then right the way back. When I piss, I choose on the spur of the moment whether to have the skin forward or back: sometimes I slide it up and down whilst pissing. If you ever want to do a full survey of penis habits, I shall be happy to answer all questions. While waiting to hear from you I shall indulge in my favourite pastime...

*Dick S. – Southport*

[Dear Dick: Glad to have you aboard. Perhaps existing members would like to suggest the rituals in which a future new recruit should be 'made a member'. At the very least, he should supply a full set of the measurements requested in the penis survey, I think. — T.A.]

## **My Ultimate Experience**

Dear *Acorn*: I am pleased to be able to contribute what I hope will also be of interest to other readers of your newsletter. I am particularly interested in the strength, volume and distance of ejaculation, and especially the intensity of the satisfaction it gives. I have also used penile exercises (muscle flexing, 'twitching', and 'weight-training' – walking around the house with a wet towel draped over the shaft) to enhance the state of my erection. Now, at the age of 38, I have a penis 5" long by 4" round when limp, and 7.75" long by 5.25" round when erect. I can enhance the latter dimensions slightly by constriction, as described below. I have practised a very satisfactory masturbation technique for a few years: abstinence, followed by prolonged manipulation. If I apply constriction either to the scrotum or to the base of the penis this has a prolonging effect which makes the eventual orgasm exceptionally satisfying. If it follows a long period of abstinence, the result is a powerful and copious ejaculation. The best constrictive device I have found is a lady's stocking, as there is some 'give' in it.

I hope that my ultimate experience is not too shocking to your readers. I must emphasise that I have never and will never indulge in this scene in Britain, but in Brazil, where it happened, such things are both perfectly legal

and quite common. My partner in this adventure was female, looked incredibly lovely, was skilled in the arts of sex, and was only twelve years old! I must start by admitting that I have always been turned on by the idea of having sex with a girl of this age, so during a recent visit to Brazil I was determined to indulge myself in a way which would be unthinkable in Britain. I wanted to combine this with experiments in masturbatory techniques.

I began with a period of abstinence: about two weeks is the right length. During this time I tried to find the right girl: I love sheer beauty, and I needed time to find the best. Eventually I was introduced to a madam who kept a photo album of her girls with all their details: she had about twenty. I spent some time looking, and then chose a stunningly lovely little girl shown wearing a black leotard and described as: Betina, aged 12 (this had been altered twice, indicating the early age at which she had started on the job), white, blond, long-haired, 137cm tall, with a figure 77, 48, 76. I quickly converted these figures to the more familiar 4'6" tall and 30", 19", 29.5".

I soon found myself sitting naked on a bed in a suburban house in Sao Paulo, waiting while Betina splashed in the adjoining bathroom. When she entered the room I gulped in astonishment at her overpowering prettiness: her picture had not done her justice. She was a real flower-fairy of exquisite loveliness. She was quite naked except for a straggly bunch of narrow pink ribbon which fell down one side of her long golden hair. Her breasts were as small as two rosebuds, her legs long for her height and beautifully sculptured and slightly athletic. Only the faintest golden blush of soft down tinged her pubic mound. She came towards me and stood between my open thighs. I reached out to touch her, and as I spanned her waist with my trembling fingers I thought I would come at once, so great was my lust for this thin little beauty. I explained to her that to start with I wanted her to prolong my coming as much as possible. Only after I had come 'in the open' would we have full intercourse. There was no hurry, as I had booked her for the whole evening. As a start I got her to tie a stocking around the base of my shaft. Then I lay back against the bed-head with Betina sitting on my thighs so that she could wank me like a boy would his own prick. Despite her young years she was almost an expert, and within two minutes I was on the point of coming. I tugged on the two ends of the stocking and she ceased her manipulations for a few moments. When my feelings had subsided a little, I allowed her to carry on. Betina interrupted her gentle wanking by stroking my cock against her belly. Then every now and again she would slide her bottom back towards my knees and, bending forwards, would give a few sucks to my aching, tender penis. I had to pull even tighter on the constrictive binding. This caused the veins on my penis to swell and gave the whole shaft a gnarled appearance and made the head grow remarkably.

We had been at this for about half an hour, and it was almost impossible to restrain myself any longer. Loosening my grip on the stocking, I just let nature take over. Betina stroked me against her belly for another half-minute

or so, then I felt the most fantastic sensation bursting through the whole of my lower body. My penis jerked twice then erupted in pumping great spasms as enormous squirts of semen jetted about three feet in the air, spattering Betina's belly, breasts, face and hair with the creamy white fluid. I yelled in ecstasy as my penis continued to squirt its load. Each squirt must have contained as much as a normal ejaculation, and in total there must have been enough to fill a small egg-cup: the ultimate experience had been well worth the fortnight's abstinence! Having waited so long, I was soon erect again: within less than half an hour I was entering Betina. This was an incredible experience, due to her small size, but she urged me on until I was fully embedded in her tight, hairless cunt. Now she really showed her skill: we had a slow and wonderful fuck, resulting in a mind-blowing orgasm for me. I made Betina come herself by indulging in a prolonged 69. She had absolutely no inhibitions, and although I had no come left she kept me firmly erect throughout this.

Perhaps I should feel guilty at having satisfied my lust on such a young child; but in Brazil such things are common and perfectly legal, and what I paid for my pleasure kept her warm, fed, and away from the Square where so many orphans gathered to steal and sniff glue. One guy I met regularly picked up girls as young as nine who would willingly suck him dry for an appropriate payment.

*R.H. – Kent*

[Dear R.H.: Despite the justified clamour in the press against child sexual abuse, this is just the kind of (s)exploitation to which destitute teenagers are being driven by the collapsing British welfare state. At least you seem to have treated Betina with some consideration. Your comments on your constriction and masturbation experiments are likely to be of interest to other members; so would a mention of your cavalier or roundhead status. — T.A.]

## **Frenulum Modification**

Dear Tony: A few years ago I pierced my frenulum (usual method) and ended up with a well-healed hole about 5mm in diameter from which I suspended a gold ring. As I am still uncut and have difficulty with trapped pubic hairs in the rolled-back foreskin, I decided to go one step further and cut the frenulum. This I did by 'strangling' it in two places with catgut, applying a liberal amount of 'Solarcaine' and cutting the dead middle portion with a razor blade. As both ends were tied, there was little bleeding. What should I do about the ends of the frenulum, which are still 'alive' but are unattractive. Should I tie and recut them closer to the shaft and glans, or is this best left to the surgeon when I go for circumcision, which I plan to do soon? And do you know of any useful anaesthetic which can be bought over the chemist's counter, other than Solarcaine and Wasp-eze?

The glans is more exposed now, which is what I had intended. But I am left with two 'stumps' which, several days after they were cut, are still extremely painful to touch during erection. It seems to me that this is because there are some sensitive nerve endings exposed. I have come twice since severing the frenulum by rubbing the sides of the glans only. The loss of the frenulum has altered the pre- and post-ejaculatory sensations altogether: sensitivity is reduced, which is what I wanted anyway. Is this unusual? I can not find reference to retention of the frenulum being of any significance in any of the books on circumcision.

*Iain – Oban*

[Dear Iain: So long as the sensitivity of your two little frenulum tags is not due to infection, there is no cause to worry: the pain will go once healing is complete, which should be within a couple of weeks. The two anaesthetics you mention are useful for such minor operations, but not for long term use afterwards. Wasp-eze includes an anti-histamine, which helps to keep down inflammation. If the two tag-ends of frenulum are still prominent and unsightly some weeks after the operation, they can be dealt with as before, by tying and cutting. But they are likely to shrivel and merge into the shaft skin. A circumcision operator is likely to leave this area untouched, so you are best to achieve the result you want first by your own method. — T.A.]

Dear Tony: It was reassuring to know that I had not created a life-long problem for myself by cutting my frenulum. You were quite right: both ends of the cut frenulum have healed. The one nearest the glans has almost disappeared and the other has shrivelled up to be almost invisible, although I can still feel a small lump where it was, so I think I shall ask the surgeon when he does the circumcision if he will tidy it up for me.

By cutting the frenulum I have greatly reduced the sensitivity of my glans before and after ejaculation, which I am pleased about. Previously as I brought myself off I reached a peak which was so 'sharp' as to be painful. Now there is a much slower build up to the point of no return, taking longer, and followed by a more 'gentle' downward arc.

The initial objective in cutting the frenulum was to help keep my foreskin off the glans. This has been successful when I am erect. I also find that when I masturbate with my hand I am able by using the thumb and forefinger to massage the area between the back of my glans and the top of my cock, which of course wasn't possible before and now creates a pleasant feeling.

I am sure no one cock resembles or feels like another, but I wonder if a cut frenulum might help others who have a sensitivity problem and suffer from acute premature ejaculations. I can personally say that they have nothing to lose by trying it.

*Iain – Oban*

## **Frenulum Problem**

Dear B.B.: I hope that I can help you with your question about your frenulum, though of course you must rely on your own judgment in deciding whether or not to follow these suggestions and advice.

Your photo shows a very neat circumcision with a fairly unobtrusive scar-line about an inch from the glans rim and no loose skin on the shaft when erect: as you say, a quite severe circumcision, and one of which to be very proud. From the appearance of the scar, I'd guess it was done in infancy: am I right? Do you remember anything of having it done? The photo also shows the very pronounced web of prominent frenulum, stretched tightly and causing the head of your penis to turn downward. The short answer to your question is that if you cut through the frenulum, I doubt very much whether there would be a problem with it rejoining as it healed, especially if you ensured a daily erection while it heals to prevent the scar-line contracting. But there is also a more interesting long answer.

Whatever you do, I must emphasise some important precautions.

- (1) preparation: collect together all the equipment you need in advance, and ensure that you have a good couple of hours free of interruption in which to work. Choose a well-lit place to work, provide a seat for yourself and a table (a tray will do) within easy reach for your instruments. Have a wipeable cover for chair and table (a plastic pedal-bin liner is excellent; if new it will be clean).
- (2) sterility: all instruments must be sterilised, if metal by heating to at least 140 degrees C, either in a pressure cooker or (even better) in a dry oven, for at least 20 minutes at full temperature. Plastics etc should be soaked in an antiseptic solution (Savlon, Dettol etc), overnight.
- (3) cleanliness: you should sit and soak in a hot bath with antiseptic fluid in it (not excessively strong: follow the instructions) for about 20 minutes before operating.
- (4) bleeding: if cut accidentally, do you stop bleeding fairly quickly, and heal up well? Unless you do, you may encounter problems and should not go ahead.

First, have you thought of piercing the frenulum? The piercing could then be stretched, which might well reduce the tension which is bothering you, as well as offering other interesting possibilities. Obviously if this solution proved unsatisfactory you could cut it later. The frenal area tends to bleed quite freely, especially when the penis is erect, so don't be alarmed by this. The blood supply is from very small blood vessels which stop bleeding quite quickly, especially when the penis becomes flaccid again. There is no artery in the frenulum: any danger lies in a deep cut into the spongy tissue which

forms the bulk and structure of the penis, and which produces an erection when filled with blood; but working carefully and using scissors rather than a scalpel can easily avoid this danger. Bleeding can generally be stopped by compression: simply cover the bleeding area with a piece of gauze (which can be left in place later) and grip the bleeding area very firmly between finger and thumb, or even between opposed thumbs with your fingers interlinked to strengthen the pressure. If 20 minutes of this is unsuccessful, try cauterising (see below).

A piercing should be made as close as possible to the underside of the glans, so as to involve as much as possible of the frenulum. A 'keeper' is necessary to keep the hole open while it heals. Several materials are suitable for this (a plastic 'quill' toothpick, for example) but probably the best is to get yourself a stainless steel ring closed by a ball (a Barbary ring); the ball is sprung into place with a pair of circlip pliers, and is then secure. Ordinary ear-rings are too easily bent and lost. I don't recommend a key-ring, as it is difficult to get on and difficult to keep clean where the surfaces touch. The advantage of a ring is that it can be moved in the piercing. Choose a fairly thin one, of a diameter which will stay neatly behind the glans rim if you want it there rather than hanging free. The piercing should be made with a needle of the same diameter as the ring. A large sewing needle will do, but if you can get a suitably large hypodermic needle (perhaps from a veterinary supplier) that is even better. You will need something firm (ideally a rubber cork) to press against, and will need to push the needle through far enough for the hole to be the right size. The ring is inserted as the needle is withdrawn: this can be tricky and may need some determination: don't panic! Once in, it helps to stop the bleeding. Keep a good supply of absorbent toilet tissue to hand, as it is excellent for catching any blood, and can be effectively disposed of in the wc. The ring **must** be kept there until fully healed and until any inflammation or swelling has subsided: don't attempt to take it out for at least a month and preferably three, or you probably will not get it back in again. You are unlikely to need much of a dressing on it, but some Fusidin ointment and a single strip of gauze could be used, held together and in place by a little sticking plaster. The ring can be moved around to keep it clean and prevent a scab forming. If the area needs washing to dissolve away any matter adhering to the ring, use a weak solution of peroxide in water, but **not** an antiseptic solution: the antiseptic is sufficiently corrosive to damage healing tissue and to set back the healing process. Once fully healed, you can start stretching it by applying tension. It is possible to use a weight, but probably better to use a rubber band anchored either to a shirt button or to an elastic garter worn just below the knee. You can also get a tapered ring and gradually stretch the hole by pushing more of the ring through. Fusidin ointment can be bought at a chemist: it is Vaseline based and helps lubricating and healing, or sterile Vaseline would probably do. I found that there was considerable pleasure arising from the tension on the frenulum, which kept me aware of the area. Once stretched substantially, the downward pull on your glans will be eliminated. You can

either keep it as a loop or cut it off.

If you want to cut the frenulum, either after piercing it as above or directly, a single cut will probably leave a couple of tags of skin hanging loose, which would spoil the streamlined appearance which you have gained with circumcision. In a boy, the tags would probably disappear with the growth at puberty, but in an adult such as yourself it would be better to cut the frenulum away (excise it) rather than just divide it. Because of the mobility of the skin, it is best to grip it firmly with a pair of locking forceps (obtainable in electronics shops such as Tandy, as well as from medical suppliers). Then two cuts, one from the direction of the tip and the other from the direction of the base of the penis should be made, forming a very wide V with the ends of the cuts meeting at the point of the locking forceps. The best instrument would be a very sharp pair of scissors: check first on a piece of paper that the blades close very firmly on each other, to avoid a pinching effect. Scissors also have a slight crushing effect, which helps to reduce bleeding. But your problem will be to stop the bleeding. If it continues copiously, this can be done by cauterising it: carefully touch the bleeding points with the fine tip of a hot soldering iron and the heat will coagulate the blood and stop the bleeding (the heat of the iron will ensure that it is sterile). A similar Fusidin or Vaseline and gauze dressing can be used, and will need to be changed whenever it gets wet with urine. It would also be wise to use an absorbent pad to protect your clothing from blood: either a pad of toilet tissue, or part of a disposable nappy or a female sanitary towel would serve well, held in place with tight Y-front pants.

A piercing probably does not need any anaesthetic, but excision may well do. Whatever happens you want to be able to complete the job and not be prevented from doing so by pain. Waspeze can be obtained over the counter from chemists, and contains an anaesthetic and an antihistamine: the latter will help to keep down inflammation and swelling; it is sold for wasp stings and is sprayed on from an aerosol can. It stings a little initially, until the anaesthetic takes effect. Ralgex may be worth trying as an alternative, as may be other such sprays sold for treating sports injuries. Try experimenting first, and have two cans available in case the job takes longer than you expect. If it comes to the worst and you end up with a half finished job or really uncontrollable bleeding, your best course is to go to a hospital accident dept, and to say it tore during unusually active sex with your wife (to avoid suspicion of homosexuality/AIDS). But I think there is more than enough advice here to avoid that eventuality.

You can get rings from the following addresses, of which the best is probably Carter, who has quite a good range, including the Barbary rings and the tapered rings: measure yourself up (flaccid & erect) for diameter first (use a pen and a piece of cotton, then a ruler), and phone for current prices.

Mr Sebastian, 321 Panther House, 38 Mount Pleasant, London WC1X 0AP. Tel 01-837 3226



'Have your erotic piercings carried out by recommended piercing specialist. 38 years experience.' (*Forum* advert) Martin Spencer, tel. (0285) 72350 (Gloucestershire).

Personal Jewellery: V.J. Carter, PO Box 14, Winsley, Bradford on Avon, Wilts BA15 1YW tel. (0221) 222240

Edward J. Fenster Jr, 1922 Hoover Road, Zephyrhills, Florida 34248, USA tel: (813) 788 0147.

The essential thing to remember is that it is all very simple really, especially if you know what to be prepared for. I shall be very interested to hear how you get on.

T.A.

Dear Tony: Many thanks for your very informative letter. The details and suggestions are very helpful, and I will let you know how I get on if I decide to take some action against my frenulum.

B.B.

## **Medical Examinations**

Dear Tony: Thank you for all your work in producing the *Acorn* Newsletter. It is most informative and very interesting. I must confess that I always thought that I was alone in my fascination by the penis in all its shapes and forms, and that I had to be some sort of freak. Now I know that many share such an interest.

Like many of your correspondents, my awareness of the penis in its circumcised and uncircumcised states began in the showers and changing rooms during my teens in the late 50s/early 60s. At my grammar school in Essex, virtually all of my age-group had been circumcised at birth. I was no exception and thus I was especially curious to study the penises of the few boys who had been left uncircumcised. I wanted to find out all I could about the two differing states.

One particular aspect of penis care still puzzles me after all these years since my school-days, and I have seen it only mentioned vaguely in past editions of *Acorn*. Just what exactly does and should happen to boys and men at medical examinations? In my case, and with all my circumcised school friends, our penises were not examined, but nor were those of our few mates who were still uncircumcised. Likewise, a year or so later at college, a friend with whom I shared rooms, who was endowed with what looked like a tight foreskin, denied ever having had it examined by a doctor, nor ever being questioned about it.

Living in what was predominantly a circumcised community, these young men may have been too embarrassed to admit to having their penises checked out. On the other hand, if they were telling the truth, then surely the doctors were at fault, as uncircumcised penises need more care than circumcised ones. After all, I and most of my peers were done at birth in order to avoid possible problems later in life. If that was not so, then why on earth were we cut?

During the years since I left college I have met two or three men who have admitted to having had their uncircumcised penises examined at medicals. In each case they claimed that they became erect and climaxed as a result of the doctor's manipulation of their penis. All of these men save one admitted to having quite long foreskins. The one exception, whom I saw naked on numerous occasions in the showers, had a very short, loose foreskin. At his medical for entry to the Merchant Navy the young doctor said that all recruits had to have a thorough check-up prior to going to sea. Thus, despite the fact that his prepuce hardly covered his glans when limp, the doctor still insisted in not only retracting it to see if it was free from smegma behind the glans, but also that it was not tight when erect. He added that in conversations with other recruits, they all mentioned that they had experienced a similar ordeal in the hands of this young doctor.

Perhaps the strangest account of a medical was that given by a student, about the last medical at his public school in 1984. Up to this date he had had an annual medical, and never had his penis been checked, nor had he been questioned about it. But at the last one, when he was in the 6th Form, a new young doctor examined him. This was altogether more thorough. At the beginning, he was told to strip off completely, which had never happened before. At the end of the examination, the doctor told him that, as he had a long foreskin, he would have to check that it was not too tight, as so many boys with foreskins as long as his often needed circumcising. This student friend also experienced an orgasm under the doctor's constant pushing and pulling of his prepuce, and he cleaned him up with a tissue. Eventually the doctor told him that he was OK, but that he must always pull it back when peeing. Then he told him to go and have a shower, where he joined the boy whose medical had preceded his. This chap said, "Not you as well?", for his cock was also very red from the doctor's manipulations. The remarkable thing was that the second boy had been circumcised at birth: the doctor had held his penis shaft and pulled down on it, telling him that he was testing the scar tissue.

I find it hard to believe that circumcised men need checking out in this way, but perhaps medical opinion has changed since my school days, as indeed it has on the whole subject of circumcision. On the other hand, I can accept that uncircumcised men and boys should have their penises examined to see if their foreskin can retract easily and that hygiene is being maintained.

Perhaps *Acorn* readers would write in with accounts of their experiences at medical examinations. It would be especially interesting to hear from men

from other countries. I have heard that in the USA great pressure was put on uncircumcised recruits to the armed forces to get them to have a circumcision. Could you, Tony, let us know exactly how a boy or man, circumcised or uncircumcised, should be examined at the various stages of his life, so as to keep our cocks in the best possible shape.

*M.A.L. – Ware*

[Dear M.A.L.: At birth a boy is checked for undescended testicles and other abnormalities of the genitals, but since the 1950s the foreskin has generally been left out of this examination. My advice would be that by the age of about five his foreskin should be checked thoroughly. In 90 per cent of boys it should be fully retractible by the age of four, but that is psychologically not a good age for him to face circumcision, so it is better to wait at least until he is well established at school if circumcision is required. At this stage it is important to check that there are no adhesions between foreskin and glans, especially at the glans rim. Any that are found should be stretched gently but repeatedly until they part, since if they are left they will become progressively tougher. It should also be impressed on the boy and his parents that he must pull his foreskin back to pee, and must also pull it back to wash under it thoroughly every day.

A similar check at the age of about 12 should see if he is starting to show signs of pubertal growth of the genitals. Again at 15 or 16 a lad should be examined thoroughly to ensure that the growth and developments of puberty are virtually complete. If not, hormone treatment with testosterone should be considered. This is also an important age for a check of the foreskin, to ensure that after the glans has grown the foreskin can still be fully and easily retracted over it. With the additional secretions of adolescence, another purpose of this examination is to see that he is keeping on top of the smegma problem. Should circumcision be thought necessary, it is obviously better to arrange it at this age rather than to allow a potentially far-reaching problem to develop later through frustrations in his sex life, whenever that should start. The opportunity should also be made for him to say for himself if he would like to be circumcised.

Clearly there is much less to worry about if a lad has been circumcised, but I would still wish to check that the outcome of the circumcision gave even tension at each side and that there was no twisting effect from faulty apposition of the cut edges when stitches were inserted. Sometimes a poor circumcision leaves unsightly tags of skin which it might be advisable to have tidied. Sometimes the shaft skin may have become so slack that the glans is covered much of the time, raising the possible need for a revision circumcision. This is often a problem with an obese boy, whose penis may almost disappear in the fat: in such a case, both the foreskin problem and the weight problem have to be tackled. It is as important for roundheads as for cavaliers to check that

the penis and testicles are developing as they should at 12 and that they are functioning normally at 16. — Tony]

## Literary Foreskins

Dear Tony: Here in the UK we seem to be very coy about the subject of circumcision compared with the States where lively exchanges of correspondence take place in the media. Occasionally you see a daring article in a quality paper here, such as that reproduced in Issue 6/88 from *The Independent*, or a previous article in *The Times* reporting on the growing anti-circumcision movement in California. Other than that it is difficult to find informed comment on the subject. Even *Forum* goes through patches where it hesitates to discuss the subject, hence the popularity of *Acorn*.

Very occasionally you see the subject discussed, usually in tantalising brevity, in works of fiction or biography here. A notable example is Brian Aldiss' *Hand Reared Boy*, in which he describes at length his fascination with foreskins, in particular the variety of those of his three wanking companions in boarding school and his resentment at his father for depriving him of his. Another classic is Molly Bloom's famous soliloquy in James Joyce's *Ulysses*, in which he describes her burning curiosity to see whether her new boyfriend is circumcised and her fascination in rolling his foreskin back when she finds he is not. In his *God of the Labyrinth* Colin Wilson describes how a governess unwittingly provokes her charges' erections during a caning and then adopts the habit of retracting their foreskins 'for health reasons' whenever possible thereafter.

To continue, Anthony Burgess describes his irritation with a doctor who pesters him to get himself circumcised to correct a tight foreskin in his autobiography *Little Wilson and Big God*, and Mary Macarthy in one of her earlier novels reflects on the disadvantages suffered by the Jews on seeing the raw-looking genital of a friend's circumcised son. Marie Stopes, the first feminist, enigmatically demands that a playmate for her son, selected from an orphans' home, should not be circumcised. Another famous feminist, Germaine Greer, surprisingly enough is reputed to have declared her distaste for circumcision.

D.W Thomas in his *White Hotel* describes the discomfort of a Russian who, on going into a sauna in the USA, finds he is the only uncircumcised man there. And finally, although Molly Parkin and Fiona Richmond write purely to titillate, their frequent expression of views on foreskins and circumcision is quite illuminating. Molly Parkin reacts strongly against her father's disapproval of her going out with 'a circumcised sod' (a Jew), and Fiona Richmond, on 'entertaining' a Spanish football team, including the reserve, sees fit to declare that every one of them still had his foreskin.

This list comprises those books that stick in the mind after years of reading. I can't help feeling that there must be many other books in which the subject is aired. How about *Acorn* compiling a list? Such material is the bread and butter of your readership.

R.B.W.

Thanks, R.B.W., for giving us a good start. I am sure that other readers will be able to add to it, even with a single title, and I hope they will write in and do so, and will also include pro-roundhead as well as pro-cavalier items. There are many books on the travel and anthropology shelves, some of them in libraries and some in second hand bookshops which may interest readers. The following is a selection of some of the most easily found:

Barley, Nigel (1983). *The Innocent Anthropologist*. (Penguin, 1986)

Barley, Nigel (1986). *A Plague of Caterpillars*. (Penguin, 1987)

Basedow, H. (1925). *The Australian Aboriginal*. (Adelaide)

Bjerre, Jens (1956). *The Last Cannibals*. (London: Michael Joseph)

Bryk, Felix (1934). *Circumcision in Man and Woman: its history, psychology and ethnology*. (New York: American Ethnological Press)

Cawte, John (1974). *Medicine is the Law: studies in psychiatric anthropology of Australian tribal societies*. (Honolulu: University Press of Hawaii)

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## **Foreskin Stretching**

Dear Tony: Very many thanks for the several issues to date, all quite fascinating in their content. I enclose my cheque for £5 for the 1988 back issues.

Further to my letter on foreskin stretching ('Tightskin', issue 2/89), perhaps my method might be of interest? With the thumb and forefinger of my right hand I draw back my foreskin as far as possible behind the glans. With my left hand underneath my penis I use that thumb and forefinger to hold the bared shaft behind the glans. I then roll the foreskin forward with my right hand, over the fingertips of my left hand, so that the foreskin is doubled back on itself. Then I ease out my left hand fingertips and there it is: the glans fully exposed, and it remains uncovered for as long as I wish. In my case I keep it exposed for most of the time, and it is greatly admired when all the surrounding hair is removed (balls and all).

I can stretch the foreskin further by using a roll of tissue (toilet paper) and inserting this under the foreskin: this can be increased in quantity week by week. Tight foreskin? No problem. Easily stretched. Little by little.

*D.N.C. – Deal*

## Circumcision Rings

About two years ago I had a copy of a fascinating book, *Foreskin*, by Bud Berkeley, an American who I think was also the founder of the Uncircumcised Society of America, 'USA'. He discussed many aspects of the subject: childhood memories, experiences in the services, and events in adult life, all concerned with foreskins and circumcision. One reference which I found particularly interesting was to the use of 'circumcision rings', but unfortunately no details of these were given. The reference was in the context of the embarrassment which could be suffered by uncircumcised boys in a community where all their contemporaries were circumcised and it seems that the purpose of these rings was primarily to give the appearance of being circumcised. Presumably it would also achieve whatever were supposed to be the advantages of the operation at that time. As I recollect it, the account in the book is by a man who remembered circumcision rings being fitted to his younger brother aged about twelve by his father. The rings were apparently left in place for four or five years and when they were eventually removed, the foreskin remained in the retracted position to which it had become accustomed, with much the same appearance as that of a penis which was actually circumcised.

This seems to suggest that the rings were not only comfortable to wear for long periods but were also fairly inconspicuous and I imagine there must be many people as well as myself who would like to know exactly how this could be achieved. Does any member have information on 'circumcision rings' or, better still, know enough about them to give detailed instructions on how to fit them?

*E.S. – Salisbury*

[Dear E.S.: Berkeley's book gives very little detail. The fact that the rings were fitted at about age 12 indicates that they must have allowed for the considerable penile growth of puberty, and therefore can not have been fitted around the penis shaft. My guess is that they were fitted in foreskin piercings in a way which held the foreskin behind the glans. This could be easily done by pushing back the foreskin, pinching it together at the side and piercing it in and out parallel with the shaft, inserting a small gold ring there, then similarly piercing the bunched foreskin further round and inserting the same ring there. A second ring would be inserted at the other side of the shaft. In practice great care would be needed to place the rings symmetrically, and it would be best to use a clamp or clip to hold the foreskin in place while the piercings were being made. The bunched foreskin would cover the two small sectors of ring, and to all appearances the lad would have a foreskin which remained permanently retracted. With growth of the penis and disuse of the foreskin, it would probably shrink considerably, and after some years the rings could probably be removed. But it would be essential to keep them in place for a long time, since if they were removed they would be very difficult to put back. They would have to be much stronger than ear-rings, not capable of

being pulled apart under the considerable strain of a powerful erection, and made of a non allergenic metal (gold, surgical steel etc). They should give many of the advantages of circumcision, with reversibility. — T.A.]

## **Balanitis**

Dear Tony: I always thought that balanitis was caused by poor hygiene and an accumulation of smegma. But from several items in the newsletter it seems that those with a tight foreskin and an accumulation of smegma often do not have a balanitis problem. There also seems some doubt as to the origin of smegma and why some men accumulate more than others. I do think that urine can irritate the glans and foreskin: perhaps acid urine is the main cause of infantile balanitis? I think that if it is necessary to retract the foreskin each time one pees, then one might just as well be circumcised. Presumably by keeping the glans as dry as possible this would also prevent balanitis. Views, please.

*Bill – Kingston*

[Dear Bill: Urine is mildly acidic (except with certain illnesses). Balanitis is similar in appearance to 'nappy-rash', which occurs when bacteria react with urine to convert it to (alkaline) ammonia. Bad cases in circumcised boys can result in an ulcer near the tip of the glans, which is why circumcision may be better left until a boy is out of nappies. The problem can usually be prevented by washing nappies properly or using disposables by changing them more frequently. Balanitis is usually confined to the foreskin, and appears to be caused by bacteria (probably from under the foreskin) acting on urine retained by the foreskin. On a recent visit to swimming pool changing rooms, three out of 13 boys aged about 8-10 were seen to have reddened ends to their foreskins, so the problem is fairly common. — T.A.]

## **Keeping The Foreskin Back**

Dear *Acorn*: From early puberty I have been interested in everything phallic. My own cock is uncircumcised, but I have kept the foreskin pulled back since I was 12 years old. I was brought up in a part of Africa where most cocks were uncircumcised, except Muslims and Jews. However I was taught by black friends to keep my foreskin pulled back as they thought it encouraged one to develop a larger cock. They used to rub a herbal ointment on theirs.

I notice when in the showers after playing sport that most in this country are uncircumcised and if they get a partial erection in the showers their foreskins only come slightly back to reveal the tip of the glans. All of my partners, both male and female, have said they prefer a roundhead. I often fantasise about a mixed group in which all the males have large cocks which



have been well developed by frequent use, coupling in every possible position with eager females.

*E.L. – Bath*

## **Feminine Attentions**

Dear *Acorn*: I was about nine when my parents were killed in the blitz. I went to live with my aunty for a couple of years. There wasn't much about me that she liked, but what really upset her was my long foreskin. She was a rabid circumcisionist and treated my foreskin as if it were a loathsome excrescence. She would scrub it in the bath until it was raw, and once took me to the doctor demanding that I be circumcised. He checked me out and then told her not to waste his time: I didn't need it.

This wasn't much comfort to me, though, because she then started a campaign to make me realise what a nasty thing a foreskin was. She told me that nice girls wouldn't look at me: only low-grade girls would have anything to do with a boy with a foreskin. Under aunty's verbal onslaught and frantic cleansing I developed a neurosis about my foreskin and wondered why my parents had been so negligent in not having it removed.

Then my luck changed, and I was evacuated to the West Country. Things couldn't have been more different. I found myself in a friendly household run by three large jolly women with a number of smaller kids. From an atmosphere of fear and worry I was transformed into a happy cheerful environment.

Saturday night was bath night and the three ladies supervised a communal bathing session. The kids were done first and then it was my turn. I dreaded being undressed in front of the women and letting them see my hated foreskin, and so I was horrified when the older one told the daughter not to forget my willy. To make matters worse I immediately got a rigid five-inch hard-on; mindful of the harsh treatment I had received from my aunt, I cowered away, clutching my balls. They weren't having that nonsense! The older one pinioned my arms and held me up straight whilst the younger one bent down to inspect me, chiding me for being silly. When they saw my erection they shrieked with laughter and started tweaking and twanging my rigid plonk. Then the older one handled my foreskin (which was so long that it still completely covered my knob), stripping it right down my shaft as far as it would go, while the other two watched with interest. After a quick inspection she poured a mug of water over it and slipped the foreskin forward again. Not a word of criticism or disgust. I was amazed.

Afterwards the daughter, sensing that I had some sort of hang-up, asked why I was so shy. I told her tearfully about my aunty's views and how I wished I was circumcised. She told me my aunt was a wicked woman to say such things, and that my cock was a perfectly normal specimen and any girl would be happy to have such a well-equipped boy-friend.

She tried to bolster my confidence in my organ in a number of ways, saying that circumcision was a 'townie' fad. Besides, the foreskin was a valuable protection for a man's knob, and a plaything the girls would never tire of. She practised what she preached, frequently slipping a hand down my waistband to fondle the little spout of skin on the end of my cock, and at night when she tucked me in, she would put her hand under the bedclothes and squeeze and tug it with the expert hand of a milk-maid until I had an erection, then praised my development (five inches wasn't bad for an eleven-year-old). The waves of gloom and neurosis which had enveloped me in aunty's house slowly disappeared, but I still yearned for my foreskin to disappear. One night, as she tucked me up in bed as usual, I had the unexpected and unbelievable pleasure of my first climax. I thought I had wet the bed, but she simply congratulated me on becoming a man, and wiped it with a handkerchief. I was never entirely convinced by her remark about 'townies', but I it wasn't until I returned to London to work that I had the chance to get myself circumcised and, finally, achieve the roundhead status which aunty's attentions had convinced me was essential to a proper state of cleanliness in a man.

*H.R.*

### **Scottish Yearnings**

Dear Tony: I can't tell you how much I have enjoyed your *Acorn* newsletter and how much I look forward to each new issue. I think you provide a much needed service for young cavaliers contemplating surgery. I am a cavalier, but have fantasised all my life about what it might feel and look like to be a roundhead, while never having the courage to do anything about it. My fear is that I would not have a second chance, and I might be disfigured for life instead of becoming a sexy glamour-boy. Last year you had a letter from a man who was displeased with his first circumcision. He described his ideal and intended to have a second operation to achieve it. That I admire.

In the sauna I have observed that some unfortunate men have been butchered, while others have found a sensitive and skilled surgeon who took a pride in his work. I have seen many examples of sculptured perfection that look so natural, it is difficult to accept that they weren't born like that. They just can't help radiating male sexuality: what a waste it would be if they had not found such a good surgeon. There are also the many handsome devils with beautiful bodies who have retained their thickly padded foreskins, giving not a hint of what lies below. What a waste – he might as well be fully clothed: if he were neatly and sensitively circumcised, he would be an adonis.

*L.J. – Glasgow*

# **ACORN**

**1989 Issue No 6**  
(Formerly Issue N)

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,**  
**Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

**Hello Again:** Here's another good long issue of *Acorn*. This one includes: contributions on medical examinations, a long article from an *Acorn* who circumcised himself, information about the Uncircumcised Society of America, another encounter in South America, comments about penis hygiene, the significance of circumcision in Simon Raven's fiction, plus some replies to the penis survey: as usual, many letters both pro- and anti-circumcision too. Please keep writing in with your own ideas, anecdotes, comments, stories and observations, information, fact as well as fantasy, on our general phallic theme: cockspotting, circumcision, foreskins, 'getting the cock into the best possible shape' and putting the phallus to its many enjoyable uses. We also take contact requests (which may be edited): more would be welcome.

**Subscriptions:** Your £10 annual subscription pays for all the 1989 issues, including back copies. 1988 back copies (about 80 pages) are available for £5. Subscriptions may be sent by cheque or postal order payable to *Acorn*. Receipt will be acknowledged (generally by supply of what you have requested). They should be addressed to *Acorn* at the address on the front page.

**Information:** We hope that members will learn much from *Acorn*. Some may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or give specific advice. *Acorn* members include doctors who have said they are willing to help other members. It must be clearly understood, however, that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any information in this newsletter must rely on their own judgement, and does so at their own risk.

**Confidentiality:** Contributions are identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to make contact. Obviously we gain in frankness from being able to write with such guarantees of confidentiality in mind.

T.A.

## News Items

**Turkey:** Some 30,000 ethnic Turks have been allowed to cross from Romania (where their religious life and customs have been systematically repressed for many years) into Turkey, where they are being accommodated in tented camps as refugees. Although destitute, one of their first actions is to organise the circumcision of their sons, accompanied by much celebration. (*Daily Telegraph* colour magazine, 27 July 1989).

*Brunei*: “Six heads of state from South-East Asia yesterday met to witness a major event in the little sultanate of Brunei: Crown-Prince Al-Muttadeh Billah was circumcised, thereby taking the decisive step into the ranks of adults, according to eastern custom.

The Heads of State from member countries of the South-East Asian alliance ASEAN, which joins Brunei with Indonesia, Malaysia, the Philippines, Singapore and Thailand, were all present for the ceremony. Before submitting to the knife, the 15-year-old prince drove in a cavalcade of cars through the streets of Brunei’s capital Bandar Seri Begawan.” (*Aftenposten*, Oslo, 4 August 1989). The Indonesian and Malaysian representatives, as Muslims, would understand. But one wonders what the others thought of the occasion: Catholic Mrs Cory Aquino of the Philippines, or the Chinese President Wee Kim Wee of Singapore, or Buddhist King Bhumipol Adulyadej of Thailand.

### **Circumcision In Simon Raven’s Fiction**

Dear Tony: A friend at work lent me some copies of *Acorn* and I was amazed to see a ‘taboo’ subject so openly discussed, with women, too, making forceful comments. Really, how times change! It struck me that your readers might find it interesting to consider a popular writer’s views on circumcision which have intrigued me for years, and the comparison he makes between men’s and women’s attitudes to the subject. If so, they could do worse than read Simon Raven’s wicked satires on public schools, the army and academia, particularly in his latest series.

The theme of circumcision occurs repeatedly in his later books, and Raven has what I take to be a typical public school love/hate relationship with the foreskin: wildly erotic on someone else, but he wouldn’t want it personally! A number of leading characters in his books start off with foreskins but invariably finish up without them, or insane, or dead. On the whole, the male characters in Raven’s books seem to approve of circumcision, rather than actively disapproving of foreskins.

Those women in his books who express an opinion on the subject seem wholeheartedly pro-foreskin. One such, a precocious fifth-former called Baby Canteloupe, describes the intense enjoyment she gets from playing with the uncircumcised penis of a new boyfriend, and the relish with which she experiments with rolling his foreskin back and forward. The boyfriend later undergoes circumcision and, with it, a character change: from being rather shady, he becomes a pillar of society.

Similarly a lady who is married to a Jewish professor insists on her son retaining his foreskin ‘for aesthetic reasons’, despite the natural objections of her husband, and in fact to spite him: she is slightly contemptuous of him. [But note that, as Jewish status is inherited through the mother, there would be no religious obligation to have the son circumcised. — T.A.] When he has to be circumcised in his early teens to relieve a tight foreskin, despite

vigorous manual efforts on her part to free it, she is absolutely devastated. On being circumcised, this boy, too, undergoes change of character and status from a malevolent little swine to Head of School. Raven obviously has a chip on his shoulder if he thinks removal of the foreskin can change someone's character.

From reading letters in *Acorn*, I think the division of attitudes Raven describes is reflected by your readers. Most of the men seem to go for circumcision, whereas most women who bother to write seem to favour the foreskin. Do you think this is the case in the country as a whole? *Acorn* is about the only way we'll find out!

*Yours sincerely, Jim T. – London N16*

### **Wee Willies**

Dear Tony: Recently you asked how the penis is held when urinating. I have observed more men hold their cocks with thumb on top and fingers underneath than the reverse, and they do seem to be the 'working-class' types: taxi drivers, lorry drivers, labourers, etc. 'Businessmen' types seem to prefer fingers on top in an effort to hide their cock from any onlooker, and even qualify their shyness or embarrassment or anti-social behaviour by turning away at a pronounced angle.

Isn't it wonderful, though, to have the good luck to be with a guy who is quite happy to let you see absolutely everything in action, including the exposed testicles! As for myself, I cannot recall any tuition or suggestion from parents as to how to hold it. I have always guided my smallish friend when flaccid with thumb on top or sometimes forefinger. When somewhat stimulated, I piss with thumb on top and one or two fingers below.

I have always enjoyed pissing over myself in the bath. It seems to be, after the purity of soaping and scrubbing, a final act of decadent perversity to raise myself a little out of the water and empty my bladder over myself before turning over in the water and jumping out. I prefer to do this with an erection if possible. I know it is a bit difficult to piss with a hard-on, but if I make sure I'm bursting beforehand, it is much more exciting.

Although many men may regard urinating as a mere bodily function, taken for granted and done when necessary, I feel sure that some fellow *Acorn* members have more than a fleeting interest in the subject. It would be most interesting to hear of experiments, fantasies and experiences of piss activities. I'm sure you will agree that it is a very important and exciting function of the penis and requires more investigation.

*Dick – Merseyside*

## **Penis Hygiene**

Dear *Acorn*: I spent part of my childhood in a boys' home in the North of England. Of this episode, what sticks in my mind is Thursday nights, when 15 naked boys of all ages and sizes were paraded in the showers for their weekly bath, supervised by the nurse, an amiable and dumpy lady whom the boys adored. As I recollect, no attempt was made to teach the boys hygiene of the private parts, but immediately after the bath we were lined up again, naked and shivering, for a 'short-arm inspection'. Nurse would examine each boy in turn, palpating his groin and testicles for hernias before pulling the foreskin right back to inspect the glans. The older boys got erections in anticipation, and so too did some of the smaller ones including myself. Nurse pretended to take no notice, but you could see that she found our response flattering and enjoyed handling so many erect penises.

Two of us stood out from the crowd: one who was circumcised, and myself with an unretractable foreskin. The circumcised lad received minimal attention, but nurse got quite perturbed about my tight foreskin. She would try and stretch the opening over her little finger, provoking a rigid erection, and would then run the skin back and forth, forcing it a fraction further over the glans each time. I found this quite painful but tremendously arousing. She eventually succeeded in freeing the moist purple glans from its hood. I was of course grateful to her, but can't help feeling it would have happened sooner or later anyway.

The question then arises, do we make too much fuss about teaching genital hygiene? I have never found it necessary to wash all the time, and I'm sure that the fact that it was constantly exposed and the foreskin kept mobile with frequent masturbation kept it from becoming offensive. Later, of course, when I started going out with girls old enough to be adventurous, I took a lot more trouble to keep my parts fragrant: only an insensitive clod would fail to do so. But even there I found problems. Too much washing removes all the natural secretions round the knob and until I generate a new coating of moisture I find the dryness quite uncomfortable. Plain water does not help and spit's not much better. Anyone know of a suitable lubricant to relieve a dry foreskin?

*M.D. – Harpenden*

## **South American Encounters**

Dear *Acorn*: Your issues this year have been great. I was most interested in the letter from R.H. of Kent (5/89 issue) about his experiences in Brazil. I had a similar experience in Colombia. A chap approached me when I was sunbathing nude on a beach. After some talk he invited me to come along to a fisherman's hut where there were three others and a girl of 14 years. She had beautiful breasts and her skin was copper coloured (she was a mestizo, half white and half Amerindian). Her main interest was sucking cocks and

then having one man mount her doggy style whilst she took another cock in her mouth. We had the most beautiful sex in various permutations.

It was interesting to see that all five cocks were uncircumcised. One of them had a string of tiny beads wound around his cock on a long elastic thread to a width of about one inch – he said it kept his cock semi-hard most of the time and gave extra stimulation to a woman when he was fully in her cunt. Another of the men had an erection of 8” with a frilly foreskin edge which only came half way down his glans when erect. Watching him fuck our girl was a beautiful experience in rhythm, and he was penetrated by another cock at the same time. I am interested to know if a survey has been made of racial differences in cock size. I observed that the South Americans of mixed blood (Spanish/Amerindian/Negro) were very wide at the base of the penis, but generally not longer than my own 7.5” when erect. I have kept my foreskin pulled back from early puberty, although I am a cavalier. Perhaps R.H. of Kent would also like to enlarge upon his penile exercises in a future issue of *Acorn*? Keep it up!

*E.L. – Bath*

## **Circumcised, And What A Relief!**

Dear Tony: First let me congratulate you on an excellent newsletter. I enjoy it so much! It's not before time that the whole fascinating subject of the penis and indeed circumcision were brought out into the open for discussion. I certainly hope that through the newsletter guys can see that there are many other guys interested in foreskins and circumcision, and that perhaps they will benefit from the knowledge.

My own story is fairly typical. All through my teenage and twenties I struggled with the problems of a tight foreskin. In detail, I had difficulty retracting the foreskin, my glans was super-sensitive to the touch, smegma and smell were constant problems, and the 'rose-bud' of skin at the end used regularly to split and was often sore. My glans was also often very red and sore, which made washing it a nasty experience. I am sure you will agree that I was in a sorry state.

I had hoped the foreskin would loosen over the years, but it didn't. I'm now 34. At the age of 30 I decided to do something about it. So I approached my GP requesting a circumcision for tight foreskin and hygiene problems. Unfortunately the doctor was totally unsympathetic, and would not examine me, still less refer me to a consultant. I was so angry at his uncaring attitude to my definite problem. Shortly after that I discovered the Surgical Advisory Service, and within a few weeks I had lost (most of) that useless piece of skin.

It seems I was cut in the Islamic style, i.e. with most of the inner foreskin retained. I was immediately aware of the new clean look and feel of my cock.



It was truly wonderful not to have to battle with the smell and smegma any more. I also had great fun learning new masturbation techniques. The only problem with that style of circumcision was that the remaining skin tended to partially cover the glans when flaccid. I had hoped when having the operation that the glans would be totally and permanently exposed, which I regard as being of the utmost importance.

Having lived with that style for a couple of years I knew that I had to have it re-done. Eventually I managed to have a revision performed by the NHS in March 1988, having moved and found a sympathetic GP this time. The new style seems to be very similar to the Jewish form of the operation, with most of the inner foreskin removed. It is much better as the glans is now normally exposed and it now has a nice healthy pinkish-grey colour. The glans has now become less sensitive (something I particularly wanted) and I am now able to masturbate for long spells (up to one hour) before having a fantastic ejaculation. I can also now masturbate in a variety of ways: with lubrication (saliva, KY, oil); without lubrication; stimulating the glans only or shaft only, or both. It is now so varied! When I had a foreskin I could only do it one way.

Circumcision to me has been one of the most important events in my life. I do not see any disadvantages, and I certainly feel that those who feel mistreated are unaware of the difficulties a tight foreskin can bring. Some guys seem to treat circumcision in the same terms as, say, castration, i.e. 'poor chap, fancy having your foreskin chopped off.' That seems totally mistaken, as circumcision has brought me the joy of always having a clean cock and much more pleasure sexually, particularly in masturbation. I am certainly proud to be a roundhead and, in communal situations like pool changing-rooms, saunas, and at the naturist beach I do not hide behind my towel but 'let it all hang out', as I want people to see that I am a Roundhead and not ashamed to be seen as one. To me, being circumcised is far more natural than having a foreskin tightly enclosing my glans.

There is still one slight problem. As I am rather small when flaccid, the skin will still partly cover the glans when I bend down or sit in certain ways. As I have previously mentioned, I feel that to be properly circumcised the glans should be totally and permanently exposed, and I now am considering a further revision with that aim in mind. I appreciate that you have to be careful about taking too much and thereby causing erection problems, but it seems to me that as I have quite a lot of shaft skin flexibility when erect I could have another  $\frac{1}{2}$ " to  $\frac{3}{4}$ " removed without difficulty. In issue 5/89, your reply to a letter regarding medicals makes it clear that you are also of the opinion that the glans should be clear of covering skin and I do so agree. In the previous issue 4/89, I note that an *Acorn* has had two revisions performed in London, and it would be a great help to know the names and addresses of the doctors concerned. I appreciate that you will not be recommending them to me and that it is totally my own decision. I guess that one of them is Mr Hasan of the Surgical Advisory Service, but then I may well be wrong.

I should mention that I have a copy of that priceless, amazing book, *Circumcision, an ethnomedical study*. It is certainly a book of great value to me and I find it endlessly fascinating. The photos of the two Turkish boys becoming *Acorns* are instantly memorable. I also find the personal accounts at the end of the book interesting, and often re-read them. I consider the witness to such events to be extremely honoured: how fantastic to see and record the cutting of that useless skin and the person emerge as an *Acorn*. Actually I have an intense desire to be present at such an operation and I wonder how I may achieve this aim? I wonder whether a detailed video exists? Anyway, keep up the good work.

M.H. – London E12

[Yes, both Mr Hasan and Dr Sifman do revision operations. The revised edition of *Circumcision, an ethnomedical study* is available from *Acorn* for £20, to include secure packaging and postage. It runs to 202 pages and includes extensive line drawings, illustrations and statistics. — T.A.]

## **USA — The Uncircumcised Society of America**

Some *Acorn* readers may be able to get current and/or back copies of *FQ*, the official journal of the Uncircumcised Society of America. (*FQ* stands for *Foreskin Quarterly*). It is an A4 size printed magazine published quarterly at \$3.50, illustrated with photos and drawings, with articles and contact adverts about foreskins plus regular reports from US *Acorn*, the pro-circumcision organisation. The *FQ* subscription is \$14 for four issues from Desmodus Inc, PO Box 11314, San Francisco, CA 94101, tel (415) 978-5377. USA club membership is \$25 (including *FQ*) and correspondence should be addressed to Bud Berkeley, PO Box 26011, San Francisco, CA 94126. There is also an organisation called ENIGMA 'for persons into genital modification in its many forms on a fantasy or reality level', with a quarterly members-only newsletter: its address is ENIGMA, c/o Lafargewerks, 2329 N. Leavitt, Chicago, IL 60642 (I have not seen this, but it sounds interesting). Be sure to state that you are over 21 years of age in any correspondence to any of these organisations.

## **Revision: And Attitudes To Circumcision In The USA**

Dear Tony: It was Dr Newill who originally circumcised me, and it appears that I am not the only *Acorn* member to have paid him a visit. Though no longer in practice, it was to him that *Forum* used to refer enquiries for circumcision in the 1970s. He used to prescribe stilboestrol to prevent erections, a precaution no longer followed.

So why am I considering a revision? Again, the principle reason is cosmetic, for the same reason that I never particularly liked my foreskin in the first place. My circumcision is relatively loose, with about 15mm of inner

foreskin remaining on the upper side of my penis, and slightly more by the frenulum. This skin tends to bunch up behind the rim of my glans, and when I am completely flaccid I can pull it most of the way over the glans. This isn't quite what I was looking for, although I didn't know enough to realize it when I first visited Dr Newill.

People tell us that moderation is a good thing in most matters, but in this case my feelings are not moderate: I wish to be completely, utterly circumcised. Including the removal of the frenulum, although I want to know much more about the method and implications of such an excision.

Masturbation methods? Before my circumcision, my customary position would be lying on my back on the bed. I would fully grip my penis, firmly but not tightly around the shaft, using the same grip as you might use to pick up a can of pop (not that I'm anywhere near comparable in thickness!) I would then pull the foreskin back and forward over the glans at a steady rate, maybe 2 or 3 strokes a second. This would speed up as I neared orgasm, of course, and I always tried to time my ejaculation on a down-stroke. I found that this produced a more explosive orgasm, especially if it had been two or three days since my last wank. It also ensured that the semen would shoot further, and it made wiping up afterwards easier as less semen tended to get on my hand or penis. I would normally place a pair of underpants on my stomach to receive most or all of it, to avoid having to go to the bathroom afterwards.

And since my circumcision, the basic position and grip remain the same. The only difference is that now I rub the loose shaft skin up and down, gently rubbing against the glans rim on each stroke. I don't actively touch my glans apart from this, nor do I use any lubricants. Masturbating doesn't take any longer: the speed I reach orgasm is entirely dependent on mood and the length of time since I last came. One thing, though: I find that I am at my 'quickest' after about four days of abstinence. On the rare occasions when it has happened, I have found that after 7-10 days of abstinence it can take a while to remind my genitals of their capabilities. Has anyone else noticed this?

Circumcision in the USA is of course still very popular. Recent statistics indicate that about 60 per cent of boys experience either the Gomco clamp or the Plastibell before they leave hospital. It is a subject of widely differing views, and every once in a while the subject is discussed in the papers or on TV. The rate has dropped dramatically, however, since peaking between 90 to 95 per cent about 15 years ago. There are many reasons, such as:

1. Medical insurers generally won't cover the \$100-\$150 cost.
2. Information and advice, most of which indicate that circumcision is not medically beneficial.
3. Parental concern over possible pain and suffering.
4. Rare but well-publicised mishaps.

5. Lawsuits, notably in California, where parents and doctors alike have been charged with everything from assault to child abuse.

California has a state law that forbids unnecessary surgery without the written consent of the participant. This is a contributing factor to the circumcision rate falling below 50 per cent there. In general the rate is highest in Eastern and Midwestern industrial states, and lower in rural areas. Delaware is the champ, at 96 per cent. Parents tend to opt for the operation for many reasons, such as:

1. So that Jimmy will look like the boy next door and won't be embarrassed in the locker room in years to come.
2. Family history. Your father is circumcised, your grandfather is, your uncles and cousins are, etc.
3. Cleanliness. This reason is magnified, since the vast majority of American women have never seen a foreskin and have no idea how to care for an intact penis.
4. So that it won't have to be done later in life.
5. Disease. Rumours that wives of foreskinned husbands have a higher rate of cervical cancer circulate: they have largely been discredited. However the American Academy of Pediatrics on March 6 1989 altered its policy and indicated that circumcision can prevent some urinary tract infections early in life.
6. Recently a Boston hospital provided another reason. They have developed a procedure that uses circumcised foreskin in the treatment of burn victims.

Women's attitudes? I have the impression that the woman tends to be the decision-maker about circumcision. In some ways this reflects a society that is matriarchal in some respects. Generalization isn't fair of course, but in the normal American family structure, responsibility for health care tends to fall on the mother: just an impression.

As for women's attitudes towards sexual partners, circumcision is their expectation, it's the norm, and no big deal. The few women with whom I've discussed the subject seem to have a quiet, amused curiosity about foreskins, though. Maybe that's why European visitors are sometimes very popular!

*S.W. – Massachusetts, U.S.A.*

## **NO-CIRC**

Dear Tony Acorn: Before World War II any excuse was good enough to have your little boy circumcised. After the war circumcision was no longer an option: the doctors declared in their collective wisdom that such justifications

as health, social class, preventing of bad habits, cleanliness, were not valid. In the 1970s even those most ferocious of foreskin removers, the Americans, have been undermined by a band of women who formed NO-CIRC. They gained quite wide support, especially in the western states, in their crusade to preserve the nation's collective foreskin against what they described as an illogical, unnecessary and barbaric mutilation.

But the fanatical foreskin loppers have countered. In a desperate bid to halt the rapid spread of the intact penis, which they condemn as Un-American, they have hit upon a new double-pronged approach, claiming that (1) foreskins make AIDS easier to catch, and (2) foreskins lead to urinary tract infections.

My comments are these: as far as AIDS is concerned, anyone who takes comfort from such a claim deserves to be branded twit of the year. As for the second claim, I'm inclined to believe that the infections concerned are very minor ones which clear up of their own accord. After all, if such infections led to a higher rate of kidney disease deaths, or dialysis demands, don't you think we'd hear about it? As one who bitterly resents a wrecked life as a result of an unnecessary mutilation, I have to ask, what has circumcision done to increase the sum total of human happiness?

*R.B.W. – Bedford*

[To answer your last question, you need only look back to the letter earlier in this issue, 'Circumcised, and what a relief!' Please let us know exactly how your life was wrecked, since otherwise you simply oppose your assertion to the factual and circumstantial evidence offered by M.H. and the other pro-circumcision correspondents whose letters have appeared in *Acorn*.

On AIDS, it seems increasingly clear that the strongest factors facilitating its spread are behaviours which allow the HIV virus into the bloodstream. Shared drug-taking needles are obviously one of these. Others are any form of sex in which there is risk of abrasion or bleeding, anal sex especially. It is possible that the circumcised penis may be less easily abraded, because of the toughening effect on the delicate mucous membrane when it is permanently exposed. But any reduced susceptibility to infection is likely to be only very small: certainly not worth trusting your life to.

On urinary infections and kidney disease, both of them are unpleasant, debilitating conditions. The latter is sometimes fatal, and they are linked. It is a regrettable fact that waiting lists for kidney treatment in Britain are considerably longer than in the US. The US evidence, carefully considered by senior US medical opinion, seems to indicate that the risks of these diseases are reduced by infant circumcision. Why run higher risks for the sake of avoiding a simple surgical procedure? — T.A.]

## **Another Medical Examination**

Dear Tony: Further to Mac of Ayrshire's masturbation method, when I tried it I was damaged inside and out. I must have damaged the urethra, because I remember that having a pee afterwards was a very painful experience. The frenulum, the remainder of the foreskin and the glans all bled.

When I was 28 I applied to work for an American bank as a translator in six languages. To be accepted depended on a medical examination, and I was given the name and address of a specific doctor. I was extremely nervous at the time because I had been ill with duodenal ulcers a few years previously and I was afraid that he would spot something wrong. The doctor in question was well built, a bit like a rugby forward, middle aged, and had a very gruff manner. This indicated that he would stand no nonsense and expected his every order to be obeyed.

First there was a long list of questions, mainly to do with past illnesses: chicken pox, mumps, etc. I told him what, in my opinion, he needed to know. Gradually I relaxed: "This is easy." I thought to myself. Then came the dreaded words, "Please remove all your clothes." With that, he left the room. I stripped down to my Y-fronts, and then paused. Remembering his words, there had been a definite emphasis on 'all'. If I retained my underpants I imagined him returning and saying, "I thought I told you to remove everything." That would have been humiliating, so I removed my last vestige of clothing and lay on the couch. I had never been naked in front of a doctor since the age of nine, and began to feel the beginnings of sexual excitement.

The first job was to weigh and measure me. When on the scales, he moved the weights along the bar. In doing so he brushed his hand against my glans. This excited me, and I had difficulty in suppressing an erection. Back on the couch, out came the stethoscope.

When I sat up for him to listen to my lungs from the back, I noticed, to my horror, that a drop of clear fluid had appeared at the tip of my circumcised penis.

I lay back again and he started to feel around the duodenum and liver area. He asked if I had any discomfort and I said No. With that his hands proceeded to other areas of my stomach, which made my flesh quiver and, in turn, made my penis vibrate. By the time he got to my pubic area I was sporting a full erection. He apologised for causing the erection, but continued to probe around the groin and pubic bone, one hand grasping my penis while the other hand carried out the examination. Then he placed Kleenex tissues on my stomach and said, "I had better leave you to recover." Thus he left the room.

My mind was in a turmoil. I imagined he would write something on the form about me showing 'suspect homosexual tendencies', and that would be the end of that job prospect. The seminal fluid was in full flow, and I thought

that if I were to masturbate, it would all be over in a few seconds. By the time the doctor returned I thought that I would have cleaned up and be back to 'normal'. But no sooner than I had started to stroke my penis than the door opened and in he came. "Is everything all right?", he asked.

I mumbled something about not being able to go into the street in my present condition. His next question was, "Do you want to toss yourself off?" With that I started in earnest. The doctor said that he would continue to fill out the form, and walked towards his desk, which was behind me. As he reached the couch he paused, and the next thing I remember, he was stroking my inner thigh and testicles. This sensation was too much to bear, and I ejaculated with a force which surprised even me. I attempted to clean myself up, but he stopped me and offered to do it for me, seizing several more Kleenexes and getting to work, remarking that he had never seen so much ejaculate before. As I left the building I thought that I would have to keep looking for a job. But my fears were groundless, and I started work ten days later.

Since then I have had a few other examinations but the doctors never attempted to give me an erection. It is my opinion that, as far as adult males are concerned, a doctor who induces an erection does it for his own pleasure, and in the hope that it creates mental turmoil in the patient. As a devotee of nudism, now able to see the world in a much calmer light, my attitude is that if that is what they want, that is what they are going to get. So to any doctors who might read this, should our paths cross, you are welcome to play around with my erection to your heart's content. I will just sit back and enjoy the male blessing of the ability to have an erection. When that ability is no longer there, that is the moment I'll start worrying.

*I.M. – Sussex*

## **Incidents When Young**

The pathway that finally led to my own circumcision had three definitive turning points. The first was an incident when I was nine or ten years old. During one summer, my parents rented two big rooms in a country house near a lake. Several other rooms were rented to other families for the summer holiday. It was quite nice as there were many children with whom we could play all kinds of games. But one of the games was very special.

I don't remember how I got into the situation: I think I had unknowingly trespassed on the bigger boys' secret territory. I can remember a hut they had built in the woods. Anyway, they thought I needed to be punished. I was taken, struggling and terrified, to some kind of basement room while they talked about the punishment. One of the boys called, "Let's draw him on the guts." I had no idea what this meant, but I thought they would hurt me and I was very scared.



In the middle of the room was a thick wooden support, standing from the floor to the ceiling. Suddenly they pushed me towards it so that it was at my back. Then my hands were firmly tied behind the support. I was their prisoner, and they threatened to torture me unless I kept quiet. I was totally at their mercy, and I realised that by trying to fight back I would only make my situation worse, so I did not dare say a word. All the boys stood around in front of me, excitedly urging each other on. Then, with keen hands, one of them unbuttoned my shorts and snatched them down. A moment later my underpants were around my ankles as well and my small, hairless private parts were in the open air for all to see. Then one boy grabbed my prick, and it stiffened a little. I can remember it well, because I had wondered why it sometimes stiffened. All I knew then was that my prick was only for peeing. As he kept on fingering my prick, I looked down in apprehension, wondering what he was going to do to it. Then, all of a sudden, I felt a very sharp feeling; not pain, but like an electric shock, and now my foreskin was pushed back and my bright red, glistening and shining glans was exposed for the first time ever.

I was stunned. I had no idea that such a thing could be done. The boy still had hold of it, and he kept my foreskin pushed back very firmly, while the others all looked closely at my virgin naked glans. The sight of my own naked glans excited me very much, and I got a violently throbbing erection. Only when they had all had a good long look, they released me. I can still remember very clearly how one boy, the smallest, said: "Are you happy now that it's done?" I was bewildered, shocked, but also excited. The incident taught me for the first time that the foreskin could be pushed back. I did not possibly understand why it was like that, but soon I got into the habit of drawing my foreskin back to look at my glans when I was lying in the bath. It was curious how it came into sight. I almost always got an erection while doing this, but I was too innocent to understand how to take the next step.

Incident Number Two came when I was twelve. I went to school as usual one morning in early autumn. When I entered the classroom, at once I noticed that something was going on. All the other boys were ominously silent, not shouting and calling to each other as usual before the lessons began. I had been off school with a cold for two days, so I knew nothing. Then one boy said: "Don't you know? We've got to have a medical examination during the gym lesson. The gym teacher told us yesterday to wash ourselves thoroughly clean this morning, *everywhere*. Are you clean?" My heart went boom-boom. Wash everywhere? That was ominous. Then I remembered how one of my friends at another school had told me how all the boys in his class, when they were between eleven and twelve, had had a balls-check, as he put it. It meant that during their medical examination, for which they had to be nude, a woman doctor had very carefully examined and fingered their testicles (I guess to find out if they were properly descended). One of his class-mates got an erection, but the doctor just smiled and told the boy to relax. Now we were all aged 11-12: would it be our balls-check? I was a bit frightened, but also in some



way I wanted it to happen: it was a thrill.

Then it was time for the gym lesson. We sat on the benches in the changing room, waiting for what would happen next. Our gym teacher came in with the doctor, a friendly-looking young man. The teacher asked what clothes, if any, we were to keep on. "Underpants only", said the doctor. So we all undressed to our underpants. Then our teacher explained. "You, next to the door of the gym hall, you'll be first. While he is there, you (that was me) watch the door, so that no-one goes through it before he returns. After that, you go in and you (the boy next behind me) stand by the door, and so on. Do you understand?" We nodded silently, and the first boy went in. After a few minutes he returned and we all surrounded him and asked: "What happened? Did it hurt?" and so on. He was bright red, and looked very embarrassed. He did not say a word, but just began to get dressed. What had happened in there?

It was my turn, and I would soon have to find out. I went in, and the doctor, sitting at a small desk, motioned me towards him. Behind his desk was another at which the gym teacher sat. He passed the doctor my health record card, and the examination began. It was the usual thing, looking in my mouth – say ah! – listening to my heart and lungs. Then a pause. Was that all? No balls-check? My heart was beating vigorously. He was looking at the card. Then he said, "Well, now this." As he said it, he put his hands on my underpants at the sides, took hold of the side seams, and gently but firmly pulled them down to my knees. I saw flames. He looked at my small, hairless prick and balls for a while. Then he touched my scrotum gently with his fingers: a balls-check indeed. Then, saying "Now this", he grabbed my prick with his thumbs and forefingers on both sides, right in the middle, and lifted it to a horizontal position. Then he simply pushed my foreskin back – by now it went quite easily – and looked closely at my naked glans. At once, in my thoughts, I was back in that basement. To my horror, my now-erect prick started pulsating. To make things worse, I could see the gym teacher only two meters away, staring insolently. My prick went stiffer and stiffer. Then the doctor just smiled and said, "All OK there too", and flicked my foreskin forward again. The examination was over. I walked back and got dressed. I don't know why, but I had been strangely very excited when I saw how my own glans came to sight as the doctor pushed the foreskin back. I think this feeling might be one of the many reasons for the origin of circumcision: mankind probably invented it during the Stone Age.

Just a few weeks later Incident Number Three occurred. It was perhaps the most decisive on my road to circumcision. A new family moved into the flat next door. They had three children, a girl of about 20 and two boys, one 14 and one 12, my age, called Peter. I liked him, and we soon became friends, as children that age do. We played all kinds of games together, but sex was never mentioned between us. Then, one day, the boy who had told me about the balls-check said that when they had been weighed and measured at school they had all been nude. They had all noticed how Peter was different. "How?",

I asked, of course. He said, "His prick was different." I was very curious to know more, and he said that it was not that it was exceptional in size, but it was a different shape. He said, "It was not sharp and tapering at the end, but round and blunt, stumpy." Of course I wanted to know more, but he couldn't explain it any better. I had to find out myself.

So, when we were playing one day I simply suggested to Peter that we show each other our pricks. At first he did not like the idea, and refused. I tried to persuade him. I had made a scale plastic aeroplane model of a Fairey Gannet which he thought was marvellous. I promised it to him if he would show me his penis. This did the trick, and he agreed. We decided to meet at his place that evening, when his parents would be out. I rang the door bell, and as he opened the door we grinned at each other. We went to his room and started a game of Monopoly. His parents were about to leave. His mother gave us some biscuits and lemonade, and told us to be good. As soon as the front door shut behind them I wanted to begin, but he said we should wait in case they came back for something they had forgotten. We went on playing, and after about ten minutes he said: "OK, let's go to the bathroom."

I remember clearly that my penis was as stiff as a pencil in my pants, so stiff it almost hurt. When we got to the bathroom I said: "Starkers?" and he nodded. In a few moments I was naked. I undressed much quicker than he did, so that I could watch him. When he just had his underpants on, he seemed to hesitate. I said I had been told that his was different, and he said: "That's right." "Let me do it", I said, and began to pull his underpants down slowly, like the doctor at school. He didn't mind, but commented on how stiff my prick was. As I pulled his pants down he looked down, smiling. When his penis finally came in sight, I was speechless. I hadn't seen anything like it in my life. I was more than stunned to see that there was none at all of the "elephant's trunk" which was at the end of every prick that I had ever seen. The glans was completely bare, the rim and all. There was also a very peculiar ring on the shaft, about 1-2 cm behind the rim. I looked more closely, and it seemed like a scar. "What has happened to it?" "It was cut." "When?" "A couple of years ago. My brother was cut as well. They call it circumcision." "Did it hurt awfully?" "I was put to sleep, so I couldn't feel a thing. But it hurt quite a lot for a couple of days afterwards." "Why on earth was it cut?" "My parents said it had to be done." "Well, was it necessary?" "I don't know, really. They just took me to hospital, and it was done there." As we talked, he, too, got an erection. I touched it and noticed how the skin was taut, not wrinkled along the shaft: so taut that it curved slightly upwards. I was astonished and amazed. Why had they cut his prick? "Does it bother you?" "I didn't like it just after it was done, but it doesn't bother me any more now." "And your big brother was cut as well?" "Yes." "And they just said it was necessary?" "That's right." "But do you like it like that?" "Why not? I don't worry about it any more."

Now it was his turn to examine my stiff prick. Like an expert, he pushed back my foreskin. "You see, this skin was cut away," he said. Then he started

sliding my foreskin back and forth, and I got a very strange feeling right in my penis. "What are you doing?" "Just watch." I leant against the edge of the bath tub and watched while he continued. Now my glans was covered, then exposed, then covered, and so on. The strange feeling grew stronger and stronger, then there was a feeling like thousands of ants on my legs, and the tickling sensation right in the end of my prick grew immense. My eyes closed and I saw lightening. Then I was panting for breath, and felt like collapsing. My prick end was bright red, and how it throbbed. "That's a wank", Peter said. "Didn't you know about that?" "A wank?" "Yes. Didn't you like it?" "Marvellous. How did you find out?" "My brother showed me. We often wank each other. Now it's your turn."

So I grabbed his prick, but the skin on his shaft could not move much, so I could just twitch the end. "No. Use this." He took a bottle of some kind of cleansing cream and poured it all over his prick and my fingers. Now his stiff prick was slippery. He told me to concentrate my fingers at the head of his penis. I rubbed his glans to and fro, and as I did so I noticed how his stomach moved in and out. He began to sigh and pant, and then his whole body jerked, and he told me to stop. We stood there a long while, just looking at each other's penises. It was marvellous, my very first time. "Now you know how to do it." "Your brother showed you, then?" "Yes, but he is different. There is hair around his prick, and when I do it to him, his prick squirts." "Squirts?" "Don't you know anything? He squirts semen from his prick, just like a grown up. We'll do the same soon." Having a big brother, he knew so much more than I did.

After that we had these sex sessions quite often. But that very first time was still the nicest of all. To be wanked to my first climax by a beautifully and totally circumcised boy: that was a thing to remember. We wanked and wanked. Soon we both began to squirt, only a drop or two at first, then much more. We started to grow hair. Then he moved away, I was alone, and these happy years ended. But now I knew about circumcision, and I began to look for more information about it. I read everything I could find. I soon realised that each time I wanked, my fantasies were the same, about circumcision. They still are. Circumcision and everything about it excited me erotically. It still does. It wasn't long before I wanted to be circumcised myself. I dreamt of converting to Judaism, or being captured by a gang of furious Arabs and circumcised by force, and so on. Then I saw a picture in an American medical book. It was a close-up photo of the erect penis of a young teenager. But the startling thing was that it was very, very nicely circumcised. Not the slightest bit of loose skin. Everything on that penis was totally bare, for ever. It was too much. I had to get myself circumcised, come hell or high water. The only problem was, how?

Then I got a wild idea. From the stories I had read, I knew that the operation itself was a quite simple and trivial one. After all, primitive tribes practice it successfully. If it was dangerous, the custom would have disappeared long

ago. I thought I would do it for myself, or at least try to make a start. At this point I must mention that my foreskin was of the very childish sort: very long but loose and, more important, very thin and elastic, not at all thick and fleshy as is so often the case in adults. In fact, it was a typical elephant's trunk. I decided that I would split my foreskin lengthwise along the upper side, from its orifice to the rim of my glans. As you know, this slitting is sometimes used as a cure for phimosis, at least in emergency. I thought that after slitting it I would perhaps do the circumcision itself, depending on how easy or difficult it was to make the slit. If I could do nothing more and had to seek professional help I could always explain that it had been slit in an emergency. At least then I would also have a 'medical' reason to be circumcised.

I collected all the items I needed: gauze, antibiotic powder and ointment, disinfectant solution, some extremely sharp eye-surgeon's scissors, and, most important of all, some anaesthetizing ointment. Then one evening I decided to go ahead. First I shaved away all my pubic hair to minimise the risk of infection. (I still keep it shaved to remind me about my circumcision.) Then I pushed my foreskin fully back and applied the ointment thickly on my glans and on the inner surface of foreskin. I pulled the foreskin forward again and also applied ointment on the outer surface. Then I wrapped my penis tightly in a small plastic bag so that the ointment would penetrate effectively. I decided to wait for two hours, so watched television and drank some wine.

Then I began. I washed off the ointment carefully. While doing this I noticed how my whole penis, and especially the to-be-wounded part, was well numbed. I pinched my foreskin as hard as I could: I did not feel a thing. Then I cleaned my glans and foreskin, the scissors and everything with the disinfectant solution. Now I started. I pulled my foreskin forwards so that it was on the stretch. I then pushed one of the blades of the scissors in at the opening of the foreskin on the upper side of the penis, until the end of the blade reached the neck of my glans. I could easily see where it lifted up my thin foreskin. Then I waited a second, and began to cut. I was stunned. As I cut my foreskin, I could not feel a thing, and it was as easy to do as if I had been cutting a thin sheet of paper. In a second or two I reached the glans rim and it came into sight. I took the scissors away and looked at it. There was almost no bleeding: just a few little drops. My freshly split foreskin hung down a bit and the upper surface of my glans was bared. I was very much encouraged by this (and by the wine), so I decided to do a total circumcision right away. I grabbed one of the skin flaps on the left side and pulled it taut. Then I put the scissors at the end of the slit wound, a bit behind my glans, and started to cut round and downwards. I soon reached the underside: it was almost as easy as the initial slit. Then I did the same thing on the right, but came to a spot where it hurt like hell. I could only cut bit by bit, a very little at a time. I could not possibly leave it like this, but luckily this sensitive area was not too great and I was able to go on. I reached the underside and cut right through my tightly stretched frenulum: again I could not feel a thing. Now I felt funny and relieved as I saw my cut foreskin fall onto the newspaper

on which I was squatting. I sat there a while, staring at my wounded penis: big red drops of blood were now falling rapidly on the newspaper. But I was so happy to have rid myself of my foreskin that I was not at all worried about the blood. I wrapped it with absorbent tissues to dry it, then I put antibiotic ointment on it, then I sprinkled antibiotic powder all over it and bandaged it firmly and thickly. I put three pairs of short tight underpants on and went to bed. Thanks to the wine I soon fell asleep.

As I woke next morning I could see that I had not bled much in the night, though there was a small bloody spot on my outer pair of underpants. I took off all three pairs, and the gauze bandage was totally red with blood, but not too wet. I got into a bath so that the water would dissolve the coagulated blood: I did not want to tear the wound open again as I changed the dressing. I took off each layer of gauze, and with the final layer my glans came in sight. I knew that now it would be naked and bare for all to see for the rest of my life. This made me immensely happy, and the thought gave me an erection. That hurt, and it took some time and self-control before the erection subsided again.

My penis was no beauty: rather swollen, bruised a red-purple colour, and the wound gaping open a little, as I had not put in any stitches. But there was no infection, and it was not really bleeding: there was just some pink-stained clear fluid oozing from the cut. I rinsed away some blood-clots carefully, then again applied ointment and powder and a tight bandage. I did this every morning and evening for about two weeks. Each time the wound looked less and less nasty, the bruising turned blue then brown and faded. After about two weeks the wound was closed by a scab and was so dry that it did not need a bandage. After another two (or was it three?) weeks the scab fell away and my circumcision was completely healed. You will, of course, realise that I had been in an agony of anticipation for it to heal so that I could try out my newly circumcised penis, and now at last I could. I can remember my very first wank without a foreskin as though it were yesterday. I used a lubricant, as I had done when wanking Peter. The feeling of my fingers gliding back and forth over the exposed rim of my glans was ecstasy, and there was the fascination of exploring the new sensations at the scar-line where the inner and outer skin joined. I can not describe the joy I felt then, and ever since.

*J.H. – Helsinki*

## **Contact**

A.R. – Hampshire would like to hear from any member resident in the south-west Hampshire area with a view to discussion of *Acorn* matters, particularly d-i-y techniques.



# ACORN

**1989 Issue No 7**  
(Formerly Issue P)

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

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## **Editorial**

**Welcome:** again to *Acorn*. This is issue 7/89 (originally called P, but there was no issue O, to avoid confusion with zero). It is extra long to include articles on infibulation, masturbation aids, female circumcision, the review of a novel of great interest to *Acorn* members, plus many letters. I hope there is plenty here to interest you. Please keep writing in with your own ideas, anecdotes, comments, stories and observations, information, fantasies as well as fact, provided only that contributions relate to our general phallic theme: cockspotting, circumcision, foreskins, 'getting the cock into the best possible shape' and putting the phallus to its most enjoyable use. We happily take contact requests (which may be edited): more would be welcome.

**Survey:** The last issue of *Acorn* included a survey of members' members: if you have not yet done so, please respond, indicating clearly whether you are a cavalier or a roundhead. The questions are repeated and the first replies are analysed in this issue.

**Confidentiality:** Contributions are identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to make contact. Obviously we gain in frankness from being able to write with such guarantees of confidentiality in mind.

**Subscriptions:** Your £10 annual subscription pays for all the 1989 issues, including back copies. 1988 back copies (about 80 pages) are available for £5. Subscriptions may be sent by cheque or postal order payable to *Acorn*. Receipt



will be acknowledged (generally by supply of what you have requested). They should be addressed to *Acorn* at the address on the front page.

**Information:** Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or give some specific advice. *Acorn* members include doctors who have said they are willing to help other members. It must be clearly understood, however, that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum* Society or its members or officers. Anyone acting on any information in this newsletter must rely on their own judgement, and does so at their own risk.

T.A.

## **Dangers Of Rolling Masturbation Method**

Ian M (Sussex) comments about “Mac of Ayrshire’s” masturbation method (described in *Acorn* 1/89, p.7), which was to put the penis between the palms of the hands and move them in opposite directions. This was Ian’s first method of masturbating and, he says, “The result was a disaster: there was blood everywhere. I found that I had a number of cuts/tears, including the frenulum. Fortunately an older boy showed me how to do it properly a few months later.” A similar warning has come from another member who tried it. As he has a minor hypospadias (his urethra ends in an opening underneath his penis, level with the glans rim) he was able to inspect his urethra afterwards, finding it very red and bruised. So it would seem wise to use this method only very carefully or not at all.

On peeing styles, if I am on my own or have no objection to the man next to me looking at my penis, I have the thumb on top and the fingers underneath. Frequently, however, I am unable to pee in the presence of other men, or if I do not like the look of the man next to me I reverse the position (so that my hand hides his view of the bare end of my penis).

Iain M. – Sussex

## **Ancient Priapic Religions**

I am interested in reading up on the old priapic religions: Roman, Egyptian, Scandinavian, or whatever. [*Concise Oxford Dictionary*: **priapism**: licentiousness; (pathologically) persistent erection of the penis (from the Greek, Priapos, the god of procreation)]. Is there a member who can recommend good source-books or other texts, preferably in English translation – I flunked O-level hieroglyphics and my Scandinavian would make a Norse laugh.

J.W. – Swaffham

## Circumcisers

**Price Rise:** The Surgical Advisory Service, 108 Whitfield Street, London W1P 6BE (tel: 01-388 1839) has regularly advertised in *Forum*, *The Observer* and elsewhere: Circumcision available in one-hour brief out-patient visit to our London clinic. In June the price rose from £190 to £210, a figure which seems exorbitant, though they have had many satisfied customers/patients. Their Mr N. Hasan FRCS FICA, has consulting rooms at 22 Harley Street, London W1, 01-637 0491.

The following advertisement was in the *Lancashire Evening Post* of 23.5.89. Minor surgery: immediate low cost treatment by consultant surgeons for moles, lumps, warts, varicose veins, hernia repair, vasectomy, circumcision etc. For consultation Manchester and Bolton areas call or ask for information pack. The Chesham Clinic, tel: 021-643 7515. Would any reader contacting them please write in with their impressions as to the service offered and the prices charged.

The Initiation Society has moved from its postal address at 16 Berkshire Gardens, London N13 6AB 01-203 1352 (office, 24.5.89) 01-289 2573 (office), 01-888 1382 (home). They will send a printed list of currently approved and annually reviewed Jewish circumcisers (mohalim). Most only operate on infants and in a religious context only, but some (the medically qualified) will operate for adolescents or adults for non-religious reasons. Their Medical Advisor is Dr M. Sifman, 1 Stanley Avenue, Wembley, Middlesex HA0 4JF, 01-902 3887, worth approaching confidentially for consultation, circumcision, and revisions (second or tidying-up circumcisions).

Attempts to contact Islamic circumcisers via a questionnaire have not been very successful: if any member can help, please write in. Dr A. Singh, MB, BS, DLO, of 12 East View, Deepdale, Preston PR1 5AS, tel. 0772 52409, replied that he has been practising as a circumciser for about 22 years. All 150 operations during the previous year were religious, 90 per cent of cases were aged under 1 year and the rest under 5, and the charge was £40-£50 for a boy under two.

Dr Shaikh, of 48 Queen's Road, Walthamstow, London E17, 01-520 2625 (work) 01-505 5790 (home) does Islamic style circumcisions, without discussion as to the type of outcome which will result, but efficiently and inexpensively, charging half as much again for an adolescent or an adult as for a child under about 10.

Dr David Jackson, 63a Moscow Road, London W2, 01-229 3300, is 'willing to discuss problems of the foreskin and its retention, in writing or at surgery, free of charge.' He opposes circumcision.

## **Weight Training As A Penile Exercise**

Dear *Acorn*: I was very pleased to find that your group is keeping going: so often groups such as this seem to get off to a good start and then, for one reason or another, fade into oblivion. When I initially joined *Acorn* I must admit I was slightly dubious, but to have these doubts published came as a delightful surprise.

The report in issue 3/89 of the meeting in Oxford was interesting. Although it may have been a little disappointing to you to have to confirm a small attendance and that those who were present were rather inhibited, in fact it re-assured me that *Acorn* members are genuinely seriously-minded and not just out for a laugh or a quick thrill. The topics and attitudes canvassed in the questionnaire for the next meeting sound fascinating. Unfortunately I don't think I will manage to get there, but best wishes for a successful meeting.

Regarding keeping the cock in good shape, I agree with M.M.G. – N.Yorks, when he says he has not found any commercial products really satisfactory for enhancing size. I've found, like him, that a shower spray, turned full on and as hot as you can stand it, is more effective than any 'erection cream'. I did find, however, that massaging afterwards, when the prick was hot and swollen, using an ordinary 'cold cream' or vaseline, could be done in such a way that girth and length were increased without in fact achieving full erection. It was then very pleasurable to restrict the hot and expanded cock in the skimpiest and tightest of briefs. Other members might feel this is perhaps masochistic – it is hard not to resist the temptation to bring oneself to the ultimate, but with an effort of will it can produce a new sensation which is very rewarding.

Perhaps, even for men with only an average sex drive, one of the most difficult things is to control cock stimulation and I've found a form of 'weight training' very helpful. As members will know, there are no muscles in the prick itself, but there are muscles at the base and between the legs which can be developed. This method is more fun with a partner but can be just as well practised on one's own and does not require any expensive equipment. It may be a little difficult for uncircumcised members, but with a little imagination I'm sure an adaptation could be worked out.

A small strap – possibly an old leather watch strap – is fastened immediately behind the glans with a string attached on the underside. The string is used to tie on graduated weights. Preferably you should stand (but it can be done sitting on the edge of a chair or bed so that the cock is free) and gently apply stimulation, which can be either manual or watching a video or reading eroticism of leafing through a magazine – whatever you find most exciting. As the cock begins to rise, fix a small weight to the string; if it still rises, add more weights. There comes a point when the weights are too much for the stimulation alone and the muscles have to come into play. It can be surprising how strong these base muscles can be. Not only is it a good genital exercise and enjoyable in itself: it is satisfying when you find you can lift

greater and greater weights but it also, through control, mitigates premature ejaculation. I hope members find this idea helpful. Incidentally, a survey of the angle of erection related to age would be interesting.

*John B. – Canterbury*

[Thanks, John, for your ideas and your support. I hope that, if they have not yet done so, readers will reply to the questionnaire in issue 5/89, which will give the information which John has asked about. — T.A.]

## **Observations**

In my youth there was only one boy in my class who was a roundhead: he was Jewish. The rest of us were cavaliers and never questioned for a moment that Jewish boys were not just born with a different penis from Gentiles. He was a curiosity and tried to hide in a corner when changing for games, but the teacher made him undress in full view of the whole class, poor wee soul.

My own foreskin could not be pulled back and it was not until around puberty that another boy informed me that his foreskin could pull back to expose a head just like David's. I *must* have a similar head if I pulled and stretched enough. I pulled and stretched, tearing the adhesions daily, until the head was exposed. From that day to this I have been turned on by the sight of a well-proportioned roundhead and the knowledge that if I could pluck up the courage, I too could look like that.

In the sauna I have been fascinated by two complete opposites. One man has obviously had all trace of his frenulum removed but the full length of his foreskin is retained at the front. Sometimes the head is completely covered with no opening at the tip for urinating. The foreskin covers the whole head like a hood and the opening is on the underside of the head where there is not even a wrinkle of surplus skin. At other times he uncovers the head and the front skin bunches up in a huge spare tyre like a swelling, while underneath is tight as a drum: it must pull his scrotum up if he has an erection. It is very curious and very interesting, yet he seems unaware that people like myself would love to ask some very personal questions. In *Acorn* 6/88 you have a letter from a man (F.S. of Hants) who has not been circumcised but has had his frenulum cut. That sounds exactly what this man had done. I would be interested to hear if this allows the foreskin to be kept back exposing the whole head, or pulled over to cover the tip like an anorak hood: I think anorak hood describes it best – very sexy!

The other one has a small but beautifully circumcised penis, tight as a drum with not a wrinkle of surplus skin to be seen at first glance. However on the underside he seems to have retained an outsized over-developed frenulum,

sometimes just an empty bag of wrinkled skin and at other times it is swollen and filled with blood like a growth. This is apparently very sensitive. He pulls and stretches it until it hangs like a pigtail of loose skin beyond the tip of the glans. He then does press-ups, allowing just the tip of this skin but not the glans to touch the floor, sensing how far down to go when this skin merely brushes the floor. This induces a semi-hard which seems to bring immense satisfaction.

I have read that one can masturbate by pulling the frenulum and touching nothing else, and I presume that he has stretched his to freak proportions. Then I read about a button-hole method of circumcision, when a hole is cut in the foreskin level with the glans rim and the head pushed through so that all the foreskin hangs under the glans, where it is stitched and left to hang like a huge tassel. You have also had a letter from a man complaining that his surgeon did a neat job but left him with an unsightly tassel dangling from the underside. The reply was that this tassel of foreskin is very sensitive to touch, which his partner should take advantage of during foreplay.

Obviously there is much more to circumcision than just chopping off the surplus foreskin. The subject is fascinating.

*L.J. – Glasgow*

## **Peeing Styles**

Issue 2/89 raises the interesting question of how the penis is held when urinating. As a boy I only knew of the under-hand hold, and was most surprised to find the over-hand method frequently used by French servicemen during my time at a French Air Base thirty years ago. I only remember seeing the over-hand hold used twice in this country, once at the Exeter service area on the M5 last year, and once in Crawley this month. Maybe a survey to indicate national preference should be undertaken. Incidentally, how many uncircumcised men retract their foreskins when peeing?

*A.W. – Burgess Hill*

## **Bouvet Island**

This is owned by Norway and situated in the Atlantic, as far south as Cape Horn and due south of Lagos, Nigeria. About 9 km by 7 km and largely covered by an ice-cap, it is uninhabited except by penguins, elephant seals and other wild-life. It was discovered by a French adventurer, Jean-Baptiste-Charles Bouvet, after whom it is named. He sailed round its cape on 1st January 1739, so he named it in honour of the day in the church calendar, Kapp Circoncision. (*Scanorama*, April 1989, pp 85-94)

*With thanks to G.N.S. – Oslo*

## Naturism

Is there information among the membership to compile a Good Beach Guide? Naturist beaches, that is, either official or unofficial, or else other suitable spots for nude sunbathing/swimming. Apart from how to get there, they could be graded by

Surroundings: 1: dismal, 3: satisfactory, 5: excellent.

Welcome: 1: strict antiseptic 'naturist movement' – bring a wife and at least two children, all of them your own.  
2: family orientated/couples.  
3: all welcome on their own merits.  
4: broad-minded.  
5: gentlemen should wear a chastity belt.

At one time *Forum* used to advertise a guide to Free Beaches, but I haven't seen it mentioned for some time.

*J.W. – Swaffam*

[Dear JW: Try *Health and Efficiency*: they advertise a 1989 Naturist Guide-Book to Britain, £4.80 from Coast and Country Naturist Publications, 3 Mayfield Avenue, Scarborough YO12 6DF. Most probably rate low on your welcome list, but one which from the ad seems to rate as much as 3 is Eureka, Manor Lane, Fawkham, Kent DA3 8DN tel 04747 4418 or 0474 64207.

Personally, given the British climate even in a good summer, I'd rather hear about Saunas, to which similar ratings could apply: any information on these? — T.A.]

## Hair

**from *Health & Efficiency* No 915, 10 August 1974,**

Please let this urgent prayer abolish pubic hair.  
Let crotches be bereft of all that hides the cleft.

I'm all for depilation and for deforestation:  
The vulva should be seen as scrupulously clean.

Let girls be unafraid to wield the razor blade:  
If necessary, push the mower through the bush.

Let all stomachic flesh seem elegantly fresh,  
Let all the lurking thighs relinquish their disguise.

Let girls who keep their crop remember I've a strop.  
I love all girlish hair: on scalps, but not elsewhere.

*with thanks to A.W. – Burgess Hill*

## **My Hate/Love Relationship With Foreskins**

Dear Tony: Many thanks for making me a member of *Acorn*. It's great to know I belong to a unique group of penis enthusiasts. With regard to the foreskin, I seem to have had a foreskin love/hate relationship with the subject. I was born with a foreskin which would not retract and, having an intense interest in my cock from a very early age, I found it somewhat uncomfortable and restrictive. As my masturbating increased, so did my frustration.

One day, soon after my tenth birthday, while wanking I accidentally 'unhitched' the small piece of skin causing all the trouble. I was both elated – I could now see the knob of my cock for the first time and frightened – had I done myself harm? My penis bled, of course, and I watched it's progress with daily anguish. Of course the tear healed and masturbation became a joy. I decided I had circumcised myself, but now I know I only tore a part of the frenulum.

As my teenage years continued, I realised I was definitely bisexual, but a new problem arose. I found I disliked cavalier cocks – not only disliked them but hated them! I guess it was some sort of psychological hang-up, but the very thought of touching or sucking an uncircumcised cock made me feel quite sick, so I simply refused all that came my way and enjoyed only the roundheads. This state of affairs continued for some years, until the age of nineteen.

One day, our rented TV set went 'on the blink' and my parents were out when the repair man called. He fixed the set and I made coffee. He said he was dying for a piss and I showed him to the bathroom (we had a bungalow at the time). He kept on talking, so I stayed. I remember thinking: Okay, if he's going to let me watch him, fine. I've always enjoyed watching other men piss.

But he didn't. Still talking away, he stood at the side of the toilet, slowly rolling his foreskin back and forth. I couldn't take my eyes off it, and his foreskin was the extended type that came about three inches over the knob, and when pulled back went right over the glans leaving it glistening and superb! He said, "You like that, don't you?", and when I confirmed it, he told me I could play with it. Well, that was it. I was converted. To think I had loathed foreskins for such a long time, and had now gone overboard for this one!

He rang a workmate and got him to do his other calls, and we spent the rest of the afternoon together, naked, hot and sweating, exploring penises, balls, arseholes, nipples, armpits, navels, feet, one of those wonderful occasions when sexual beauty literally overtakes you. We became friends for two or three years, until my parents decided to move house, taking me with them. But during that time I learned how to love the foreskin. I discovered the thrill of having my cock enveloped in his foreskin and being wanked together in the tight tube of flesh until we both exploded inside his foreskin. I watched, spellbound, as he held his skin up with two fingers of each hand to form a 'tower' into which he would slowly piss until it came to about a quarter of an

inch from the top (he had remarkable muscle control): then he invited me to 'drink from the cup'. I should add here that this was reasonably safe as well as enjoyable then.

He would wrap his foreskin over my tongue, my nose, my fingers, my big toes – both together! He was remarkable, the things he could do. I would dearly love to repeat those fantastic experiences. You could sum me up now as simply a cock lover – roundhead and cavalier – and I'm glad and grateful that the things that happened did so when they did. Now I'm 46, and proud to be a wanker. Viva, viva *Acorn!*

D.S. – Merseyside

## **Glad To Be Circumcised**

Thanks to B.H. – Leeds for sending in the following letter from the US edition of *Forum*, which is rather better at covering *Acorn's* area of interest than the British edition:

I was very interested to read in the April 1983 issue of *Forum* the Open Forum letter on the Pros and Cons of Circumcision by W.H. of Pennsylvania, and would like to endorse the comments he made.

I was born with a long, completely adherent and unretractable foreskin but, unlike most boys in Australia, was not circumcised at birth. At the age of five, when I commenced school, I discovered the difference, and was ridiculed and taunted by the other children. I had no understanding of the difference and thought I must be some rare third sex. I didn't realize that under the skin was a glans like everybody else's. I became extremely envious of the other boys and felt very inferior, especially loathing all sports for which I had to undress in front of them.

Consequently I withdrew from sports and games. When I was seven or eight, I learned about circumcision at Sunday School and then realized that if I could pull the skin back, there would be a red knob underneath. I became very interested in knowing who of all the boys in my class were circumcised and who weren't, and I took note of all of them. I particularly envied any boy who had a large glans and a prominent and conspicuous corona, or one who had had the foreskin completely removed and had no loose skin on his shaft.

When I was 10 I decided that I must try to retract my foreskin, and I did this at night, in bed, with the aid of a flashlight to see. It was a very long and very painful process which took 15 months. The pain of pulling the skin back was comparable to tearing off a finger-nail. I could only pull it a sixteenth of an inch at a time, then put ointment on it and wait for some time until the soreness eased, then try again. I can remember very well the feeling of elation mixed with some undefined fear the night when the last adhesions remaining between the foreskin and the corona of the glans were broken and I pulled



the skin right back for the very first time.

It was at about this time that I reached puberty and had my first erections and ejaculations. I developed the habit of masturbating a couple of times a day, and the foreskin, though fairly long, became looser on the glans and could be easily retracted. The glans was very sensitive, however – comparable to the sensitivity of an eyeball, and I found it very uncomfortable when I had a spontaneous erection and the skin peeled back, even if only the tip of the glans was exposed.

In time, as I entered my teens, my penis became much longer and fatter, and I embarked on the practice of keeping the foreskin retracted by keeping it held back with adhesive plaster. The glans became less sensitive, developed a round rather than pointed tip, and became drier. By my late teens, when my penis was flaccid my foreskin only covered half the glans and I could tolerate wearing it fully retracted so that the corona was exposed.

I still had an overwhelming desire to have myself circumcised, and when I was in my early 20s had my foreskin partially removed exactly as described by W.H. in his letter. After that the corona was exposed but residual skin was bunched up behind the glans and masturbation was still possible. Like W.H., I was still dissatisfied and resolved to have the residual skin removed.

I had made a study of the medical texts on circumcision and was very interested in the 'Plastibell' method, which involves no surgery but is based on the process of placing a plastic bell with a hole to allow the passage of urine on the glans, pulling the foreskin over it and tying the excess against the bell. In about a week the skin dies completely, the skin joins automatically just behind the point of tying and the extra skin and plastic bell drop off, leaving a neat, even, scar-free result.

The plastic cans used to hold 35mm film, I found, are ideal for the purpose if the base is cut off, since they have a small lip where the lid clips on and this lip can accurately locate the position for tying the excess foreskin. Using some sterilized cotton, I tied the foreskin, estimating carefully just what amount was needed to be pulled onto the bell in order to achieve the state of total circumcision which I wanted. The process was painless and after about week the tied-off skin had died and came away with the bell to leave a scar-free result.

I then possessed a penis that had a minimum of skin behind the glans when flaccid. Upon erection it stretched tight, but not to the extent that it distorted the glans. There is a sense of freedom from being 'muzzled', and my glans can expand and the corona develop without constriction.

I believe that there are several distinct advantages to being totally circumcised. First cleanliness and comfort. Second, the diminution of sensitivity, which some may question. But this has not worried me: intercourse takes longer and therefore is more pleasurable. Third, the glans, being

unconstrained, can assume its full diameter, and this helps to fill the vagina. Fourth, there is lost motion, and friction occurs between the vagina and the whole length of the shaft. Fifth, with a totally circumcised penis, when erection takes place, the slight tension on the penis tends to sustain it in erection, which seems to be a distinct advantage as one grows older.

My penis is now over seven inches long when erect, with a glans diameter of two inches. I have visited England and the Continent, where circumcision is the exception rather than the rule, and have felt conspicuous looks from the others when I have been to changing rooms or saunas. Many women have commented on the excitement of my circumcised organ.

As has been mentioned in your excellent magazine, the only people who can make comments on this subject are the ones who can personally compare being circumcised and not. I trust my experience will be of interest to your readers.

Mr. K.B. – Australia

### **‘Helmets’ Or ‘Anteaters’**

Joseph Wambaugh uses these categories of men in his book *The Choirboys*: the anteater has a long trunk-like nose or snout.

I.D.K. – IoM

### **Penis Survey**

The dimensions are as follows:

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar-line from glans rim.  
If uncircumcised: U
6. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, flaccid?
7. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, erect?
8. If uncircumcised, is foreskin tight (T) or loose (L)?
9. When standing against the wall with erect penis, how far from glans tip to nearest part of stomach?
10. Height
11. Age
12. Identification (initials and place).

All measurements are in inches (except height in feet and inches), rounded to the nearest 0.1, so  $\frac{3}{4}$ " or 0.75 is given as 0.8, since such measurements

are incapable of greater accuracy.

1	2	3	4	5	6	7	8	9	10	11	12
<b>Cavaliers</b>											
4.5	6.5	4.5	6.3	U	12	8	L	4.5	5'8"	30	N.T. – Guisborough
3.5	6.3	4	6	U	11	8	L	5.5	6'4"	64	E.S. – Salisbury
3	6.3	4	4.8	U	10	9	L	4	6'1"	26	Anon
5	7.5	4.3	5.5	U	1	0	L	3	5'10"	50	E.L. – Bath
3.3	5	3.9	5	U	13	10	L	5	6'0"	54	M.M.G. – N.Yorks
4.1	6	4.5	5.6	U	11	9	L		6'1"	54	M.L. – Gwent
5	6	5.5	6	U	10	10	L	7.5	5'5"	68	J.T.D. – London
3	6	4	5	U	0	0	vL	1.5	5'10"	57	R.V.A. – Lancs
3.5	5	4.5	5	U	8	0-3	L	4	5'9"	46	D.S. – Merseyside
3.8	5.8	4	5.3	U	10	10	T	3	5'9"	29	J.A. – York
3.5	5.5	3.5	4.8	U	10	8	L	4.5	5'8"	69	A.R. – Hampshire
3	4.7	3.5	4.4	U	10	9	L	4	5'8"	45	J.H. – Kent
3.3	5	3.5	4.4						5'5"	26	<i>Minima</i>
3.8	5.9	4.2	5.3						5'10"	49	<i>Averages</i>
5	7.5	5.5	6.3						6'4"	69	<i>Maxima</i>
<b>Roundheads</b>											
5	6.5	4.3	6	1	-	-	-	5	5'6"	49	G.P. – Perth
5.5	7.5	4.5	6	0.5	-	-	-	6	6'1"	63	A.W. – Burgess Hill
3.8	6.5	3.8	5	0.8	-	-	-	7	5'11"	35	A.G.T. – Hornchurch
2.5	5.5	4	5.5	0.5	-	-	-	4.5	5'10"	34	M.H.
3	6.5	3.5	5	0.5	-	-	-	H	6'1"	77	V. – Shropshire
4	6.8	when warmer									
3.2	5.1	3.2	4.7	0.8	-	-	-	4.7	5'8"	30	J.H. – Finland
4	7.6	3.5	6	0.5	-	-	-	6	5'10"	56	R.W. – Sussex
2.5	5.5	3.2	4.7	0.5					5'6"	30	<i>Minima</i>
3.9	6.5	3.8	5.5	0.7					5'10"	49	<i>Average</i>
5.5	7.6	4.5	6	1.0					6'1"	77	<i>Maxima</i>

### Comments

Numbers are too small for averages to be meaningful, but there was a greater range of flaccid measurements reported from the 7 roundheads than from the 12 cavaliers, while average erect lengths were greater for roundheads than cavaliers. Flaccid diameters were smaller for roundheads, but erect diameters were larger for roundheads than cavaliers. Most foreskins were long and loose, but two of 12 were normally kept retracted.

**N.T.:** I currently have a foreskin that has been permanently retracted for several years now. I have decided that it is time to get the job done properly. So several of my answers may change in the near future.

**A.W.:** Frenulum absent: this would be a useful additional item for the survey. Probably absent/loose/short would be sufficient information. As the survey sample is entirely self-selected from an already interested group, I don't think the results can be regarded as representative of the general population, but I await the report with interest.

**Anon:** It would be interesting to calculate the penis volume, but probably, taking the penis to be effectively a cylinder, with height  $h$  as length, circumference  $c$ , and 12.6 as equivalent to  $4\pi$ , and volume  $v$

$$v = c^2h/12.6$$

**M.H.:** My scar distance from rim erect varies from 0.5 on the right and in the middle to 1 on the left. This makes it slightly lopsided, but not noticeably so. Additional information: glans circumference flaccid 4", and erect, 5"; rim depth, erect: 0.25". Angle of erection, 45 degrees. Frenulum intact.

**E.L.:** Pulled-back cavalier.

**V.:** Flaccid measurements vary depending on whether the weather is hot or cold. My circumcision scar is difficult to see as no trace of foreskin remains. I can't give a figure for (9) because my erection doesn't get above the horizontal (H) these days, worse luck, in spite of frequent exercising (2-3 times per week). Another statistic occurs to me: my average amount of ejaculate is 1.5 teaspoonful.

**M.M.G.:** Flaccid measurements are rather variable, depending on temperature and whether I need a slash. Measurement 1 is an average over 3 days, min 3", max 3.65". Diameter is also slightly variable so this is an average. Glans coverage: when flaccid, the foreskin forms a 0.3" tube at the end of the glans; when erect, viewed from the front there is a bare circle of glans with a diameter of 0.4".

**M.L.:** When flaccid, my foreskin adds about  $\frac{1}{10}$ " to the length. It was tight as a child and permanently covered my glans until age 11. As an adult it is fairly loose. I don't understand Q9.

**J.H. - Finland:** I think that a totally circumcised penis having the circumcision scar well down on the shaft, so that a part of the inner and sensitive foreskin remains, is the most attractive sight, but as far as sexual performance is concerned, then the orthodox Jewish method is the best, with the delicate inner foreskin cut and torn away. I now wish that I did not have the 2cm wide strip of inner foreskin stated in my reply. When having sex, I often cover this over-sensitive part with liquid plastic plaster, so that only my glans gets rubbed. This allows me to prolong my climax as long as I want. When I finally reach it, it is definitely deeper and stronger than without the plaster.

**R.V.A.:** Having a short loose foreskin, I have been able to keep it permanently retracted. In this condition over the last few years, the skin of

the knob is now very dry, similar to a circumcised one.

**J.H. – Kent:** Flaccid measurements are difficult to get accurately as my cock starts expanding as soon as I touch it and also factors such as heat make it vary. My flaccid length measurement is with the foreskin forward: it adds about 0.4" to the length (the questionnaire is obviously compiled by a roundhead). Mine must be one of the smallest cocks around, so I'll be interested to see how other members compare. However, size makes it no less effective, and I suppose that like many others I am more concerned with locker-room size than bed-room size.

It would also be interesting to know what sort of cocks well known people have, for example sports stars such as Ian Botham or Seb Coe: are they cavaliers or roundheads? I have always had a mental image of famous people being roundheads, and was surprised to see a photo of John Lennon with a very ordinary looking wrinkled cavalier cock.

Having seen much correspondence in *Acorn* regarding circumcision, in which I still take an interest, I think I still favour my foreskin as it gives me so much fun and versatility.

### **Wrinkly, Stubby Or Roundy?**

Being a 'wrinkly', I find wearing my foreskin forwards in the normal state is both uncomfortable and I think less hygienic, and I always pull it back almost completely to pee. So for some time I have worn my foreskin in what I call the 'stubby' state, half way between a 'wrinkly' and a 'roundy'. I pull the foreskin back completely, then pinch it at the frenulum and draw it forwards again over the knob. In this way it rolls in on itself. According to how tightly I pull the frenulum, the result is a partially exposed knob which gives the cock a 'stubby' look. It also means that my knob is getting some exposure and therefore toughens up, and I also don't have to pull the skin back when peeing.

I still prefer wanking with the skin pulled back tightly as far as possible, i.e. just as a roundhead would, and I stimulate the whole shaft and knob till I shoot, when I take pressure off the knob because of sensitivity. I am trying to overcome this to see if I would get a different result.

*J.H. – Kent*

THE OBSERVER Sunday 5 March 1989.

FEMALE MUTILATION

# In the name of tradition

IN VICTORIAN England, an eminent obstetrical surgeon, Dr Baker Brown, sawed off the clitorises of young women as a cure for 'feminine weaknesses'. The operation, performed with hooked forceps and a hot cautery iron, excised the part the doctor considered 'of little importance whether present or absent'. His patients included a girl 'addicted' to masturbation and a 30-year-old with an extreme distaste for her husband.

Approximately 80 million women and girls alive today have endured similar mutilation, according to the World Health Organisation. Most of those have experienced clitoridectomy, or removal of the clitoris.

Efua Graham, a Ghanaian woman, a trained nurse, and outspoken campaigner against female circumcision, has grabbed this controversial issue by the throat. Ms Graham's organisation, the Foundation for Women's Health Research and Development (Forward), recently organised the first conference for social, health and community workers on female circumcision. On 8 March, Forward will publish a report containing guidelines on female circumcision for every local authority in Britain.

The issue of female circumcision causes enormous anger and emotion. But Efua Graham

## The issue of female circumcision provokes enormous anger and emotion. A new report is going to British authorities.

pitals are anaesthetics or antiseptics available. A group of women, often including the mother, hold the girl down.

Women remain infibulated until they marry, when they are opened with a knife or razor by their husband if he fails to penetrate the scarred tissue.

Shamis Dirir, Co-ordinator of the London Black Women's Health Action Project, believes things are beginning to change. 'So many women have stopped and don't care what the community thinks. We tell them it's not in the Koran, it's not culture, it's what men put on us. Twenty years ago I believed it was in the Koran, but now I know it's nothing to do with religion.'

Those who defend the practice say circumcised women are cleaner and more aesthetically pleasing, that it preserves virginity and prevents promiscuity. Most important, it increases a girl's chance of marriage.

I spoke to Fatima, a 25-year-old Somali woman, who has had her infibulated genitals opened. 'An old woman did it to me when I was nine. I couldn't do anything about it because I was young. If you refuse or if you run, everything is against you,

race, language difficulties and the right of communities to defend their cherished customs.

Leila, a white British woman married to a Somali man for 35 years, says 'I am against what this country has done and is doing to these communities, not just the Somali community. People who don't know anything about it have made it illegal. And do you think it's not being done? It's still done. Unless they can afford to have it done in Harley Street, they take the children out of the country and bring them back circumcised.'

Leila had her eldest daughter, now 29, infibulated when she was 12, and regrets that she couldn't afford to have her two younger daughters circumcised.

The London Black Women's Health Action Project picks up the pieces by offering counselling to women who are still mentally scarred by their experiences of circumcision.

Efua Graham of Forward acknowledges that a mother who subjects her child to the knife does so from a genuine desire for her child to conform in a society in which uncircumcised women are inferior and unmarriageable.

Forward's report concludes 'female circumcision is cruel and outmoded, psychologically, politically and spiritually crippling and should be eradicated.' The report recommends that the

ual argument is difficult. In some cultures they never talk about sex.

Efua Graham maintains it is dangerous to argue against circumcision on health grounds alone. 'Men and women have a distorted view of themselves and unless these distortions are dealt with it's difficult to persuade them of the health dangers. Even educated women who understand the health arguments have not had the courage to break away.

'In areas where clitoridectomy is more common, we don't stand a chance with the health argument, because women don't have problems during childbirth. You have got to get across that this is an interference with human rights and the rights of children. It's only when that's understood that people will feel a revulsion against it.'

Efua Graham is in no doubt that female genital mutilation is a mechanism for the control of women's sexuality. 'This is all about the social control of women. It is shrouded in myths and magic, but we are talking about power games. Our grandfathers were no scientists, but they knew where the seat of a



believes the wall of silence around an issue which affects the health and well-being of hundreds, possibly thousands, of children in Britain must be torn down. Though it has been illegal since 1985 it is suspected that hundreds of British children are taken abroad for the operation.

'Black women should be in the forefront of the fight against female circumcision', she says, 'but we need to be aware that we will face attack from our own communities. I don't think it's very progressive to say: "We're not going to deal with this issue because there are racists out there who will say we are barbaric and primitive."'

Some form of female circumcision is practised in more than 20 African countries, from Senegal to Somalia; in Oman, South Yemen and the United Arab Emirates, and among Muslims in Indonesia and Malaysia. Excision and infibulation are practised by Moslems, Catholics, Protestants, Copts, and non-believers.

The most widespread form — excision — consists of cutting off the clitoris and all or part of the labia minora. Infibulation, practised in Senegal, Mali, Sudan and Somalia, is when the clitoris, labia minora and often the labia majora are removed, followed by the sewing up of the vulva. A matchstick-sized hole is left for urine and menstrual blood to pass through.

Old women or traditional birth attendants circumcise girls aged from a few days to 14 years old. The genitals are cut with knives, razors or glass, and thread or thorns are used to stitch the wounds. Only in hos-

because they all believe in it.

'I went to hospital in Abu Dhabi and had it opened. People of my age sometimes do. I am thinking about my health, and it's completely unhealthy. If a man says he is not going to marry me because I have had it opened, I will say: "go to hell".' The health arguments against infibulation are well-documented — retention of urine and menstrual blood, uterine and vaginal infections and complications during childbirth.

Shamis Dirir uses the health argument when trying to persuade women not to have their daughters circumcised. 'The only way you can stop it is to show how harmful it is. It's to do with health and also a woman's sexuality, but the sex-

woman's pleasure lies and they damn well chopped it off. Women who have experienced it are mutilated psychologically as well as physically.'

Anna, a 21-year-old Masai woman from Kenya, came to Europe in 1984, but has been unable to form any loving relationships. 'It's like someone loves you and you can feel their love, and suddenly you are closed again. I think my circumcision has disturbed my becoming a woman.'

The banning in this country of a custom central to the traditional heritage of some of Britain's ethnic communities has driven the practice underground. In addition to the already toxic brew of problems surrounding child abuse, are questions of

DOD MILLER



Efua Graham, Shamis Dirir, and Amiria Ibrahim.

DXSS and a new category of the existing six categories of children at risk, Female Genital Mutilation. In addition, social workers, teachers, the police, lawyers, judges, and most critically, their educators, need to be educated.

In 1979, the World Health Organisation organised a seminar for 10 countries where female circumcision was practised. This recommended clear national policies for abolition, setting up national commissions, and more public education.

At the end of the day, Shamis Dirir believes 'It is worse to take the girls away from the family than to have them circumcised.' Everyone involved in this issue stresses that these parents may be very loving and caring. Efua Graham insists, however, that if the family persists despite all attempts to stop them, the children need to be protected. 'If they are aware of the law and still go ahead and do it, they should face the consequences. If you just ignore it, it may take three centuries to disappear. Change may happen quicker outside Britain than within.'

'When you come into this you are going to be attacked, but you must know exactly what your goal is and be firm. The moment you start wavering you confuse people. People may dislike me, but who is going to break the cycle for the future generation?'

## ALISON WHYTE

■ *Forward, The Africa Centre, 38 King Street, London WC2E 8JF; 01-379 6889. Report £3. The London Black Women's Centre, c/o Miss Shamus Dirir, Bethnal Green Hospital, Cambridge Heath Road, London E2; 01-980 3503.*

## What's Yours Called?

When writing in, most members refer to their 'cock', and the more scientifically minded to 'penis'. Obviously context makes a difference, and men probably use different names to their doctor (penis), to another adult (cock), to their partner, or to/among children (willy). Presumably 'joy-stick' was initially a rather risqué joke among pilots, but probably does not now cause embarrassment. Usually, however, an ambiguous word 'goes underground' when it acquires sexual connotations. For example, in the American language 'cock' is now not used in any 'polite' context: in the farmyard there are 'roosters', and water comes out of a 'faucet'. Very few lads would survive being named Willy these days, and it was firmly announced that the Prince would be either William or Wills. The 'Wicked Willy' books have a good following, partly because everyone gets the idea as soon as they see the title. Mine was 'little man' or 'man' in the nursery, 'cock' or 'prick' or 'knob' or 'wang' at school, and 'dick' in conversation with youngsters these days. Let us know what yours was/is called in these various contexts. What about 'slang' terms in other languages? In Egypt, cock is zibb and cunt is coose. Anyone know any more?

T.A.

## GPs Urged To Improve Impotence Treatment

by Celia Hall (from *The Independent* 7 August 1989, p.3)

Half of all cases of impotence are in the mind rather than having physical causes, according to a report which advises family doctors to learn techniques which will help most of their male patients.

Instead of referring patients to hospital specialists, the *Drug and Therapeutics Bulletin* of 7 August 1989 recommends the prescription of drugs which achieve erections and the use of vacuum condoms which have the same effect. The report says that 80 per cent of men whose impotence is either physically or psychologically caused were helped with a drug combination including papaverine, which they can inject themselves. Papaverine is injected into the penis and works by dilating the tiny blood vessels providing there is an adequate blood supply.

'Self-injection is relatively easy and painless,' the *Bulletin* says, but it warns that the lowest effective dose must be given as excessive dosage causes 'prolonged' erection. 'Any erection lasting more than four hours needs prompt treatment and patients must know where to go for this. Vigorous leg exercises may produce detumescence,' it says.

*The Bulletin* also discusses the use of a vacuum condom called Erecaid, available only on prescription, which is a plastic cylinder placed over the penis and attached to a hand-operated pump. This creates a vacuum and thereby an erection. Another vacuum device called Correctaid is a condom-like



device worn during intercourse. The vacuum is created by sucking air out of a tube. *The Bulletin* says: 'Self-injection with vaso-active drugs and vacuum condoms are successful and well-tolerated treatments for the majority of impotent men. Psychosexual counselling, if available, is an important adjunct to all treatments. ... Perhaps more physicians should develop an interest in treating impotence instead of relying on overloaded urologists.' But it warns that physical treatments should only be given after detailed discussion, in case they cause more anxiety than the impotence itself. They should not be used to 'fulfil the unrealistic dreams of already potent men'.

## **Book Review**

**Timothy Wangusa, *Upon this Mountain* (Oxford: Heinemann International, 1989, ISBN 0-435-90542-2, £4.25)**

The setting is eastern Uganda, within sight of Mount Elgon, probably among the Gisu people. The time is the 1940s, well before the barbarities of Idi Amin, but when the 'red man' is offering new religious standards of which, in a central scene, he is shown to be in flagrant breach. The mountain of the title is also doubly symbolic. It is the peak to which the tribal people looks for identity and direction; where they might, perhaps, touch heaven. The first mountain man arose from a hole somewhere on this mountain: he and his descendants were the source of the ancient myths and legends. One of them married a daughter of the Kalenjin, who live on the sunrise slopes of the mountain. To win her as wife, Masaaba submitted to the Kalenjin rite of circumcision and promised to pass on that rite to his offspring in perpetuity, after his manly wound had healed in romance coming home upon a magic cobweb string, bringing with him the circumciser's double-edged Kalenjin knife (pp.79-80). The Kalenjin are a group of tribes in Northern Kavirondo (Idaxo, Isuxa, Logoli, Nyole) and further afield in Western Kenya, including Luhya, Marakwet, Nandi and Kipsigis. Circumcision is a 'rite of passage' to manhood central to their social structure, and as pastoral migrants through the Great Rift Valley they have probably been instrumental in spreading the custom as they travelled.

Second, 'the mountain' is the personal test of bravery and endurance, beyond the experience of boys in many other parts of the world, which must be faced by every boy before he can be considered man and a full member of society. The central significance of this test is a major theme of the novel. "Even if this famine continues forever, next year I must fall. I must be eaten by the knife", says Kangala, on whom a faint moustache is just beginning to germinate. The knife would raise him above the taunts of women. "But perhaps you'll go to hospital", teased Kangala. "You bazungu can't bear the courtyard." "Of course I can, and I will", replies Mwambu ... "I shall fall, or I should say 'stand'. I shall stand upon the courtyard." "Well, if you don't stand," is Kangala's sarcastic reply, "you can lie on your back." "Do you mean I shall fear imbalu?"

I won't." In contrast to the traditional courtyard ceremony, some lads go to hospital, where "You're circumcised by an uncircumcised circumciser, or even a woman. A womanly circumciser of womanly men." (p.44).

Two years later, although still considered too young himself, Mwambu joins the celebrations when his two cousins begin their month of dancing, feasting and collecting presents. At the climax, feet planted firmly on the ground, hands akimbo, facing the mountain, Butoto wa Mutoto enters with the knife. Kangala withstands the three-minute eternity triumphantly, to the relief and joy of all his friends and relations (p.64), becoming forever clean. But Wabwire cries out, pulling up his right leg and twisting his whole face, and pushes Butoto away with both hands. Four elders try to hold him. Then all his relations desert him. Only non-clansmen remain, among them Mwambu, to witness his agony and humiliation as he is held down to allow the circumciser to finish his work. His parents and relations share and suffer Wabwire's shame, his anger and disgrace, his terrible luck. (pp.68-70) The only role available to him after that is a socially ambiguous and effeminate one.

Later, as Mwambu comes home from another term at boarding school, a reception awaits him. He has waited too long, he is told, before facing his own test of manhood. "Pay your debt. Your debt to the mountain, here and now". But when stripped, he reveals that three months earlier he saw the doctor, and admits that he was circumcised in hospital. Someone suggests, "Circumcise him properly", but the reply comes, "One is done only once. Otherwise how could one swear by the knife?" Mwambu is told, "Alright, mistah, tuck in your shirt like a good little school-boy, hide your tail, and go. But never you be the first to open your mouth in the council of real men. Never you risk castration by being caught with the wife of a proper man. Go and tell your father that you're not a man. Go tell him that you're half a man." (p.116)

The centrality of the relationship of circumcision to manly status will strike a reverberant chord with readers of this Newsletter. But the novel, despite some sketchy writing in parts, is remarkable for its description of Mwambu's mental struggle to face the greatest challenge of his childhood. The author tackles not just the fear of failure but failure itself, something from which other writers have often backed away. Mwambu becomes a man, but fails the test of manhood. Is this also the legacy of colonialism?

## **Infibulation And Piercing**

Dear Tony: I wonder if subscribers could be invited to report on the long history of infibulation. Most will know this to be body piercing to restrict sexual intercourse, the edges of the foreskin being clipped together and sometimes padlocked, perhaps with a partner holding the keys. I read somewhere that Roman Gladiators were dealt with in this way. Also that towards the end of the

19th century the female version was common in brothels, to get a semblance of virginity in young prostitutes by claspings or stitching the labia together.

I should also be interested to hear of anyone who knows of men who like to have caning onto their cocks. I have had some correspondence on this subject and wonder if it is within the experience of others. I must admit to an interest in reading of those men who seem to get a kick out of submitting to various forms of sado-masochism.

As well as piercings there must be some who are involved in other forms of decoration on their cock, balls and nipples. The sex members would seem to lend themselves to the application of jewellery and colourings as well as tattooing. It would be interesting to hear from subscribers with knowledge or experience of such adornments. I would particularly like to correspond with anyone who has had piercings and rings in his cock.

D.N. – Deal

[See the long discussion in John McC's Infibulation article in this issue, and watch out for the quarterly magazine *Body Arts* at good newsagents. — T.A.]

## **Female Circumcision**

Dear Tony: My partner is particularly interested in female circumcision, now that she has seen my job 'before and after'. Is there any literature on this subject available in this country? I gather that in the USA it is becoming a popular thing.

W.S. – Alresford

[Dear WS: Most of the literature I have seen is polemical against the mainly Islamic operations which go under the name of 'female circumcision'. There are accounts of this in *Forum's* 'More Sex Life Letters', from which it is clear that what is meant is the cutting out of the clitoris and small or large parts of the labia minora, and sometimes also the labia majora. In the most extreme form, as practised on girls in upper Egypt and Somalia ('Pharaonic'), little of these areas is left, and the woman has to be cut open at marriage and cut further at childbirth. The 'justifications' are tradition, and to preserve virginity and diminish sexual desire. There is a publication on Female Circumcision from Amnesty International, in their series on minority groups. A copy of an article in *The Observer*, 5.3.1989, 'In the name of tradition', arguing against traditional excision operations, is reprinted as pages 16-17 of this issue.

But what I guess you and your partner are referring to is entirely different: a very minor operation, much more exactly equivalent to male circumcision, in which a small amount of the skin over the clitoris is trimmed to ensure that

the clitoris head is exposed. This can be done with a simple straight incision, using scissors, to divide the 'foreskin' along the top of the clitoris (in which case no skin is removed), just like the male dorsal slit operation. A slightly more elaborate procedure would also trim away the two little triangular flaps created by this first operation. The justification here is, of course, to enhance sexual performance, and most who have had it report orgasms either experienced for the first time or experienced with much greater intensity. Some of the US medical reporting on this indicates that it is gaining in popularity there, although it has still not achieved widespread frequency. But I do not know of any medic offering it in Britain. As a minor operation it should not require any special equipment or great skill, provided that the appropriate precautions are observed on cleanliness etc. — T.A.]

John McC would like to write an article on *Female Circumcision*, but wants to collect as much information as possible before he does so. He would be grateful if any readers of *Acorn* who are interested in this subject or have any factual information would write to him. He is especially interested to hear from anyone who has known a circumcised woman or from any woman who has been circumcised. He would also like correspondence from others who find the subject interesting.

## **Masturbation Techniques**

Dear Tony: Many thanks indeed for offering me space in your magazine to explain my project, and to enlist help from your subscribers: I will attempt to do so without more ado.

About a year ago I ran an ad for 3 months in the personal columns of *Forum* which read as follows:

"Male DIY. I'm making a survey of male masturbation methods: partly for fun, but mainly for the purpose of opening out the subject with a descriptive article. Exchange letters with me and we'll both learn a lot. Confidentiality assured. ALA"

From these 3 ads I got about 65 replies, but about half turned out not to be useful, for reasons which I'll explain later. Consequently I decided to put in two more ads which were similar, except that I gave my phone number. These two later ads brought in 960 phone calls! Each telephone conversation gave me the opportunity to explain more fully what I was hoping to achieve, as well as eliciting a lot of interesting information.

What I was trying to do is briefly this: to find out whether people have discovered methods of masturbation that work better for them than just using their hands. I was willing to exchange letters with anyone who had reasonably extensive experience of 'non-manual' methods, or even more importantly anyone who was willing to try out some of the non-manual methods which I was prepared to not only suggest, but to help people to try out.

The first method that I get people to try is to use a plastic bag and towel, with tapes wound around: this sounds remarkably simple, but it has to be done in just the right way to achieve the desired results. The method has received high praise from many. Here is a fairly typical quote: "It was a truly wonderful sensation! The smoothness of the plastic, the extreme slipperiness of the oil, and the pressure of the tapes/towel round the whole length and balls, combined to produce a sensation such as I'd never had before!"

Though the Plastic Bag and Towel method was well received, the second method, the sponge with plastic lining, got an even better reception. From another satisfied respondent: "You are to be congratulated. What a fantastically simple idea to create variety in a wank. The sponge has turned me on sufficiently, that if I wake during the night I then use it at perhaps 3, 4 or 5 a.m. and fall asleep in a most contented way." The method involves using a large car sponge, with a hole drilled in it, and a slit running all the way through it, so that 3" plastic tubing can be run through. After exchanging a few letters with people, which includes a short questionnaire, and a lengthy letter from me raising points for discussion, I need to be able to send this sponge out to my respondents so that they can report back to me. I should add there is no charge for this or anything else.

The sponge proved to be one of the big stumbling blocks: many people have what I call 'wife problems' or 'parent problems', so that receiving such an object through the post would be risky for them. For these and other complex reasons, including the fact that about half the male population appear to be 'manual only' wankers, the number of people that I'm currently in correspondence with has dwindled to about 40.

The sponge, with its hole drilled in it, has an additional important function: that is to serve as a device to 'trap', and thus facilitate the testing out of the third of my three masturbatory devices. This last device consists of one thick (1.5mm) rubber sheath inside another similar one. However the inner sheath has a hole at the tip. These double-sheaths (only prototypes at present) are manufactured at 10mm girth intervals, since it is very important that the erect, well lubricated, cock is a good fit inside the inner sheath. The reason that the device works is because with an effective air seal between cock and sheath there is some resistance to thrusting into the sheath, because the air has to escape through the hole at the tip of the inner sheath, and thence between the two sheaths. Likewise, and more importantly, when the cock is withdrawn the air has to come back the same way: the result is that the sheaths partially collapse, and stroke the glans in a pleasing fashion. It was mainly the idea of testing out this double-sheath for possible manufacture on a large scale (I've taken out a patent application) which has led me into this research, but I'm trying to do the investigation in as unbiased a way as possible, and am very willing to exchange correspondence about any masturbation methods which people find to be useful.

So far most of the commercially available masturbation aids seem to be pretty good rubbish, and pretty expensive rubbish at that! A few work alright if you happen to be just the right size, and some of the inflatable devices work okay, but not much better than a child's swimming armband! Few of the devices lend themselves to being lodged into position for a good hands free 'fuck'. Anyhow few of the commercial devices achieve truly cunt-like sensations.

The number of people that I'm currently corresponding with is not really as many as I'd like, for my fairly serious purpose of ascertaining what really works for people, and I feel that subscribers to *Acorn* might provide me with a few new friends who would prove to be just the sort of people I want: people who will throw themselves, heart and soul, into the worthy objective of improving the quality of their wanking activities! People, too, who can make time to write letters. Good science demands that one should not tell the subjects of one's research what to expect, but I will go so far as to say that the reception of my various devices has greatly exceeded my hopes when starting out on this project.

This article, which Tony has kindly allowed me to include, is thus an appeal to all *Acorn* readers to write to me. Names and addresses will be treated according to my usual methods, which afford a *high* degree of security. However as I'm engaged in what is really a bit of 'research', I'm in a more 'fireproof' position, so I'll ask you to publish my full name and address, and so encourage your readers to write to me direct. 'Research' sometimes conjures up a picture of a disinterested man of science, probably wearing a white coat, so let me add that I don't think one can carry out good research in this field unless one is an ardent practitioner!

*Andrew Ferguson – 11 Harcourt Close, Henley-on-Thames, Oxon. RG9 1UZ*

## **Different Strokes**

Dear Tony: Having enjoyed masturbation ever since I can remember, the methods I use may be of some interest.

1. the 'old fashioned' way – either with thumb on top and one, two, or three fingers below, in a gentle and slow rhythm.
2. my cock encased in a very tight, rough fist, with no mercy shown until a long time after a shuddering climax.
3. I move the skin very quickly over the glans rim, back and forth, but only for a distance of  $\frac{1}{2}$ " (if that) whilst flexing my buttock muscles very hard, gripping my arse cheeks very tightly together. I find I can't do this for long – it is extremely stimulating. Several bursts of this alternated with a relaxation period is ideal, and the orgasm when it comes is fantastic.
4. Grabbing the testicles firmly in one hand, leaving the thumb to lie along the base of the cock, and wanking by pulling the scrotum down and pushing back up using the thumb to stimulate the penis root.

5. If I use a lubricant, I like to wank from really wet to really dry, then re-soak and continue. Spit is good, margarine is fine ("last mambo in Merseyside"?), grapeseed oil is better (low in cholesterol!)

I think watching a man masturbate is one of the most beautiful sights there is. Someone should make a film showing a succession of men, each demonstrating their various methods. I would be happy to take part if someone could organise it.

*Dick – Merseyside*

## **Infibulation**

'Infibulation' is a word which has been used at different times and in different places to mean several different things; I will try to describe the most important of these. The word comes from the Latin 'fibula' meaning, originally, a pin; later it came to mean a clasp or brooch or any fastening which used a pin. A Roman toga would be fastened with a fibula. Later still the word was used to refer specifically to a clasp to fasten the genitals to prevent sex; a person fitted with such a clasp was said to have been infibulated. Both men and women can be infibulated, but I will start by describing male infibulation, and what this has meant in different times and places.

It was the ancient Greeks and Romans who first infibulated men, or rather, the first for whom we have reliable historical accounts. It was originally applied to singers and performers in the theatre, especially to those male performers who played female roles, for it was thought that strict sexual abstinence kept their voices pure and young. It is clear from the records that this requirement for abstinence extended to all forms of sexual outlet, not just intercourse with another person, and that the infibulation was intended totally to prevent any sexual orgasm, even from masturbation and nocturnal emissions. There is plenty of documentary evidence that these people were infibulated, but very little information on what was actually done to them; it seems to have been so common that contemporary writers felt that no detailed description was necessary. I have seen only two pieces of real evidence. The first is a Grecian vase in the British Museum depicting a naked youth with his penis bent right back on itself so that its tip is immediately above its base; the small ring which fastens it there is clearly visible on the hairless body. The second piece of evidence is a pair of enormous statues of muscular Roman slaves, each about eight feet tall, in the Musée du Louvre in Paris; each has his penis bent double so that the tip disappears into the pubic hair just to the right of its base. From these, and from the knowledge that the intention was to prevent all forms of orgasm, we must conclude that infibulation meant far more than just a ring securing the foreskin to the skin at the base of the penis, as most modern writers seem to believe, (e.g. Mary Renault in *The Mask of Apollo*). A simple experiment shows that this causes an ugly stretching of the skin and a certain amount of discomfort, but entirely fails to prevent orgasm. To



be effective, the ring must have passed through both the foreskin and the glans of the penis, and it must also have passed through the ligament at the base of the penis which secures that organ to the pubic bone. The insertion of the ring must have been extremely painful, and the consequences hardly bear thinking about: any erection must have been excruciating, forcing the wearer to use every possible means to reduce it; his sleep would have been continually broken whenever an erection started to occur; urination must have been terribly messy, flooding the entire pubis and soaking the pubic hair; and hygiene under the foreskin would have been quite impossible. In later, more decadent, Roman times the practice was reputedly extended to slaves kept for sexual purposes by wealthy Roman women, to ensure that they did not squander their energies, but I know of no evidence for the use of infibulation on gladiators. Those wishing for more information should read: *Male Infibulation*, by E.J. Dingwall, (London, 1935).

Very little was heard of this custom for perhaps fifteen hundred years, until people in the nineteenth century started to become obsessed about the supposed dangers of masturbation. There were many ingenious attempts by many people to cure, or at least prevent, this habit: frightening the patient with stories of the consequences of masturbation, (blindness and insanity in particular); punishment, often severe; drugs, especially bromides; sleeping with the hands fastened to the sides of the bed; cauterisation of the glans penis with strong chemicals or hot irons; hypnosis; the wearing of chastity belts which made erections painful and prevented any contact; surgical operations including some very severe forms of circumcision and even severing the dorsal nerve of the penis; and, of course, infibulation.

Several different infibulation techniques were used which differ somewhat in detail. One was to pull the foreskin well forward and push the glans well back; a ring was then inserted transversely close in front of the glans. Another method was to transfix the foreskin close to the corona, (the ridge at the base of the glans), in two places either side of the frenulum, and to place a fastening like a safety pin through both holes and through the frenulum itself. There seems to have been no attempt to fasten the tip of the penis to its base as the Romans did, although there is some evidence of the fastening of the tip of the penis to a ring in the perineum, just in front of the anus. The objective was to make erection uncomfortable and manipulation so painful that the habit was discouraged. The contemporary authors and exponents of these methods claimed great success in curing the practice, but the experiments I have conducted suggest otherwise: masturbation is painful, and the consequent inflammation and bleeding around the fastening would reveal the activity to parents, nanny or doctor, but manually induced orgasm is never actually impossible. For further information about this and other nineteenth century anti-masturbation activities, *The Anxiety Makers* by Alex Comfort, (London 1967), is a useful source of information.

At about this time, the 'Prince Albert' became known among the



demi-monde of London. This is the term used for a ring in the end of the penis, passing down the urethra, and out through a hole just at the top of the frenulum. There is no written evidence for a royal inspiration for this custom, but a lot of hearsay evidence that a Prince Albert, (there was more than one of that name), wore one. I have my own theory of the origin of this custom which appeared in an early issue of *Acorn*, (copies will be sent on receipt of a s.a.e.).

On the other side of the world, in Indonesia, Sumatra and the Philippines, it has long been customary for men to adorn their penes with various objects to make life more interesting for their women-folk. Many and various objects are used, including rings of stiff bristles worn behind the corona, and even small pebbles inserted under the foreskin, but the objects of most interest to us are the rods or rings worn in holes pierced through various parts of the penis. These each have special names which are used throughout the world today by piercing devotees:

- the *Ampalang* is a rod worn transversely through a hole in the middle of the glans;
- the *Dydoe* is a rod or ring worn through a hole in the corona of the glans, a longitudinal hole, parallel with the shaft of the penis, usually in the four and eight o'clock positions, (the frenulum being at twelve);
- the *Ampadravya* is a rod worn through a hole running from the centre of the upper face of the glans, passing through the urethra and emerging at the frenulum (which must be partly cut away);
- the *Hafada* is a ring or rod worn in a hole in the loose skin at the base of the penis in a suitable position to stimulate the partner's clitoris;
- and the *Oelang* is a ring worn in the edge of the foreskin.

Female infibulation has an even longer history than male infibulation, and an even wider variety of meanings. The first type I am going to describe is the oldest, and is still performed on millions of women in the region of Africa to the South of the Sahara, the Sahel. This is truly horrific, and anybody of a queasy or sensitive disposition should skip now to this sign: § § § §, to be found on page 29. You have been warned!

Infibulation is the name given in the West to one of the forms of female circumcision, known as Pharaonic circumcision, as it is thought to have been introduced at the time of the Pharaohs of ancient Egypt. This operation is performed in Mali, Upper Volta, Niger, Ethiopia, Sudan, Somalia, Southern Egypt and Northern Kenya, (and probably Uganda, but, because of the political situation, nobody has confirmed this recently). It is performed on young girls, sometimes soon after birth, (Niger and Ethiopia), more often between five and nine years old, but always before puberty. Traditionally it was performed by wise women or Dayas, without the benefit of anaesthetics or antiseptics,

using primitive stone or bronze knives; nowadays, amongst city dwellers, it is becoming more and more common to find it done in doctors' surgeries, clinics or even hospitals, using modern equipment and techniques.

The operation consists of the surgical removal of the labia minora, the clitoris and the inward facing surfaces of the labia majora, and then the closure of the vaginal opening by stitching, so that only the minimum hole necessary for urination and menstruation is left. Here is the description of one such operation.

An adult woman sits on the ground with her legs apart and her knees raised. The young girl to be operated on sits down between her thighs and leans back against the woman's chest. Helpers lift up the girl's legs so that her knees are beside her shoulders. The woman then lifts her own legs over the girl's so that her calves are behind the child's knees. The woman then stretches her legs back and apart so that the girl's legs are stretched as far back and apart as possible, and tucks her feet behind the girl's bottom, pushing it forward, further immobilising her. The woman holds the girl's wrists tightly, although in the case of an older and stronger child, other helpers may hold the wrists to prevent her struggling free. In this position the girl's vulva is made prominent and accessible, and she is secured virtually immobile.

All the women watching set up a loud 'ululation'. This is a sound made by wagging the tongue from side to side whilst making a loud noise, and is generally a sign of joy or celebration, although in this case one could be forgiven for concluding that the primary purpose was to drown the cries of the girl. The Daya first sprinkles wood-ash or fine sand on the vulva, so as to grip the slippery parts more firmly. Then she pulls each of the labia minora in turn to full stretch, and cuts it off at the root. Then she pushes a pin or thorn through the tip of the clitoris, pulls it firmly, and cuts it away deeply, right down to the bone, making sure that as much as possible of that exquisitely sensitive organ is removed. Then she cuts away the inner surfaces of the labia majora right down their whole length to the perineum. Next the whole cleft is stitched up by pushing thorns through the opposing edges of the vulva and then winding a hair between the ends of each thorn across the wound. Finally the wound is dressed with herbal ointments and the girl's legs are bound together from waist to ankles to prevent her movements from disturbing the wound; she remains bound like this for several weeks. She is given lots to drink, for the wash of urine aids healing, and failure to urinate soon after the operation results in the wound closing completely with terrible consequences.

This operation is not infrequently attended by complications. If, despite the woman holding her, the girl manages to struggle, the urethra or the anal sphincter may be damaged causing life-long incontinence. Infections of the wound are frequent and are even encouraged as they are thought to provide a better seal; keloid scarring and neuromas often result. Bladder and kidney infections are not uncommon and often become chronic, and difficulties in passing urine and later menses are not infrequent. Sexual problems,

painful intercourse and absence of orgasm, and difficulty in childbirth are considered normal and are expected. The pain and trauma and subsequent sexual frustration often cause mental problems including severe depression and neuroses. The use of modern techniques of hygiene and anaesthesia may lessen the immediate trauma and infection, but the long-term problems are no different.

It should not be thought that the people of these parts are especially anti-women. In one of these areas we hear of a male circumcision technique where, after pulling the skin forward of the glans and cutting it across, the outer skin is slit lengthways to the base, and pulled right off the shaft of the penis. The inner skin is trimmed close to the glans and with it the frenulum. Then the slippery cartilaginous membrane, (Buck's fascia), which covers the outside of the shaft and the inside of the foreskin, (and is the reason the two layers of skin can slide so easily over one another), is pared away. This is a painful, slow and bloody process as the membrane is attached over its whole surface. When complete, the penis is stretched taut, and the foreskin is placed back over it, the excess being trimmed away. It is sutured into position with thorns wound with hair, and the whole organ is wrapped tightly in bandages. Healing is slow and painful as there is much oedema from the clotted blood under the skin. Once healed, the skin on the shaft is entirely immobile. When the penis is erect, the skin is quite taut and makes the shaft of the penis much narrower than it would otherwise be so that the naked glans bulges impressively above it.

The peoples of these areas are, thus, not so much anti-women as anti-sex. Those men who have experienced sex with uncircumcised women admit that it is more pleasurable, yet still insist on circumcised wives because they feel guilty about such enjoyment. Despite the pain and trauma they themselves have experienced, mothers still insist on inflicting the same problems on their daughters. We in the West are little better, we still go to elaborate lengths to 'protect' our children from sexual knowledge even though it has been proved time and again that an early exposure to such information leads to more healthy sexual development. For further information, the report: *The Sexual and Genital Mutilation of Females* by Fran. Hosken, (W.I.N., New York, 1983) is the most thorough and authoritative study available.

### § § § §

The tradition of female infibulation in Europe consists of piercing the lips of the vulva opposite the vaginal entrance and inserting a ring or a lock to prevent sex. There is a mention in *Gargantua and Pantagruel* by Rabelais of a 'Bergamasco padlock' in a context which makes it plain that some sort of chastity device is implied, but it is more probable that this refers to a chastity belt rather than to infibulation. The earliest clearly documented record I have found was in the *St. James' Evening Post* of 7 April 1737, which had an account of the trial in Leicester Assizes of one George Baggerley, who with a "needle and thread did sew up his wife's parts, being hired to work about

5 miles from Grooby, and being jealous of his wife was afraid to leave her to her own inclinations." He pleaded guilty, was fined 20/-, imprisoned for two years and had to find security for his good behaviour for seven.

During the nineteenth century, the simulation of virginity was very popular in the bordellos of Europe, especially those specialising in child prostitution. Several techniques were used including soaking the parts in alum for several hours, (which makes the flesh shrink and dry up), and inserting a small bladder of pigeon's blood, designed to burst on impact. But by far the most popular and realistic was to insert a few sutures of silk thread, at the approximate position of the hymen, to join the opposite sides of the vagina together; penetration was impeded, and when it occurred, the skin tore causing genuine pain and a very convincing effusion of blood.

In the latter part of the nineteenth and the early twentieth century a great number of immigrants were arriving in the U.S.A. from many parts of Europe; they were subjected to a medical examination on arrival. We have several reports, from the doctors conducting these examinations, of women with pierced labia containing rings or locks designed to prevent illicit intercourse. The number of such reports suggests that the practice, whilst not exactly common, was far from unknown.

During the nineteenth century anti-masturbation craze, the doctors and medical equipment suppliers were no less inventive in finding means of preventing female masturbation than they were with the male. The treatments included: frightening the patient with stories of the terrible consequences of masturbation, (blindness, insanity and the conceiving of deformed children were especially popular); punishment; drugs, especially bromides; sleeping with the hands and feet tied to the sides of the bed; sleeping with a pad between the thighs to prevent thigh-rubbing; cauterisation of the vulva and especially the glans clitoridis using strong chemicals or hot irons; hypnosis; the wearing of chastity belts which prevented any contact; surgical operations including circumcision of the clitoral hood, severing the pudic nerves and clitoridectomy, (removal of the whole clitoris); and, very occasionally, a form of infibulation.

Infibulation seems to have been a relatively rare technique, and I have found only two accounts in the literature; I will quote from one. This is from Alvin Eyer of St. John's Hospital, Cleveland Ohio, in 1891. He reports, of M.E.H., a lovely blond blue-eyed girl of seven: "I found her mammae, clitoris and mons veneris unusually developed for one of her age. For over a year the best remedies had been employed in conjunction with blistering and severe actual cauterisation, yet the habit continued. I carried the clitoris as deeply as possible into the cleft of the labia and then, with four silver wire sutures, brought the latter into snug apposition, burying the clitoris entirely out of touch. On the ninth morning the mother discovered the upper suture much tighter than we had left it, with a half ring shaped loop projecting. On the following morning the same suture was found broken at the point of its

first twist. On first questioning, the child denied having disturbed it, but subsequently confessed to having masturbated on four consecutive occasions during the night. On May 10th, 1890, clitoridectomy was performed, care being taken that the entire organ with a considerable portion of its two crura was removed. About six weeks after the operation, the mother reported her as having had a restless night, and she confessed in the morning having attempted her old habit, but added, 'There is nothing there now, so I could do nothing.' A year later, the mother reported her as being entirely free of her previous habits." Thus it would seem that infibulation was considered not to be as successful for the cure of female masturbation as it was for the male variety.

Nowadays, because of the negative associations of the word 'infibulation', those practising it prefer to use the expression 'piercing'. Most of the things I have mentioned have been adopted and refined and are used by piercing devotees to enhance their sex lives. For some the primary motivation is to provide erotic stimulation during sexual activity; here the holes are wide and the inserts fat and smooth and are focused on the most erogenous parts of the anatomy: in the male, the frenulum, foreskin and glans penis, and, for his partner's benefit, the base of the penis; and in the female, the hood of the clitoris and the labia minora. For others it is mainly a question of decoration, of visual eroticism; here the holes are tiny and are positioned for visual effect, and the jewellery is very light, delicate and fragile, making it entirely unsuitable for the rough and tumble of actual intercourse, and may even include precious stones. Piercing may form an important aspect of a bondage or sadomasochistic relationship; here the holes are positioned not so much to enhance erotic stimulation as to prevent it, and the objects placed there are designed to restrain and control, to punish and cause discomfort, and may include padlocks, chains, spikes and even heavy weights. For most piercing enthusiasts, however, the motivation is a subtle, complex and even contradictory combination of all of these factors.

A number of magazines and commercial organisations exist to provide for the needs of the piercing devotee. There are several piercing practitioners in the U.K., and a number of firms providing the special rings and dumb-bell shaped rods which many favour. Those interested could well start by buying a copy of *Body Art*, (Blake House Studios, Blake End, Rayne, Braintree, Essex) a magazine which also caters for tattooing enthusiasts.

*John McC.*



# ACORN

**1989 Issue No 8**

**(Formerly Issue 9)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

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Printed & Published in England by Acorn

## Editorial

**Welcome:** again to *Acorn*, to an issue that includes our usual long and varied correspondence on *Acorn* topics. A merry festive season when it comes, and may your willie need no warming!

**Subscriptions for 1990 are now due:** Your 1989 annual subscription of £10 paid for all the 1989 issues, including back copies. This is the final issue for 1989: **No further issues will be sent until a renewal subscription is received.** On the back page there is a form for renewing your subscription, which stays at £10 again for 1990. The form may also be used for ordering back copies. Receipt will generally be acknowledged by supply of the items you have requested: address as for Replies. Subscriptions may be sent by cheque or postal order, preferably blank, or else payable to *Acorn*.

**Future Issues:** Many thanks to all our correspondents for sharing their thoughts and experiences with us in 1989, and making *Acorn* the fascinating success which it has become. Please continue to do so next year. In 1990 we aim to produce another hundred pages worth (at least), in eight issues. The first issue will include a long story describing David's growing dissatisfaction with his cavalier state, his good fortune in finding someone able to help him, and what happens when they meet.

**Information:** Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner who may be able to help them achieve the changes they want, or to give some specific advice. *Acorn* members include doctors who have said they are willing to help other members. It must be clearly understood, however, that any information published, while supplied in good faith, in no way constitutes a recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any information in this newsletter must rely on their own judgement, and does so at their own risk.

**Confidentiality:** Contributions are identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Otherwise no name or address will be revealed to another member, but letters will be passed on if you wish to make contact. Obviously we gain in frankness from being able to write with such guarantees of confidentiality in mind.

## Circumcisers

**The Surgical Advisory Service**, 108 Whitfield Street, London W1P 6BE (tel: 01-388 1839) has regularly advertised in *Forum*, *The Observer* and elsewhere: Circumcision available in one-hour brief out-patient visit to our London clinic. In June the price rose from £190 to £210, a figure which may



seem high, though they have had many satisfied customers/patients. A prior consultation is an additional £25 (taking the total to £235), but worthwhile as it ensures that you have a chance to explain and discuss the outcome which you would like. Their Mr N. Hasan FRCS FICA, has consulting rooms at 22 Harley Street, London W1, 01-637 0491.

**The Chesham Clinic**, Gloucester House, Smallbrook Queensway, Birmingham B5 4HP, also advertises consultation centres at St. John Street, Manchester M3 4DW and at Park Crescent, London W1 3HE and offers a help-line on 021-643 7515. The clinic offers immediate low cost treatment by consultant surgeons for such non-urgent problems as: moles, lumps, cysts and skin tags for £98 to £175, piles £175 – £500, varicose veins £175 – £1,100, hernia repair £345 – £500, vasectomy under general anaesthetic for £175 (plus cost of follow-up tests), vasectomy reversal £345 – £500. The charge for **Circumcision** under general anaesthetic is £345. For several of these procedures they indicate the need for an overnight hospital stay at an additional maximum charge of £160. This seems very high (compare above) and looks like the private sector trying to cash in where the National Health Service has waiting lists. But it is also very doubtful whether a general anaesthetic is desirable or advisable for such a simple procedure. The risk of (possibly even fatal) complications consequent on a general anaesthetic is small but needs to be considered. Very probably it is only recovery from the anaesthetic which may make the overnight stay advisable: much more pleasant, and better value, to go to a practitioner who is prepared to operate under local anaesthetic. If any reader uses them please write in with impressions as to the service offered and the prices charged. (Thanks to N.T. – Cleveland for obtaining this information.)

**The Initiation Society** is now at 15 Sunny Hill Court, Sunningfields Crescent, London NW4 4RB, tel 01-203 1352 (answer-phone). The Secretary, Mr Alex Minn, will send a printed list of currently approved and annually reviewed Jewish circumcisers (mohalim). Most only operate on infants and in the religious context only, but some (the medically qualified) may operate for adolescents or adults for non-religious reasons. On the list of 62, 43 are in London and 10 in Salford. Those with the title of Dr are:

Dr S.B. Bolel, 36 Ashtrees Gardens, Low Fell, Gateshead, 091-477 1176.

Dr Z. Davis, 45 Cavendish Rd, Salford, M7 OWP, 061-792 4198.

Dr M. Harris, 49 Edgwarebury Lane, Edgware, Middx, 01-458 4431.

Dr D.L. Hibbert, 11 Moorside Road, Salford M7 OPJ, 061-792 2470.

Dr L. Lovat, 7a Boot Parade, High Street, Edgware, 01-952 5667.

Dr J. Spitzer, 66 Rostrevor Avenue, London N15, 01-802 4104.

The Initiation Society's Medical Advisor, Dr M. Sifman, 1 Stanley Avenue, Wembley, Middlesex HA0 4JF, 01-902 3887, is worth approaching confidentially for consultation, circumcision, and revisions (second or tidying-up circumcisions).

Contacts with Islamic circumcisers have not been very successful: if any member can help, please write in. Dr A. Singh, MB, BS, DLO, of 12 East View, Deepdale, Preston PR1 5AS, tel. 0772-52409, replied that he has been practising as a circumciser for about 22 years. All 150 operations during the previous year were religious, 90 per cent of cases were aged under 1 year and the rest under 5, and the charge was £40-£50 for a boy under two. He will not circumcise an adult.

Dr Shaikh, of 48 Queen's Road, Walthamstow, London E17, 01-520 2625 (work) 01-505 5790 (home) does Islamic-style circumcisions efficiently and inexpensively, but without discussion as to the type of outcome which will result, charging about £100 for an adolescent or an adult, and about half as much for a child under about 10. An appointment can be arranged with about a week's notice.

Dr David Jackson, 63a Moscow Road, London W2, 01-229 3300, is 'willing to discuss problems of the foreskin and its retention, in writing or at surgery, free of charge.' He opposes circumcision.

## **Observations Survey**

Following your suggestion of a cavalier/roundhead survey, I have counted up the following in a sports club to which I belong:

Over 40s	Cavaliers: 15	Roundheads: 10 (40%)	Total: 25
Under 40s	Cavaliers: 18	Roundheads: 9 (33%)	Total: 27
All	Cavaliers: 33	Roundheads: 19 (37%)	Total: 52

These figures surprise me somewhat, as I expected more roundheads over 40 (at school in the '50s and early '60s the proportion was 65% – 75%). Likewise I would also have expected more cavaliers under 40. While the figures bear out a trend favouring foreskins, the proportion of roundheads is still much higher than expected, given the official attitude of opposition to circumcision since the 1940s. I cannot comment on the various degrees of circumcision on the roundheads, but the vast majority of the cavaliers are 'wrinklies', ie with a longish, elephant-trunk type of foreskin. Only three have almost totally exposed knobs and one a partially exposed knob. As a cavalier who always kept his foreskin pulled back when showering so as to look 'regular' among the roundheads, I now find I still do this automatically, even though my group is now in the majority. Quite honestly, nobody really cares, but everyone still has a good look at everyone else's.

There are only four or so really large ones. But I do find that a large roundhead always seems bigger than a large cavalier because of the exposed knob: a wrinkled foreskin always seems to reduce the size. I hope these statistics are of interest.

*J.H. – Beckenham, Kent*

## Penis Survey (Continued)

All measurements are in inches (except height in feet and inches), rounded to the nearest 0.1, so  $\frac{3}{4}$ " or 0.75 is given as 0.8. Measurement to 0.1" is as accurate as anyone can reasonably get.

The dimensions in the Table are as follows:

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar-line from glans rim.  
If uncircumcised: U
6. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, flaccid?
7. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, erect?
8. If uncircumcised, is foreskin tight (T) or loose (L)?
9. When standing against the wall with erect penis, how far from glans tip to nearest part of stomach?
10. Height
11. Age
12. Identification (initials and place).

1	2	3	4	5	6	7	8	9	10	11	12
<b>Cavaliers</b> (previously listed)											
4.5	6.5	4.5	6.3	U	12	8	L	4.5	5'8"	30	N.T. – Guisborough
3.5	6.3	4	6	U	11	8	L	5.5	6'4"	64	E.S. – Salisbury
3	6.3	4	4.8	U	10	9	L	4	6'1"	26	Anon
5	7.5	4.3	5.5	U	1	0	L	3	5'10"	50	E.L. – Bath
3.3	5	3.9	5	U	13	10	L	5	6'0"	54	M.M.G. – N.Yorks
4.1	6	4.5	5.6	U	11	9	L		6'1"	54	M.L. – Gwent
5	6	5.5	6	U	10	10	L	7.5	5'5"	68	J.T.D. – London
3	6	4	5	U	0	0	vL	1.5	5'10"	57	R.V.A. – Lancs
3.5	5	4.5	5	U	8	0-3	L	4	5'9"	46	D.S. – Merseyside
3.8	5.8	4	5.3	U	10	10	T	3	5'9"	29	J.A. – York
3.5	5.5	3.5	4.8	U	10	8	L	4.5	5'8"	69	A.R. – Hampshire
3	4.7	3.5	4.4	U	10	9	L	4	5'8"	45	J.H. – Kent
<b>Cavalier Additions</b>											
3.6	5.8	4.4	5.4	U	10	5	T	–	6'2"	18	J.K. – Sutton Coldfield
4.5	7.8	5	6.3	U	4	0	L	3	5'9"	42	Anon – Hants
	6	4	4.5	U	8	0	L	6	5'11"	46	R.B. – London
3	5	3.5	4.4						5'5"	18	<i>Minima</i>
3.8	6.0	4.2	5.3						5'10"	47	<i>Averages</i>
5	7.8	5.5	6.3						6'4"	69	<i>Maxima</i>

**Roundheads** (previously listed)

5	6.5	4.3	6	1	-	-	-	5	5'6"	49	G.P. – Perth
5.5	7.5	4.5	6	0.5	-	-	-	6	6'1"	63	A.W. – Burgess Hill
3.8	6.5	3.8	5	0.8	-	-	-	7	5'11"	35	A.G.T. – Hornchurch
2.5	5.5	4	5.5	0.5	-	-	-	4.5	5'10"	34	M.H.
3	6.5	3.5	5	0.5	-	-	-	H	6'1"	77	V. – Shropshire
4	6.8	when warmer									
3.2	5.1	3.2	4.7	0.8	-	-	-	4.7	5'8"	30	J.H. – Finland
4	7.6	3.5	6	0.5	-	-	-	6	5'10"	56	R.W. – Sussex

**Roundhead Additions**

3.5	6.8	4	5.9	0.5	-	-	-	4	5'9"	43	B.B. – Hants
3	6		5.8	1.1	-	-	-			55	E.G. – Bradford
4	6	4.5	6	0.5	-	-	-	6	6'3"	50	I.M. – Sussex
3.4	5.5	4.5	5.5	0.8	-	-	-	7	5'10"		A.F. – Devon
2.5	5.1	3.2	4.7	0.5					5'6"	30	<i>Minima</i>
3.7	6.3	4.0	5.6	0.6					5'11"	45	<i>Average</i>
5.5	7.6	4.5	6	1.1					6'3"	77	<i>Maxima</i>

**Comments On The Survey Results**

The first thing I noticed is the average age of respondents, which is 48. Is it only an older generation that has a keen interest in the penis, or is it just that younger members of *Acorn* have not taken the time to reply to the survey? The average erect size of cavaliers worked out at 5.9", which falls below the *Forum* average of 6.25". Our roundhead respondents were marginally above the *Forum* average, however. I enclose my own measurements. It would be very good to have more members send in their details.

*B.B. – Hants.*

My greatest circumference is at the glans ridge, 4.75" flaccid and 5.75" erect. My scar-line varies between 0.5" and 1" from the glans ridge. At the scar-line the circumference is 4.3" flaccid and 5" erect. The circumference at the glans ridge would be useful for comparisons, whether measured bare or over a layer of foreskin.

*A.F. – Devon*

**Observation 1**

A very black negro aged about 25, well-built and of average height, had a slightly above-average sized penis. As he stood peeing, his retracted foreskin covered the glans rim and about  $\frac{3}{10}$  of his glans. The visible glans and foreskin were about the same colour as his face, but when he had finished he worked

the foreskin to and fro to massage out the final drops. The inner foreskin and glans rim revealed as he pulled back the skin were bright pink, in fascinating contrast to the surrounding black.

T.A.

## Observations 2

Observing my friends over the past six weeks or so gives the following results:

Ages	46	46	40	42	40	49	45
Circumcised	no	yes	yes	no	yes	yes	yes
Size	large	ave	small	large	small	ave	small
Glans coverage	10	0	0	10	1	1	0
Colour	white	white	white	white	white	white	white
Religion	Christian	C	RC	C	C	C	C
Location	London	L	L	Jersey	L	L	USA
Class	Upper	Upper	Upper	Middle	Upper	Upper	Upper

I think these are pretty representative, and draw the following conclusions:

1. Circumcision was widely practised in middle and upper class families until say 1950.
2. It was rare among lower middle class families after 1950.
3. It was more widely practised in all classes in the 1920s-1940s, probably stopping in the 1950s.
4. It was universal in the USA and Australia.
5. It was widely practised, for longer, in the expatriate communities – those born in English hospitals in Africa, India and the Far East tend to be circumcised through to 1965.

R.B.

## A Beach Survey

In a survey to establish the current incidence of circumcision, I observed the penes of 203 youngsters, aged between just a few months to about five years, playing stark naked on the beach. Whereas years ago only the very young were occasionally allowed to do so, now complete nakedness of babies, toddlers, infants, and even older children was observed, with a maximum of 30 in a half mile of beach population in the high season. In some families, girls below school age wore bikini tops while their brothers went stark naked.

The overwhelming majority (196 of the 203 sightings) were uncircumcised. Among the intact, penis size varied from vermiform (worm-like) to above average, but most foreskins were long, extending well beyond the glans tip and curling down towards the vertical. Only ten with full cover had enlarged orifices, presumably by retraction. Four brothers aged between about two to five years all sported the longest foreskins I have ever seen. The skin beyond the glans was longer than the rest of the penis in each case, a feature inherited from their father.

There were only seven circumcised penes. In all cases the glans was precociously plump, giving a button-mushroom appearance, and the scars were well-set, without the pinkness of recent healing. The distinct work of a mohel seemed evident in one. Two had radical removal and wavy scar-lines, the result of standard surgery and sutures. Four had been beautifully trimmed, with very slight and perfectly straight overlap of the glans rim, presumably the result of a 'bell' technique.

I only saw one example of dissimilarity between siblings. A younger brother was radically denuded while his older brother remained intact. The circumcision was of the ragged, sutured type. The other possessor of a rough-hewn edge was a five-year-old, both perhaps the result of urgent treatment.

This Table compares the 1989 beach survey with 1956 school observations:

		1989 Beach sightings, ages 0 - 5 years.	1957 Changing-room sightings, age 14.
Total number		203	31
Number circumcised		7	14
Per cent circumcised		3.5	45
Method	Jewish	1	1
by scar	Trim & suture	2	13
type	'Bell'	4	0
Number uncircumcised		196	17
Per cent uncircumcised		96.5	54
	glans tip visible	0	10
Foreskin	full cover	5	37
length	some overhang	38	48
	excess overhang	57	5

The observed circumcision rate was 3.5 per cent. Almost all the non-ritually circumcised were under three years old, so it seems that there has been a slight change in medical attitude quite recently in favour of neo-natal or infant circumcision. The disposable 'Plastibell' allows a neat, simple, and aesthetically attractive result, as important to the continuation of non-ritual circumcision as Tampax and the pill have been to the liberation of women.

While the beach observations were being made, the following tender incident occurred. One mother sunbathing with family and friends seemed particularly beautiful: bronzed, bikini-clad, long fair hair tied at the back, a kindly round young face. She had two completely naked girls aged about four and six and a son of about three, clothed most of the time. In mid-afternoon he dropped his trunks but continued to wear a short red shirt and sun-hat. Standing immediately before his mother, he dribbled from a long foreskin. After a pause, maternal assistance was at hand, quite literally. Mother reached out with her left palm downwards, deftly and gently grasped her son's penis behind the glans and drew the skin forward. This allowed him to complete the voiding in a strong steady stream. When he had finished, without any self-consciousness she gave the prepuce three gentle shakes, withdrew her hand quickly and wiped it on her thigh. It all took about 15 seconds, including the skin 'towelling'. The caring act seemed so natural and had the approval of the infant, who remained perfectly still throughout, though his organ slightly increased in size. Every part of the child, including his long obstructive prepuce, was loved. By then the distinctive glans-rim profile of a roused roundhead had formed in my own trunks. I would have accepted the phimosis gladly if such an angel hand was nearby. I only saw her once, but appreciated her tenderness.

*Anthony – Devon*

## **Circumcision Fantastic**

Having subscribed to *Acorn* for 1988-9, each issue is getting better and more informative. As more members write in with their personal preferences and their experiences, we learn a little more about circumcision and the methods used each time the buff envelope arrives. My wife and I both prefer a circumcised cock which has been cut right back. My cock is 3" flaccid and 6" when erect, with a circumference of 5.75" at the line of cut. My circumcision ring seems to me to be very faint, although my wife says it is quite plain and looks lovely to her. When erect the ring is 1.1" from the groove on the upper surface coming to a lesser distance like a "V" on the underside. From what we have both read and understand I was circumcised (in 1934, as a baby) by the classic dorsal slit and cut round both sides method, the frenulum being cut also. This method was very popular then and does really appear to remove as much foreskin as possible, with no untidy skin tags on the underside.

My wife has only one regret, which is that I am circumcised. She loves the look, feel and cleanliness of my cock but wishes that it was she who had circumcised me. We both think it would have been the height of erotic ecstasy for me to sit on the settee with my legs wide open and she kneel on a cushion between my knees carefully shaving off my pubic hair while I caress her breasts and nipples. Then she would push my foreskin right back as far as possible to enable her to measure how far back I could be cut. With foreskin pulled forward a ring would be drawn around my cock to indicate where the

circumcision cut should be. She would then spray or inject my foreskin with a suitable anaesthetic before taking up a pair of scissors. She would carefully cut a dorsal slit up my foreskin as far back as the ring marked on it, then again carefully cut round from the dorsal slit to the underside from each direction, finally trimming the frenulum. It would be a perfect way of being circumcised. The effect of the deep pink-coloured circumcision ring and purple glans would heighten sex even more for weeks afterwards. A pipe-dream, but this is nevertheless a lovely thought shared by us both.

On our travels round the continent we have been to many nudist camps and can fully understand the female preference for a circumcised penis. My wife often remarks, "What a horrible elephant's trunk: he needs circumcising". We have seen two or three teenagers or youngsters with penises which have obviously been recently circumcised. They look far better for it. Personally I think that all males should be circumcised before puberty, as this would relieve many troubles in the future to both themselves and their sexual partners; but I am not sure what age would be best. My wife agrees that circumcision is the best treatment a penis should and can receive, but is not entirely convinced by the idea of neonatal circumcision, while realising the important benefits of being circumcised, since in looks, feel, performance and health-wise a circumcised cock is preferable to one with a foreskin. A bare glans is the thing for today and the availability of circumcision should be made easier.

In future issues we would like to see a really full description of the various ways to circumcise, with detailed drawings if possible. Can any member say where to get a video of circumcision, preferably one showing the results of the various methods?

*E.G. – Bradford*

## **Family Penis Resemblances**

What really fascinates me is the subject of family penis inheritance. I have never come across any comment on this, and would be grateful if *Acorn* members could help to throw light on the topic. In my own family, three generations of males share amazingly similar characteristics: general height, bone structure, hair/eye colour, identically-chiselled noses, etc. There is a 9-year age gap between my brother and I, but we are often mistaken as twins: that's how much we look alike. These characteristics even go as far as my cousin (our fathers are brothers). But what about our penises?

My parents are divorced, so just my father, brother and myself are at home. With no females around, there is a degree of nudity and plenty of chance for me to see if I have inherited the family cock. It grieves me to say that I don't think I have. Despite our other similarities, my brother's penis is considerably larger than mine. The same applies to my father and grandfather: all are very well endowed men, a characteristic I lack.



Could it be age, I wonder? I am 18. Perhaps there is time for me yet! This brings me to another point: when does the penis stop developing? Is it when one reaches maximum height? It would be interesting to know how much height, weight and general build relate to penis size. Perhaps any body-builders could comment on the relationship between bodily and penile development. Comments, please, from other *Acorn* members on any of these issues.

*J.K. – Sutton Coldfield*

[How excellent to have an *Acorn* contribution from a young member: many thanks. Perhaps the first thing would be to see how your cousin fits in this pattern. Secondly, I doubt whether height has much relationship to penis size (see the survey replies on page 5 and in the last issue of *Acorn*), since height can be much affected by the length of the long leg-bones. Have you ever noticed how adults vary less in height when sitting than when standing? But obesity (especially as a child) can result in the penis becoming buried in a layer of fat which both restricts its development and, additionally, makes it appear small (since part of its length is below the surface). Exercise which redistributed weight from fat to muscle would obviously help, but only if obesity is the problem. As to growth, one of the first signs of puberty is an increase of the length and diameter of the penis and the volume of the testicles. Pubic hair generally follows later, with growth in height continuing later still. This would seem to indicate that you can not expect much further penis growth: I hope I'm wrong. Although your erect penis length is about the average for *Acorn* cavalier respondents, it is rather smaller than *Acorn* roundheads (see above). Your size might be affected by putting your penis to fuller use: do you know how your frequency compares to your brother's? In my own family, my father and I are of short/broad build, with slightly below-average sized circumcised penises. My brother is taller and thinner, with a penis slightly longer than mine, and having the long, wrinkled foreskin which I was able to rid myself of. My son aged 16 is taller and broader than me, and considerably better endowed (in both length and thickness). He too had the long wrinkled family foreskin until circumcised. Note the example of the four brothers with extraordinarily long foreskins like their father, in the beach survey (page 7). More information from readers, please. — T.A.]

## **Ways Of Making The Foreskin Stay Back**

I am grateful to A.R. – Hampshire for his letter in the Issue 4/89 of *Acorn* describing the foam ring which he used to keep his foreskin back. I had, in fact, experimented with 'collars' of various sorts but not with one made from foam. I must say that its big advantage is that it is absolutely comfortable and it does work. However, the disadvantage from my own point of view is that by

creating this rather substantial ridge behind the glans, my most sensitive part is shielded from contact with clothing and the pleasurable friction, which is what I am primarily seeking, is minimised.

Thinking along these lines did give me another idea, of utilising a ring which I have had for many years which fits neatly behind the rim of my glans (it is actually the ring-binder type which can if necessary be opened, though this has never been necessary throughout a lot of experimentation). By repeated applications of 'Copydex' glue over a period of two days I built up a shoulder on just the top side of the ring and continued building it up until it was just sufficient to prevent the foreskin sliding forward over it. It is completely comfortable, fairly inconspicuous, and has the advantage of being no larger than is absolutely necessary to achieve the objective: in fact, quite my best discovery to date.

I pierced my foreskin some years ago, since when I have been able to employ the very positive method of anchoring it back to a cock-ring which, from the mechanical point of view, is hard to beat, but the new method is so much simpler. Perhaps someone might be interested in trying it.

*E.S. – Salisbury*

## **Anti-Circumcision**

Dear Tony: I appreciate your support for Ivan Goodhart's views in 'Have I the right (to circumcise my son)', since a bit of cut and thrust is essential to keep the Newsletter from becoming boring, but I have to take issue with your statement that his views are carefully argued: 'If all young men decided they wanted to be circumcised, 2000 ops would be required each day: where are the facilities?' Everything depends on his 'If'.

Now let me tell you why I feel so bitter. Will you accept my assertion that my childhood was purgatory and adolescence sheer hell due to an unnecessary circumcision in infancy? I was aware of the difference between me and my friends from the earliest, and that I had been mutilated and was deficient, whilst they were whole. As I grew up, a powerful heterosexual urge was denied and frustrated to the point where I seriously considered suicide. This was because my intact friends were able to indulge in teenage adventures, I was forced by fear of ridicule (based on experience) to avoid sexual encounters even though potential girl-friends were keen. As a result my mind has been pre-occupied for many years with a sense of deprivation, to the extent that concentration on the important things in life became impossible.

With maturity, despair and distress settled down to become mere unhappiness and I finally succeeded in getting married. My son, I'm happy to say, has been spared the misery inflicted on me and has been allowed to grow up as nature intended him to be. So there it is: a sad but by no means unusual story. I've contacted BUFF (the US organisation Brothers United

for Foreskins) in a fairly hopeless and pathetic attempt to procure foreskin restoration as my best chance for peace of mind. They tell me that there is a powerful identity of views among the predominantly circumcised population in the USA.

Mr Goodhart, if you do accept the sincerity of my position and, more importantly, the possibility that your son may grow up to be a sensitive person with his own separate identity, what will be your answer if in 20 years time he comes to you in a fit of suicidal despair and asks you, "Dad, why did you do it to me?"

PS: Are you sure that *Acorn* is the right medium for that tacky story about the chap who liked to slip it to little girls?

*R.B.W. – Bedford*

Dear R.B.W.: Thanks for your letter. The damage seems to have been done, not so much by circumcision as such, but primarily by your clear perception, as you put it, 'that I had been mutilated and was deficient, whilst they were whole', and by the ridicule you later experienced on this score. Since my own experiences at that age were the reverse: 'only cissies had elephants trunks; real sporty boys were roundheads', it would help me to understand your views better, and might very well also help you to come to terms with the desperate situations in your own childhood, if you could describe the first time when you learnt about your apparently unique circumcised status, and also the later incident(s) when it was used to ridicule you. None of us likes to think of ourselves as deficient or mutilated or ridiculous, so you can be sure that your account will be received sympathetically. If you would like it published under a pseudonym, that would be no problem.

As to your PS, yours is the third adverse comment on the Brazilian 'adventure'. I stand reminded of our essentially phallic objectives, and corrected for including this item.

*T.A.*

Dear Tony: I appreciate your sympathetic remarks. To expand: the first clear realisation of the damage done to me was at the age of five or so when an older girl rounded up half a dozen of us and instructed us to pee in line for the entertainment of her friends. All my companions were intact and my circumcised organ contrasted sharply (bluntly?) with the row of elephant's trunks, being instantly picked on by audience and performers alike as a source of curiosity, amusement and derision. One girl guessed correctly that I had had the end cut off, 'because there was something wrong with it.' (Incorrect: I'd been born normal.) Thereafter I was excluded from the rude and exciting games played by our little group.

It seems ridiculous, but I can still feel pain at the recollection of silly little events a year or two later, when I had to stand and watch when all my intact

chums once more at the instigation of an older girl, were induced to show off to the girls by pulling their foreskins back to reveal their shiny purple knobs, so different from mine; or even more rudely, by ballooning their foreskins while peeing. My loss was thus brought home to me in an unforgettable way. Other similar episodes over the years served to undermine self-respect and confidence: you know how cruel children can be to someone who is 'different'. Consequently the foreskin came to represent to me a priceless asset which my unthinking parents had denied me.

All this was nothing compared to the distress I suffered in my teenage years when I recognised its potential for purposes other than peeing. At 13 most of my foreskinned friends had spontaneously learnt the art of wanking, whilst I was still wondering what all the fuss was about. One boy told his sister, who was renowned for her willingness to deal out expert manual satisfaction provided a similar service was done for her. She immediately set about remedying my ignorance by taking me in hand. But once again, curiosity and astonishment at the unfamiliar appearance of my organ changed to strong disapproval because she was unable to 'exercise' it in the normal way, due to the lack of skin to work over the knob. Thereafter her friends would ask me embarrassing questions, and I overheard many sniggering references to skinless sausages and the like.

It was not until I joined the army and did a two-year stint in Germany that I managed to overcome my self-doubt enough to respond to an approach from the opposite sex. This too was a disaster. The German girl took one look at my shorn organ and asked me if I was Jewish. Despite my denials she would have nothing more to do with me.

Is it any wonder that a circumcised man in a predominantly foreskinned society should be driven to contemplate suicide? I certainly was. I recollect a feeling of overwhelming desolation on hearing my best friend tell his girlfriend, "Rob's circumcised, you know", and her incredulous laughter when she turned to me and said, "You're not, are you?" The realisation that a simple carefree sexual relationship like theirs was denied to me because I could not bring myself to reveal my shameful mutilation to a potential partner made me wish for oblivion.

What caused the despair was the appalling finality and irrevocability, the knowledge that no amount of enterprise or initiative on my part could ever bring my foreskin back. If only I'd been left the option! It wasn't just a question of being 'different'. Part of my body had been cruelly cut away, when my friends had been allowed to remain whole. What greater indication that the decision to cut was an arbitrary one, based purely on someone else's whim?

I have got absolutely no quarrel with those who make a conscious decision to be circumcised. In fact I'll be happy to sign a petition for circumcision to be made available on request, on the National Health. What really makes my flesh crawl is the extension of the circumciser's missionary zeal to the infliction

of his views on a defenceless infant who could, and probably will, grow up bitterly resenting his mutilation. I have another question for Mr Goodhart: are you absolutely sure you have the right to risk your son's future happiness, and are you prepared to accept his hatred if he doesn't like being 'improved' without the option?

Finally it needs to be said that an important part of the cause of my distress was the fact that, although some of my contemporaries were circumcised, for reasons of class, location, or possibly coincidence, all my close friends were intact, so I was always the odd man out when 98 per cent of the non-ethnic male population of the country are fully equipped. I think it is important that your readers understand that the road beyond circumcision, which for them appears to be strewn with roses, can be a minefield of unfulfilment and misery for others. It took me a considerable emotional toll to write this letter. Thanks, Tony, for the chance of getting it off my chest.

*R.B.W. – Bedford*

I'm glad it helped you to write all this, and I hope that seeing it in print and realising that you have been able to communicate your feelings to 120 *Acorn* members will also help. That is why I have published both your letters in succession. Of all the letters I have had, your worries and regrets about 'not being intact' are much the most heartfelt: other correspondents have at least reconciled themselves, and at best been very pleased, to have been circumcised. As you say in your final paragraph, however, a large part of your problem was simply 'being different', which would also have been the case if your problem had been 'bat ears', or a brown skin, or a neurosis induced by being told that masturbation was evil. A large part of what *Acorn* tries to offer is the chance to share such experiences and knowledge, which can counter people's feelings that they are 'odd' in what they are or do or feel. You would have been much helped when young by knowing that a brother or a friend was also a roundhead, and there might also have been the chance to learn together how to enjoy sex or to masturbate. As I am sure you now know, there are some very enjoyable ways to do so, whether you are a cavalier or a roundhead!

*T.A.*

## **Videos**

Does anyone have or know of a video that shows a circumcision being performed? Perhaps someone planning to have it done would be willing to have the procedure videoed? Would a circumciser be willing to co-operate in making a video film? While detailed descriptions of the operation are quite explicit, it is still difficult to have a clear understanding of what is done. If anyone can help, please write in.

*I.W. – Dorset*

## Videos And Films

Dear Tony: While staying on a kibbutz in Israel in November 1988 I spotted an article in the *Jerusalem Post* (the main English paper there) entitled 'Video Stars' about the Torah Outreach Programme (TOP) in the Jewish old quarter of Jerusalem.

TOP has a stock of almost 150 video tapes, most of them 'talking head' lectures by Jerusalem rabbis which provide "a visual record of the capital's English-speaking religious lecture circuit". But the catalogue also includes one entitled *A Brit Mila Happening with Shlomo Carlebach*: 'this provides the viewer with an almost clinical view of a circumcision.' TOP director Jakov Fogelman says that 'this tape, which features songs performed by Carlebach at a brit, is a favourite of Carlebach and fellow-travellers.' The tape, he says, is also suitable for someone just interested in Jewish culture, or for a person curious about what happens at a circumcision. 'There is a certain folksiness in this tape', Fogelman says. 'It is a happening.'

In addition to students from various programmes who drop in to see their favourite rabbi lecture, non-Jewish tourists also use the service to gain glimpses of Jewish ritual and history. There is also a small but steady flow of television-starved neighbourhood yeshiva students who come to watch anything put on the screen. One day three haredi boys were glued to a screening of an innocuous little cartoon called *Joshua and the Battle of Jericho*. When someone asked to see the Carlebach circumcision tape, the boys stayed put, instinctively saying 'Amen' after the father in the tape recited the blessings.

So I went along. After overcoming my initial embarrassment at asking a teenage American girl to play it, I settled down to watch it. Half way through, an ultra-orthodox man wearing a black coat and long side-curls walked in, saw what was on and sat down next to me. Then he opened a bag of crisps and offered me some! We said nothing to each other, both absorbed by the ritual circumcisions. If any *Acorn* reader visits Israel, I'd heartily recommend this video. Take a blank cassette with you: perhaps the assistant will allow you to record it.

I have also noticed that the subject of circumcision has crept into box-office films. *Drowning by Numbers* is an idiosyncratic piece by Peter Greenaway about three women, grandmother, mother and daughter, all of whom drown their respective impotent husbands. One character, a boy called Smut(!), actually circumcises himself, following the advice of a young girl who says it is cleaner.

*Crossing Delancey* is a touching love story of a successful Jewish woman in New York, torn between a vain and exciting Dutch author or a dull and steady pickle seller from the Lower East Side. Here the circumcision is on religious grounds, and therefore better fits the plot. There is also a 15-minute short called *Dicks*. Apparently its premier was at the Edinburgh Film Festival.

*Time Out* says it is an amusing collection of interviews of women on their opinions of the male anatomy. I think it goes on general release this autumn, in London first I presume. Have any other readers seen these films? What did you think? Keep up the good work.

*Henry – Cambridge*

[Thanks, Henry. Can any reader get the address of TOPS or, better still, a copy of the Carlebach video? Please let us know if you can. — T.A.]

## **What's Yours Called?**

Mine was 'Mickey Mouse' as a child, later shortened to 'Mickey'. At school it was 'cock', 'prick' or 'dick'. In Spain, to a child, you refer to his 'pito' (little whistle), and later he graduates to having a 'troncho'. In Germany it is 'Schwanz' or 'Pimmel'.

*I.M. – Crawley*

In Germany, polite society use Penis, but more usually 'Das Mannliche Gleid', or simply 'Gleid' (= male member, or member). 'Cock' would be translated as 'Schwanz' (= tail). A southern German colloquialism, particularly amongst youngsters is 'Zipfel' (= end-piece, or Peter). There is a concoction of mashed potatoes formed into a sausage and deep or shallow fried, which looks quite suggestive: in Swabia and Bavaria they are actually called 'Bubenzipfele' (= boy's little peters). In childish language you would use 'Pipi', and this is used well into adulthood especially by mothers and, consequently, women. To piss is 'Pipi machen' (= do a pee), or for adults 'pissen'. Testicles are 'Hodensack' politely or just 'Sack' vulgarly; another common expression is 'Eier' (= eggs). Female pudenda are referred to as 'Scham' politely, a term also used medically for pubic, e.g. 'Schambein' (= pubic bone). The cunt is commonly called 'Moese', also 'die Muschi' (possibly from Muschel = shell), or 'Pflaume' (= plum). I have heard the following childish rhyme about the male and female sex organs:

Lakritz, Lakritz,  
die Frauen ham ne Ritz,  
die Manner ham nen Hampelmann,  
da lutschen alle Weiber dran.

(Translation: lakritz is liquorice, here used to form a rhyme, but also because it is sold in long strips to be sucked; women have a crack; men have a jumping jack, all the women suck them). This rhyme is 50-60 years old, and a jumping jack was a frequent toy in those days. I doubt that someone would call a cock a 'Hampelmann' these days except for a joke.

*J.T.D. – London NW2*

[Apologies for missing umlauts (!) — T.A.]

## Saunas

The saunas in England are pretty dismal, except for Unit One in Rottingdean, near Brighton, which is clean, efficient, and unlike most in Britain, has private cubicles. In London they are bad and I can think of no good reason to return. I have visited three, in St Martin's Lane, in the Shepherd's Bush Shopping Centre, and at 29 Endell Street, Covent Garden. They are expensive, St Martin's Lane is not very clean, and the staff in all three give the impression that if they were to turn their backs for one second, mass orgies/rapes would break out. The saunas in Germany rank from very good to fantastic. In the 'straight' saunas the men walk around completely naked. Some men show an interest in the male anatomy; but they are just more difficult to find. In the 'gay' saunas they wear a towel most of the time.

*I.M. – Crawley*

## At The Pool

There were four men in the changing room, all in their 40s, all a little over weight and with fairly short, fat cocks. Three of them were neatly circumcised, while the foreskin of the fourth covered about half his glans and left the tip bare. With him were two boys, one aged about 6, with a foreskin covering his glans with little overhang. His brother, about two years older, had an above-average sized penis with a clearly visible circumcision scar about  $\frac{1}{4}$ " behind the sulcus. The glans was very well developed, with a rim of substantially greater diameter than the shaft.

A five-year-old boy accompanied one of the circumcised men: his penis was of average size for his age, but notable for an extra ordinarily long foreskin which hung loosely, fully  $\frac{1}{2}$ " beyond the glans tip. With the third man there were three lads, one of 16, very well hung and loosely circumcised in the Islamic style: a wide band of loose, wrinkled pinkish skin between the purple glans and the brownish shaft, so that the glans rim nestled in a cushion of inner foreskin. The second lad looked about 11, with a juvenile uncircumcised penis, the foreskin of which hung a bit beyond the glans tip. The third lad had a well-developed circumcised penis, again in the Islamic style, although with less slack skin behind the glans.

There were two other lads in the changing room at the same time, one of about 12 with a pre-pubertal penis slackly circumcised and one of about 11, uncircumcised. Score: 7 roundheads to 5 cavaliers, a far higher proportion of roundheads than has been observed there before, or than might be expected. Two of the boys had good brown suntans, but there was nothing to indicate an Islamic or Jewish affiliation: indeed the family groups were notable for their inclusion of both roundheads and cavaliers.



## Nipples

After reading about the varied and interesting methods of (male) masturbation used by *Acorn* members, I notice that seldom if ever do they mention stimulation of the nipples as being of value. For some time now I have been stimulating solely my nipples in attempts to bring myself to a climax. Whilst I have been tantalisingly close, I have not yet been able to succeed. I feel, however, that if I were able to increase their sensitivity, I might well be successful. If any members have suggestions of how to do this, I would be happy to put them to the test.

A.R. – Hampshire

[Good luck, A.R. The obvious next move would seem to be to pierce them. This is usually done transversely, and, apart from the obvious precautions about cleanliness and sterile equipment, care is also needed to clamp each nipple precisely so that the piercing is placed accurately. A sleeper pin is kept in place until healing is complete, when it can be replaced by a ring. Special devices can be worn in the piercing to stretch the nipple (a practice which was also used by 18th century women to ensure that the nipple would be sufficiently prominent when feeding their future babies). — T.A.]

## Contact 1

I'm Matthew, a *Forum Society* member, heterosexual, but I would like to be introduced to bisexual activities by a *Forum*-minded couple. I get pleasure from seeing other males' genitals and would like to correspond with others (male and female) who, as I do, like to find ways to improve our knowledge of the penis. I would like to know more about penis tattooing, piercing, enlargement, and masturbation techniques.

M.S. – Birmingham 42

## Contact 2

R.A. – Brighton, 37, recently cut, former retractor, would like to meet other *Acorn* members.

To: Tony Acorn  
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AVON, BS23 2ED

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# **ACORN**

**1990 Issue No 1**

**(Formerly Issue R)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

**Welcome** to the first 1990 issue of *Acorn*, the newsletter of the *Forum* group for people interested in circumcision, foreskins and everything phallic: the penis, piercing, and 'getting the phallus into the best possible shape'. *Acorn*: why the name? The Latin for acorn is glans, which both cavaliers and roundheads have in common. Those who know this meaning know what we are about. But *Acorn* makes a convenient name because it is sufficiently anonymous: it could also apply to people interested in anything from computers to naval history. We are a Group recognised by the *Forum Society* (which also recognises a range of encounter and other Groups), and they are kind enough to forward mail for us. There is also an *Acorn Group* in the USA (from whom we have borrowed the name), but the only connection otherwise is in our shared interests.

**Contributions:** When the Newsletter started in early 1988, I wondered how long it would last. Now we are embarking on its third year, thanks to the enthusiastic response of readers. Its success depends very much on contributions from you the readers, so please keep sending your ideas, stories, anecdotes, comments, information, and observations. Provided only that it relates to our broad theme, we include fantasy as well as factual contributions. Readers can use their own judgement to decide between fact and fantasy. We also include contact requests (which may be edited). If contributions come in as they have done, we hope again to manage over 100 pages in 8 issues for 1990.

**Information:** It must be clearly understood that any information published, while supplied in good faith, in no way constitutes any recommendation by *Acorn* members or by the Editor of *Acorn* Newsletter or by the *Forum Society* or its members or officers. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so. Some members will learn much from this newsletter. Others may want specific advice and help, such as the name of a practitioner able to help them achieve the changes they want, or to give advice specific to their condition. The membership of *Acorn* includes doctors, some of whom are willing to help other members. A copy of the list of Jewish circumcisers (mohelim) approved (and annually reviewed) by the Initiation Society is available. Most only operate in a religious context and only on infants, but some are additionally qualified and may be willing to help adolescents or adults in non-religious circumstances.

**Confidentiality:** Contributions will be identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Letters may be forwarded anonymously if you wish. Obviously we gain in frankness from being able to write with these guarantees in mind. **Other Members** may be contacted by sending your letter to *Acorn* (address shown on front page) and asking for it to be sent on to the person named. It is your decision whether to

give your address, and it is their decision whether to reply or not.

**Subscriptions:** Whether you join in January or later in the year, your £10 annual subscription pays for all the issues, including back copies, published in 1990. This makes it fairly easy to ensure that everyone gets what they have paid for. 1988 back copies (86 pages) are available for £8 and 1989 back copies (122 pages) for £10. You can pay by cheque or postal order, preferably blank: receipt will be acknowledged, generally by sending what you have asked for; address as for Replies.

**Who Else Would You Ask If You Wanted An Answer To These Questions?** is the headline in advertisements for 'Self-Helpline'... just ring 0898 777 followed by the number that you want. 709 is given as the additional number for 'Male circumcision: your questions answered'. When I rang this number I heard seven and a half minutes (at 25p per minute cheap rate, 38p per minute at all other times) of how easy, helpful and unembarrassing it could be to see a Sex Therapist for such problems as premature ejaculation or impotence. There was no mention whatever of circumcision, and the caller was told to start by seeing their own doctor first. A caller could also find the Marriage Guidance Council by looking in the local phone book (incidentally, it is now called 'Relate', though callers were not told this). Or you could write to the Association of Sex Therapists for the address of one near you: the address given was PO Box 62, Sheffield S10 3TL. So, if you really want an answer, my advice would be **not** to phone 'Self Helpline': like so many other phone-ins, this one is also a rip-off. In my view, the answer to the question in the headline is: 'almost anyone but them'. Why not write to *Acorn* instead?

T.A.

## **Foreskins And Masturbation Methods**

I consider myself lucky still to have a foreskin. When I was five my mother took me to the family doctor because my foreskin would not retract. He did not believe in circumcision unless absolutely necessary. He applied an anaesthetic solution to my little penis, and I can just recall his using a thimble-like instrument and succeeding in passing my foreskin beyond the glans. He instructed my mother to get me to retract my foreskin every night in the bath. Sometimes it would not come back very easily.

I was a wanker from an early age, although of course no ejaculate appeared until 14. When I was approaching puberty and obviously more aware of what a penis was all about, I decided to wear my foreskin permanently tucked behind the ridge. Often I got an erection from the friction of my tight trousers, and I can remember being embarrassed when it was time to get off the bus. I would use my school briefcase to cover my bulge until it wore off. I seemed to be in a permanently erect state for four or five years. I suppose it was all part of

growing up and nature helping to develop my penis, strengthen my muscles and improve my blood supply.

When masturbating, I use various methods. Sometimes I use the foreskin with some lubrication to bring myself to orgasm, and sometimes I use one hand gliding up and down my shaft. There are times when I use the palms of both hands and with a rolling action bring myself off. DIY is so much more controlled, unless one has a very gentle partner who is able to feel and read you. The pinch and squeeze technique is unfortunately not widely known. I have never had a multiple orgasm, but even at 50 I have a quick recovery time and can have three orgasms within an evening's play-time. I am vasectomised, but I don't think that makes any difference other than taste. My wife tells me that my juices are slightly sweeter than they were before vasectomy, because my ejaculate is pure seminal fluid and no sperm.

I am now 50 so I have been wearing my foreskin in a retracted state for well over 35 years. Of course I can cover my glans, especially when I have soaked in the bath, my skin is soft and I am relaxed.

My wife definitely prefers to see a man with an exposed prick. She adores the shape and also the taut string on the underside that joins the foreskin to the shaft (the frenulum). Mine is particularly sensitive and if played like a violin string can easily bring me to orgasm. I also think that during masturbation (DIY or partnered) the glans has been able to be less sensitive and accordingly ejaculation can be prolonged. Mind you, this is only supposition on my part, since you can't prove otherwise unless you've worn your foreskin covering the glans all the time – but I suppose you could experiment and ask others. That is why I think a club to exchange notes and read about the subject is very healthy.

Most of my female friends over the years have indicated a preference for the uncovered penis, but perhaps they would not want to say otherwise for my sake. After all, if I ask: 'Do you like my penis exposed?' it is a leading question. But I could always cover it up if a partner preferred, unlike the finality of circumcision, which you have to live with.

Talking to my masseuse the other day about length, she complemented me on being slightly above average, but she said the ultimate test is whether or not the tip of the erect penis can just reach the navel! She said some peoples actually hang weights to boys just before puberty and, like traction on short legs, this enables their penises to be much longer: I wonder if you have any information? Presumably the same could apply to females: their labia could be stretched by early pulling or being pierced and having weights attached. Of course such things have to be part of the culture and performed at an early age as part of a ceremony or initiation to sex. We don't go in for real sex education in this country. I often wonder what young girls think in places like Bangkok when they are employed in a massage parlour at the age of six to entertain and relieve men.

Although most of us masturbate from an early age, we don't really know what sex is about until as we approach puberty we naturally start to examine ourselves more attentively. I remember catching my sister when she was aged 12 looking at her genitals in a mirror. We ought to be encouraging much more awareness of our sex organs and the differences between them. There is even more secrecy about female genitals, clitoral hoods, clitoral shaft size, and variations between the labia, than there is about the male genitals: at least these can be observed in changing rooms, urinals etc. But alas some would regard this as stealing innocence or being perverted. At least the penis survey is a start towards comparisons of the male genitals, but we still have a long way to go.

*Peter – Tonbridge, Kent*

### **Circumcision: How Tight?**

Dear Tony: Thanks for the year's set of Newsletters. I think the correspondence is most informative and surprisingly serious. Many of the letters totally echo my own thoughts: concern over cleanliness in the uncut state, great relief once it was over, etc. Unlike many writers, though, I found that the greatest improvement was not for masturbation (though the technique was obviously changed) but for various types of sexual activity with my wife. Having the penis permanently bare was a great improvement in lovemaking, and her own attitude was very favourable too (though her interest in the subject is, perhaps understandably, less than my own).

Like other members of *Acorn*, I found that the shaft skin became rather looser over the years, and about 18 months ago I had a revision carried out at the Marie Stopes Clinic which improved things considerably. However, when relaxed, the skin still slightly overlaps the sides of the penis head. When erect it is fairly taut, though the skin can still be moved back and forth to a certain extent. How tightly can the penis be circumcised, before it affects an erection? Has anyone experienced that state, and are there any other problems? Like others, I feel a complete, radical circumcision to be the ideal.

I have read that Islamic circumcisers are more thorough than Jewish (or British) surgeons: is that so?

*J.H. – Banstead*

[Dear J.H.: Both Islamic and Jewish traditional circumcision methods begin by pulling the foreskin forward and removing it with a single cut, taking precautions to ensure that the glans is not damaged and the cut is made beyond its tip. This removes outer foreskin but leaves the inner face of the foreskin covering the glans to a length about equal to the glans length. The essential difference of technique between them is that the Islamic operator simply turns back this inner layer, so that it forms a strip of skin bordering

the glans rim. The cut edge then lies close to the cut edge of outer skin, and the two cut edges heal together, so that the scar line lies some way up the penis shaft: how far depends very much on how much skin was pulled forward initially. The Jewish mohel tears the inner layer of foreskin longitudinally where it lies on the glans and then turns back the flaps. The result is that the scar line lies close to the glans rim on top (the dorsal side), but underneath the skin is much slacker, sometimes forming almost a small 'apron' hanging level with the glans tip, and sometimes forming a bulge under the glans.

The tightness or slackness depends very much on the operator's judgement and on how firmly he pulls the foreskin forward for the initial cut. For example, Turkish and Egyptian operators have the reputation of removing a minimum, enough to bare the glans tip but leave the rim covered. Slackness is also affected by the age at which the operation is performed: Muslims in Britain seem to have their boys circumcised before they are two, but the usual age in Turkey, Malaysia etc is about 12, often when he is old enough to have read through the whole Koran (cf the Jewish Bar Mitzvah). Jews, of course, circumcise (Brit Milah) on the eighth day: the operator ensures that the penis is erect, which also means that any error is on the side of caution. So the consequence of infant circumcision is often a fairly slack result, and Jewish regulations provide for a second operation if the glans proves later not to have been bared sufficiently. British surgeons vary greatly in the results which they achieve, depending very largely on how experienced they are. These days circumcision is fairly rare, and is often considered trivial enough to be left to an inexperienced junior duty-surgeon, with results ranging from good to very uneven and unsatisfactory. Anyone contemplating circumcision, either for himself or for a son, is therefore strongly advised to go to a surgeon with plenty of experience of this particular operation.

You ask how tight a really radical circumcision can be before it affects an erection. There seems to be a widespread anxiety among circumcisers about taking off too much, and among those considering circumcision that if they are circumcised radically, they may have an erection during convalescence and burst the stitches. Each of these complications is a very rare occurrence in practice, and a slacker result than the patient would really have liked seems much more common. In fact, of course, the penis skin is very elastic indeed, and some slack from the scrotum can also be taken up underneath before an erection is affected. Sometimes a penis bends to one side when erect, but, rather than being the consequence of an over-tight circumcision, this is much more likely to be the result of some difference between one side and another in the mechanisms regulating the blood-flow into and out of the left and right corpora cavernosa, the two structures of spongy tissue which form the penis shaft. (There is a third underneath, the corpus spongiosum, which surrounds the urethra and continues to form the glans).

From your description, it sounds as though your circumcision could be safely tightened a little further at the sides. But test out this conclusion for



yourself by marking a strip of skin on either side of your current scar-line, as wide as you think could be removed, using a 'permanent' felt-tip pen, and then check when your penis is fully erect to see if you still think the amount marked is 'spare'. If you decide to go ahead, this will give you a good idea of what to ask the circumciser to do. — T.A.]

## **Like Father, Like Son**

Dear Tony: I was originally circumcised whilst in the RAF serving in Holland. I had always wished to be circumcised but had been unable to find a surgeon sympathetic to my wishes. Even the surgeon at the nearby American base said he would be quite happy to do it, if my RAF MO was agreeable: needless to say, he was not. Just before my tour finished, a new medic came to my unit, and I saw him as soon as possible to see what his attitude was. He suggested that I request circumcision on religious grounds, which I did. The surgeon at the hospital agreed to circumcise me under these circumstances, and I was soon admitted. There were five of us in the ward for circumcision: I managed to find out that one had penile warts, two had split their foreskins during sex due to the foreskin not retracting fully, with the result that they tore. The fourth had a very long foreskin which he had caught in his trouser zip – it kept getting infected and would not heal. After the circumcisions were done we stayed in hospital five days and then were allowed home. I healed in about two weeks and was having sex straight away. I was pleased to be circumcised, but not overly pleased with the result. Our surgeons do not have enough practice. I had a lop-sided scar with a small bunch of redundant skin on the right side of the shaft behind the glans.

When my son was born we lived in northern Scotland. I tried to get him circumcised, but I was greeted with hostility and refusal. I could not get him done at the same time as myself because I wanted to see my own result first. So when I returned to the UK from Holland I kept a watch in *Forum*, eventually finding the information I needed. An article appeared about the advantages of circumcision, and I wrote asking the name of the surgeon mentioned in the article. He was based in northern England, but sad to say is no longer with us. I contacted him and arranged to have my son circumcised. When we arrived he weighed my son and then asked me to undress him and lay him on the operating table. He then gave an anaesthetic which would last about three hours, to allow my son to recover slowly, and started the circumcision.

As he could not retract his foreskin, he first used a probe to see if there were any adhesions. There did not seem to be, so he put two clamps, one on either side of the frenulum, and two more on top. He then used a scalpel to carefully cut a slit in the foreskin on top of the glans, so he could then peel back the tight skin. This allowed him to clean around the glans and sulcus with a swab. Next he took a Plastibell and placed it in position on the glans and pulled the foreskin forward over it until a mark that he had made on the foreskin with an indelible pen reached the groove on the Plastibell. He got

me to hold the clamps for him whilst he tied a ligature around the foreskin, depressing it into the groove. This would cut off the blood supply to the excess skin and allow it to die and drop off with the Plastibell. He used a scalpel to cut off as much of the excess skin as he could: the lack of blood oozing proved the ligature was tight enough. The Plastibell rested on the glans and when healing was complete it dropped off, allowing the skin to retract permanently to the rear of the glans and leaving a smooth straight circumcision scar. If the frenulum is too tight or too short it can be cut prior to the Plastibell being fitted.

Whilst my son was recovering, the surgeon asked if I wanted to be done. I told him about my circumcision. He asked to see it and his comment was: 'Good God, who was the butcher?'. Then he offered to do a revision operation for me if I would like. I jumped at the chance. He had me undress and lie on the table. When he had scrubbed up and cleaned my genitals, he injected anaesthetic into the shaft and under the skin near the frenulum: it stung a little, but that was all. Whilst it was taking effect he stretched my remaining foreskin over the glans to see how much there was, and then marked it with a dye pen where he would cut it. He asked if my frenulum gave me any trouble, and I said no. In retrospect I wish I had got him to cut it; however, I didn't. When he had tested to make sure that the anaesthetic had worked, he got to work with his scalpel, cutting and stitching. After about 15 minutes he said: 'That will look much better when it is healed.'

He gave me lunch, refused to accept any money for my son, and charged just £35 for my circumcision, saying that all men should be circumcised. He had been circumcised as an adult while a surgeon in the army in Africa. Both my own and my son's circumcisions healed up perfectly, although my son did have a little difficulty in peeing, as the Plastibell tends to press against the glans because of the foreskin trying to retract all the while. This problem was overcome by putting him in a lukewarm bath, which somehow allowed this tension to relax. My own result was fabulous: no bunch of spare skin and a nice neat scar  $\frac{1}{4}$ " behind the glans.

About three years ago I started having trouble with my frenulum. After any energetic intercourse it hurt and tended to feel tight. Whether it has shrunk, I don't know, but it did restrict my pleasure so I was on the lookout for a surgeon to attend to it, as my pen-friend in the USA suggested. He had removed his own but I didn't fancy that, so I contacted Mr Hasan for an appointment to see if he would cut or remove it. He saw me and agreed to do so, and whilst checking it out he said he would tighten up my foreskin if I wished. I agreed and the following week I attended his Harley Street clinic. I was told to remove all my clothes below the waist and get on to the operating table. The nurse put on operating drapes. He injected into the shaft and skin and then into the glans, which stung, and into the frenulum. Whilst it was working he marked what he was going to do. I was unable to see, and with a numb cock I could not feel what was happening, so all I can say is that

when he was finished he stitched it up and bandaged the site. He gave me a prescription for some tablets. After 30 minutes he checked me and when he was satisfied that all was well I could go home. It took a little longer to heal than the previous circumcision, but I am well pleased with it and there is no more discomfort during any form of sex. The scar is neat and fading away. The skin is taut on the shaft during erection and stays behind the glans at all times when not erect. In the 20 years I have been circumcised I have not lost any sensitivity.

To those of you who are contemplating circumcision or are circumcised but are not satisfied with the result I say: 'get yourself circumcised, you will not regret it.' If you are thinking of having a revision, I'd say: 'Do it.' It is for your own benefit and pleasure, so go ahead. In my experience you will not regret it. If any of you are still uncertain or want advice I would be quite happy to write and answer any of your questions. I can be reached care of *Acorn*.

*B.H. - Leeds*

[Many thanks for your letter, Brian, and some very interesting enclosures which usefully keep me up to date with the US debate on circumcision. It's nice to hear of another satisfied customer of the late and much lamented Ossie Gibson, who ran his circumcision practice under the name of John Smith and offered an extremely useful service in an area of the country which is otherwise poorly served in this respect. A few questions: How old was your son when you took him to be circumcised? What was his mother's attitude to your intention? What has been his own attitude - has he commented at all? — T.A.]

## **David Meets The Initiation Master**

When the letter came, David felt a mixture of excitement and dread. "This must be what it was like when you had spent your childhood playing soldiers and then your war-time call-up papers came telling you to report to the army", he thought.

As a boy of five, sharing the toilet for a pee with his friend Sam, he had discovered that the end of Sam's penis was always bare and neat and ready for action. By contrast, his own ended in a long wrinkled foreskin and did not aim nearly as well. As soon as he saw Sam's cock, he had wanted his own to be like it. Later he found out that other boys were roundheads like Sam.

At school the boys formed rival gangs. There were fewer in the roundhead gang, but they always seemed to be in control in the playground. If a new boy came, he was soon checked out in the toilets. The lucky ones could join the roundheads. The unlucky ones had to choose one of the 'cavalier' gangs, and

from then on their chances were slim of getting through a term without being roughed up. David had heard from Sam about the check-out in the toilet and tried to make his foreskin stay back to keep his glans bare, but the roundheads were wise to that trick: they soon saw the bunch of wrinkled skin on the shaft and pulled it forward with a jerk. From then on the nickname 'E.T.' followed him through school: he tried to make out it was because his friends thought of him as the loveable Extra-Terrestrial creature of the film, but he knew and they knew that it stood for "Elephant's Trunk". The name even followed him from primary to secondary school. In bed at night he 'played soldiers' with his cock. When it stood to attention, he could make the skin stay back for as long as half an hour. He often tried to keep it back by sleeping on his stomach, but when he awoke in the morning, it had slipped forward and the glans was damp and smelly again.

Increasingly he came to despise his own penis, with its long wrinkled foreskin, its "elephant's trunk" look, its unpredictable aim when he peed, the stale smell of it when he pulled the skin back, and the realisation that even if he washed it every day, it never seemed really clean. Once he had seen a graffiti reference to 'dirtskin' and knew at once what it meant.

In the showers at school and now at the sports club he never liked the others to see his cock with its wrinkled end: somehow it seemed to make his cock look smaller. But he had also perfected the art of carefully observing other men's equipment. Some of the other cavaliers had thin, short foreskins which allowed the glans tip to peep out, which seemed neater than his. The roundheads he saw seemed to have a self-confident swagger and always seemed pleased to show off their handsome endowments.

At work recently he had been told to choose his next car. Most of the others had Vauxhall Cavaliers, but because of the unpleasant associations of that name he had asked for a Ford Sierra instead. The Astra which he had before was too closely associated in his mind with the stars and E.T.: he was glad it was going.

So he read the letter with a mixture of excitement and fear. At once he followed its instructions, phoning to book a hotel room in a northern town which he had never visited before, and then checking train times. In the following ten days of waiting his imagination allowed him to picture everything he thought would happen: the pain of the operation, the dread of flinching or crying out while it was being done, the elation of becoming a roundhead at last. He wondered whether he would faint at the sight of his bleeding penis. Would the operator cut off too much? Suppose the stitches pulled out if he had an erection: what would happen then? How long would it take to heal afterwards? But the longed-for elation of finally being rid of his despised encumbrance of foreskin would make even all that worth while.

He went over all of these thoughts again as he sat in the train; but he always returned to the hope of deliverance, and the stroke of luck which had

put him into contact with the man who would free him. So he checked into the hotel soon after lunch, left a note of his room number at the desk addressed to the mysterious 'Mr Acorn', and went up to his room. It was expensive but comfortable. From the window he could look far out over the roofs of the town: that also meant that no-one could see in. The bathroom was clean and brightly lit. He unpacked his small case, including the odd assortment of items he had been told to bring, and laid them out neatly on the table. Then he settled down to watch television and wait for Mr Acorn.

### Enter the Initiation Master

After a while he began to fear that he might be the object of an expensive hoax. But then he heard a knock. He turned off the t.v. and opened the door. The man standing there was of medium height and would not stand out in a crowd, but behind his glasses David noticed a determined glint. He said he was Mr Acorn, and they exchanged a few pre-arranged words which quickly established each other's identity. This was the Initiation Master, into whose hands David would have to entrust not just his foreskin but power, too, over his entire manhood.

David beckoned him in, together with the two other men whom he introduced as his assistants, Chris and Roger. David had not expected them, but it was a bit late to object now. Mr Acorn told the three of them to fold back the bed covers, and he laid a white plastic sheet on it to protect the bottom sheet: now David knew why he had brought those plastic bin-liners. Then Mr Acorn locked the door, told Chris and Roger to strip, and watched while they helped David remove every item of his clothing. Chris ran a hot bath into which Mr Acorn poured a generous dash of antiseptic fluid, then told David to sit in it. Chris and Roger washed David thoroughly, working down towards his cock, which received such thorough attention that it was soon as firmly erect as he had ever known it. Meanwhile in the bedroom Mr Acorn rechecked the door and laid out the tools of his office. Then he, too, stripped and returned to the bathroom.

David looked-up, and could not take his eyes off what he saw. Mr Acorn stood naked at the door. His penis was slightly erect, and it had been tightly circumcised. But what held David's attention was his badge of office: a solid, heavy silver Prince Albert ring hanging from the tip of his glans. David thought to himself that anyone who had the self-control and determination to have a ring like that inserted must indeed have the mastery which Mr Acorn claimed.

### That's where the line will be

At a command from Mr Acorn, David stood up and dried himself thoroughly. Chris and Roger took him through to the bedroom sat him across the bed with his buttocks at the edge and his legs apart. They arranged a pile of bedding to support his back. Then one sat each side of him. They entwined a leg with each of his, and held David's arms across their shoulders, joining

their own arms behind his neck, holding David firmly and making him look down. He was immobilised, and all three men had a good view of what was to follow. Mr Acorn put a small plastic bowl under David's scrotum, then knelt between David's legs, took hold of his penis and examined it minutely. His left hand gripped and pressed at the base of David's penis: this kept it erect and firm. His right fingers gripped the tip of the foreskin and pulled it so hard that David winced. Then he pushed the foreskin back along the shaft steadily and very firmly until the glans was completely bare. Further moves and observations followed until David wondered how long he could keep control of the mounting urge for relief. He could see that Mr Acorn and both the Assistants, too, were displaying a similar level of arousal. Roger had a bright red recent circumcision scar. Chris had a long wrinkled foreskin which, like David's own, more than covered his glans, even though his penis was firmly erect. Still pulling David's foreskin firmly back, Mr Acorn took a pen and drew a neat line right round, 5mm from the rim of David's glans: "That is where your circumcision line will be", he said. David could only nod his agreement. Next, his foreskin was pulled firmly forward so that the rim of the glans could clearly be seen as a ridge underneath. A corresponding mark was made just behind this line. "Take a last look at your foreskin", said Mr Acorn, and David did. Suddenly he felt quite attached to it, especially as Mr Acorn and his Assistants had treated it none too gently during their preparations.

Once again David felt Mr Acorn's firm grip on his foreskin. He was pulling at it even harder than before, so that the line that he had just marked was now pulled beyond the end of his glans. Mr Acorn applied an instrument which lightly gripped the foreskin at the marked line. Then he spent several minutes first checking that the line on the skin exactly matched the edge of the instrument, and then pulling at the inner layer of skin and pushing at the glans. Just as David was about to say that he hoped it would all soon be over Mr Acorn said: "That's right now. Keep still, keep quiet and brace yourself." There was a click as he squeezed together the handles of the instrument. David felt a sudden pain, a sharp ache and a crushing tension. He just managed to bite back the cry which came to his throat. Mr Acorn reached out for his gleaming scalpel. David looked at him pleadingly: "Please hurry. I didn't expect this. I don't think I can bear it much longer." Mr Acorn simply replied: "Steady now", and bent over his task, exerting still heavier tension on the instrument while David watched in tense fascination.

Very steadily and deliberately Mr Acorn moved the scalpel blade down beside the edge of the clamp. David could feel it cutting and at the same time relieving the crushing pain of the clamp. In a few seconds the dark red line of cut skin extended while the outer surface of skin, relieved of tension, pulled back along the shaft of his penis to reveal the blood-red inner skin still covering his glans. As the scalpel reached the end of its stroke the skin pulled away and finally parted. The shaft skin sprang back until its cut edge took up exactly the position which Mr Acorn had marked.

### David lay back in relief

The ring of stinging pain at the cut edge of foreskin was, if anything, a relief after the clamp, and was much more bearable than he had expected. He also felt almost detached from his body with its raw-ended penis, at which he continued to look with mesmerised fascination. He noticed that a trickle of blood dripped from it into the bowl and that his once-proud erection had vanished.

“Don’t relax yet. There is still the inner skin to trim away.” Mr Acorn pushed one blade of his forceps along the upper surface of the glans under the layer of inner foreskin which still covered it, closed the blades together and used them as a guide for the scissors with which he made a long cut in the remnant of inner foreskin, back as far as the glans rim. Then he turned back this inner skin and told Roger, sitting on David’s right, to use a tissue to grip the glans firmly between his forefinger and thumb. Mr Acorn used the scissors to cut away the inner foreskin, leaving only a narrow fringe of skin bordering the glans rim, about as wide as one blade of the scissors. With each closure of the blades David wondered whether he could stand the pain of the next one, especially as Mr Acorn worked his way round towards the frenulum. But with each cut, first round to his left and then to his right, David was also encouraged as his glans stood clear and unencumbered for the first time in its life. “Nearly there”, said Mr Acorn, as Roger held up David’s penis so that Mr Acorn could snip away to the point which would remove the frenulum. With one final snip, the foreskin fell away into the bowl. Roger let go and David’s penis could hang down. David sighed with relief and relaxed. He could see that Mr Acorn and Roger and Chris were throbbing with excitement. David also noticed their look of triumph as they contemplated one more successfully circumcised penis and counted another addition to the ranks of the roundheads.

### We’ve not finished yet

It was almost an hour since Mr Acorn had arrived, but only fifteen minutes since they had come into the bedroom from the bathroom. “We’ve not finished yet. There is the bleeding to stop and then the stitches to put in.” David had wondered why Mr Acorn’s array of instruments included a miniature soldering iron: now he found out. Mr Acorn pushed the skin back as far as it would go along his penis shaft to bare it, dabbed it with a tissue and then touched the hot point of the soldering iron to one of the places from which blood was oozing, repeating this until the flow of blood was reduced to nothing more than a slight ooze. David did not feel much as he did this, but there was an unpleasant smell of singeing; he was relieved that it seemed to work, however. Chris and Roger were still beside him and David was comforted by his bodily contact with them: although the room was warm, he felt quite cold.

Mr Acorn pulled the shaft skin forward again and began the slow and careful process of stitching together the two cut edges of skin. With one pair of forceps he lifted up the edge; then a second pair of forceps was used to push



the tiny needle through the skin. This process was repeated for the opposing edge, the thread was drawn through and carefully knotted. The first stitch went in underneath at the frenulum, and hurt quite a lot, but it turned out to be much the worst. The second went in on top, diametrically opposite the first where David could see what was happening, and the third and fourth were at each side. These hurt much less, with only a small sharp pain as the needle went in each time. Otherwise, David observed in a detached way, the main thing he could feel was a dull and heavy pain. Mr Acorn worked deliberately and carefully, taking his time to make sure that each stitch was accurately placed and securely tied before inserting the next. Warily David counted up to 64 neat little stitches before Mr Acorn stood back and at last pronounced his work finished. "Well done. Now you are a roundhead, with a penis free of foreskin and constantly bare to the world. Congratulations."

I have waited for this moment all my life

Then at last David could allow himself to relax. "Thank you", he gasped, "I have waited for this moment all my life. It hurt quite badly, but it is worth it now." Throughout the operation he had been steeling himself not to call out or wince: he did not want to show Mr Acorn or his Assistants that he might be unworthy of initiation to the ranks of the roundheads, and he certainly did not want them to do only half their work. With his knees he had gripped Chris's and Roger's legs, and he had watched Mr Acorn's every move so that he would not be caught by surprise. Now he lay back, and at once began shivering as the tension relaxed. He looked at his watch, and found that it was less than half an hour since Mr Acorn had started.

Mr Acorn removed the bowl which now contained the severed pieces of foreskin and some congealed blood, and then wiped away the splashes of blood on David's legs. Chris helped David to his feet, led him into the bathroom, and finished washing off the splashes of blood and the clots which had congealed on his scrotum. David looked at his newly circumcised penis in the mirror. It hung loosely between his legs, bruised and swollen. But it was free at last of that wretched, wrinkled and ugly foreskin which had taunted him all his life with its unwanted presence. Instead there was a neat line just behind the rim of his glans where the new scarline would lie, now puckered and dark where the stitches drew together the cut edges of skin. Below the scarline his glans stood red, bare and proud, now permanently visible to all the world.

Mr Acorn let him admire himself for a while. Then he checked that all the blood clots had been wiped away and massaged an ointment onto the incision line, which stung for a few moments. This was followed by a strip of gauze which he fastened in place with a scrap of sticking plaster. "Is that all?" "Yes, you want as small a dressing as possible. But I'll tape this pad to your stomach. It will protect your clothes from any bleeding and from the lymph which will ooze from the scar-line for a while. Get dressed now, and keep warm: you will soon stop shivering."



While David did so, very carefully, Mr Acorn and the two Assistants busied themselves washing and tidying away the equipment. The blood and scraps of inner foreskin were flushed away, but the foreskin itself was carefully washed and dried, then pressed between layers of tissue, and given to David. Chris and Roger remade the bed. Then David sat down very carefully, while Mr Acorn phoned room-service for a tray of tea and biscuits: "The hot drink will counteract the shock symptoms which you are beginning to show."

### The Circumcision Master

While they were drinking the tea David asked him how he had gained his qualification as a Circumcision Master. "I have been at several circumcisions. The first time I was only allowed to watch from a distance, because I was still a cavalier. The second time, I was at the centre of attention. I proved my own prowess by making the first cut myself. I had been told exactly what to do by the Master, when I told him I could make my own cut. It was easy enough to start with, but I nearly gave up when the knife reached the area near the frenulum: I had to pause, but I was determined to complete the job, and eventually I did so. My Circumcision Master thought I was too cocky, so when I had finished the first cut he really took his time trimming away the inner skin, a scrap at a time, and then he pulled at the frenulum to make sure that he removed it all."

"The third circumcision I went to, I was an Assistant. I sat beside Roger, just as Chris and Roger have done for you. Unlike you, he struggled a bit when the clamp was fixed and we had to hold him very firmly. But after that he calmed down. Then when the stitches were going in he started to moan, and we had to gag him to stop the noise."

"I already knew that I wanted to be an operator myself. I have always been fascinated by the accounts I have read of African tribal circumcisions, and I read all that I could find. So there and then, after we had finished with him, and in front of the operator and his assistants, I did the piercing for my Prince Albert. It hurt, but I knew that if I could do my own circumcision, I could go through with this too. If I wanted to be a circumciser I knew I would have to do it. Actually the needle went in quite easily. I was a bit alarmed at how much it bled, but the Circumcision Master told me it would soon stop, and actually it did. At first my ring was only a little one, but then I stretched the hole to take the big one. Now, since AIDS, we never do more than one operation at a time, to cut down the risk."

"You have done very well today. Do you want to come to Chris's circumcision next month, as my Assistant?" To himself David wondered whether he would have healed up enough by then. But it would be a chance to show off his new status as a roundhead to an admiring audience. Pleased at the implication that he was worthy of such an honour, he could only reply: "Yes please."

## Convalescence

Chris and Roger left, but Mr Acorn stayed with David overnight. They watched some television, then went down to the hotel restaurant for dinner. David worried whether he could manage it without walking so oddly that people would wonder what was wrong with him, but nobody seemed to notice. Afterwards they returned to the bedroom. David badly wanted a pee, and found that so long as he just let his cock hang freely there was no problem. The thin, strong jet was much easier to manage than the spray he was used to. He got off to sleep quite easily, feeling exhausted by the nervous tension of the operation. But at 2am he woke with a wooden-hard erection, throbbing and aching powerfully.

He turned on the light in the bathroom and saw that the protective pad was slightly blood stained. He had a pee. Mr Acorn came in and helped him take off the dressing. They were glad to see that all the little stitches were still holding together firmly. A cool new dressing helped, and then he sat quietly reading until the erection went down. Mr Acorn told him it would be better if he did not get too hot under the bedclothes. David managed to get comfortable again and slept soundly until morning. Before he dressed, Mr Acorn put on another new dressing and changed the protective pad for a clean one. He told David that the scar-line would continue to ooze a clear, slightly bloody fluid for a few days, but if he used the ointment and kept the dressing in place, it shouldn't turn to puss and he would have no problems. After about three days he should be able to leave off the dressing and manage with the ointment and the protective pad.

David travelled home in the train accompanied by a warm sense of pride and triumph: he was a fully-qualified roundhead at last. Next time he was in the showers at the sports club, he'd be proud to show off his new status and tell his friends: "Yes, I've had myself circumcised. It's a great improvement. I strongly recommend it. In fact, I can tell you where to get it done." And in a month's time he would have a hand in Chris's transition from cavalier to roundhead: another fortunate fellow.

*Alan – Lancs.*

## **Book Review**

**The Swimming Pool Library by Alan Hollinghurst (Penguin 1988) £4.99**

'Surely the best book about the gay life yet written by an English author' says the review by Edmund White quoted on the cover. On this occasion the blurb is fully justified. Whether gay or straight yourself, it is well worth reading this novel as much for its literary wit and style as for its ability to portray the excitement, lust, remorse, promiscuity, disappointment, cunning

and enjoyment in the life of a rich young man-about-town during the last year (1983, before AIDS) when such wanton and careless enjoyment was possible. Cock spotting connoisseurs will relish the narrator Will's description of his young friend Arthur's member (p.19): 'Entirely delightful – short, stocky, ruthlessly circumcised, and incredibly resilient and characterful.'

Later (pp 164-5) he comments: 'O the difference of man and man. Sometimes in the showers, which only epitomised and confirmed a general feeling held elsewhere, I was amazed and enlightened by the variety of the male organ. In the rank and file of men showering the cocks and balls took on the air almost of an independent species, exhibited in instructive contrasts. Here was the long, listless penis, there the curt athletic knob or innocent rosebud of someone scarcely out of school. Carlos's Amerindian giant swung alongside the compact form of a Chinese youth whose tiny brown willy was almost concealed in his wet pubic hair, like an exotic mushroom in a dish of seaweed. On the other side of me a young businessman displayed one of those long dispiriting foreskins which gather very tight about the glans and then bunch and dribble on childishly for an inch or so more. Beyond him the cock of one of the weightlifters, radically circumcised, was in its usual ambiguous form, not quite at ease, not quite at attention.' In its 288 pages there is much else to delight, amuse and inform readers, whatever their own inclinations.

T.A.

## **Penis Massage**

Hello Tony: Thank you for the back copies of *Acorn*. I read them with interest and am now looking forward to the next issue. I am a roundhead, circumcised as an infant. I've never known why, but as they say, "What you've never had you never miss." For the *Acorn* survey, my prick is 3.75" long flaccid and 5.9" erect, with the diameter at the base 3.3" flaccid and 4.8" erect. The scar-line is 0.6" from the glans rim. When erect the glans tip is 4.5" from my stomach. I'm 5'7.5" high. From these measurements my prick is a little below average. I've tried most ways to improve its size but with no long-term success, but then, has anyone? If they have, I'd like to hear from them. I try to keep my prick in tip-top condition by daily massage with a Vitamin E oil. I do this after my morning shower for at least 15 minutes. This leaves my prick with a good skin tone and a feeling of well-being all day long.

One of my favourite ways of wanking is first to massage it as described. Then while my prick is swollen but not fully erect I use a  $\frac{3}{4}$ " diameter rubber tube passed under my ball-bag and over the base of my prick close to my body. This I tie quite tight, which makes my prick and balls stand out away from my body. Using plenty of oil I start my wank, first with two fingers underneath and thumb on top of my shaft until I have a full erection. Then with my hand fist fashion I work from the base up over the glans. Towards the point of no

return I put a small rubber dildo up my arse and time it so that as my hand comes down the shaft of my prick the dildo goes up. This results in a fantastic climax with about four or five good long spurts of cum. Thanks to the rubber tube my prick stays hard for some time afterwards, long enough to penetrate a partner and bring them off too.

I agree with 'Dick of Merseyside' (Issue 7/89) who would like a video showing the various methods of DIY which members use to bring themselves off. We all (male and female) get great pleasure in seeing each other doing what comes naturally. I'm sure that whoever could organise a wanking party video would have no trouble in getting volunteers to star in it. I'd like to advertise for any VHS videos, professional or home-made, with bi- or homosexual themes.

In answer to "What's yours called?", the term I usually use is prick. But with ladies I don't know too well, I'll say Cock, Tool, Willy, John Thomas, My small friend. For cunt it's Honey pot, Cave of love, Tunnel of passion, Fuzz box and Fanny. Most women I've been with enjoy using Anglo-Saxon words when we're fucking. I really think it's wonderful when you hear them asking you to fuck harder.

*Yours in Forum friendship, Matt S. – Birmingham*

## **Body Art**

This is the name of a magazine which may interest some of our readers. It is a glossy production of 48 pages in A4 format, well illustrated with colour and monochrome photographs plus descriptive text. Tattooing receives fullest coverage, but it also covers related topics. For example, Issue 2 had articles on nipple piercing and pubic hairdressing. Issue 3: 'The piercings'. Issue 4: genital jewellery part 1 – male piercings. Issue 5: genital jewellery part 2 – female piercings. Issue 6: body painting, piercing clubs. Issue 7 featured female nipple development and has a long article, more mystical than explicit, on 'the magic of the wound'. Issue no 8 will cover tattoo symbolism and piercing enlargement. If your newsagent does not have it, you can send £6 (per issue! Cheques payable to Publications Limited) to Body Art magazine, Blake House Studios, Blake End, Rayne, Braintree, Essex CM7 8SH. Add £1 postage to Europe, £1.50 surface mail, £4.50 airmail to the rest of the world. A catalogue of body jewellery is also available from the same address for £4.50, refundable with the first order for £25 or more.

## **Roundhead And Cavalier Husbands Compared**

Dear Sir: You may wonder what a middle-aged woman is doing writing to *Acorn*, but as one who has always taken an interest in circumcision, you may find my information interesting.

As a girl I was brought up to think of circumcision as a good thing – my brothers were circumcised and so was my husband. My preference was not uncritical, though, because I never cared for the appearance of the circumcised organ, especially as in so many cases the surgeon had done a botched job. Still, I thought, that was the price one had to pay for assured cleanliness and the avoidance of filthy practices.

So I had mixed feelings 20 years ago when my own son was born. But overcoming my hesitation, I took him to the paediatric clinic and asked for him to be 'done'. I didn't even get to see the doctor! The paediatric nurse had a quick look at my son's genitals and told me there was no reason to circumcise him. When I explained that it was a family tradition she said that medical opinion no longer supported unnecessary surgery. It would merely disfigure the boy without achieving any benefit. So to my husband's disgust and my misgivings, my son was allowed to grow up intact.

Two years ago the bottom fell out of my life when my husband died suddenly. However, I was luck enough to meet a super man and I'm happy to say life has begun anew. The thing is, my new man is uncircumcised, and his foreskin is the first I've ever experienced sexually. My first impression on seeing it confirmed my original view on the better appearance of a long foreskin. As my late husband grew older the skin of his circumcised knob had shrivelled and turned a peculiar whitish-grey, looking decidedly unappetising compared with the long sleek taper of my new man's vital dimension. But the real difference is in performance. As I reached the menopause my natural juices dried up, making sex painful for me and impossible for my husband without using a synthetic lubricant. Since his libido had never matched mine he was able to give up sex with a silent sigh of relief, while I had to resort to manual stimulation to ward off the frustration.

But my new man's foreskin has given my sex life a new impetus, contrary to my original instincts, since his penis moves smoothly and frictionlessly through it, and what I lack in lubrication he makes up for with his permanently moist glans which still remains sensitive to the touch, in contrast to my late husband's.

So although a lot of well-brought-up girls might wish their partner to be circumcised, they might do better to leave his foreskin alone with later years in mind – or consider trading him in eventually for an intact model if he's already circumcised! Yet I'm still subconsciously pro-circumcision. Why do you think this should be?

*Yours sincerely, D.C. – Borehamwood*

## **Tickle Twatty**

Dear Mr Acorn: The circumcision controversy seems never-ending, with no-one prepared to see the other's point of view. From what I can see, none of you men really know what you so want, and the best thing you could do in my view is to let women decide for you!

The reason I say this is because from my early years I saw the problem at first hand. I spent my pre- and early-teens living with a distant 'aunt' with two sons roughly my own age, one circumcised and the other not. The boys both understood what circumcision was, but had no idea why they had been treated differently. We later found out that Auntie, against her better instincts, was talked into having the older boy done by a friend but, because of the complications he suffered, changed her mind when the second boy came along and left his foreskin intact. Anyway, the roundhead envied his brother his foreskin, while the cavalier felt that he had been neglected in some way. See what I mean?

Like most kids, whenever we had the opportunity we indulged in the harmless sex games that are an essential part of growing up, and in a large rambling farmhouse those opportunities were almost unlimited. When we were packed off to bed at the other end of the house, we would get into our pyjamas and then congregate in a bedroom for an hour's horseplay, which usually finished up with us all naked playing ball fights or tickle twatty. In these rude games of course they both got erections and I was incited to judge which was the most impressive. I was also asked to say which I preferred, the foreskin or the acorn. They certainly looked very different, because the cavalier's foreskin did not retreat much when his cock stiffened, leaving him with a comical little bobble of skin on the tip. The roundhead looked much more impressive with his knob all bare and swollen. I knew better than to make my preference known, though, and chickened out, saying that I liked both equally.

Later we grew more adventurous, and the games became more exciting when we discovered that touching and feeling added to the fun of looking and displaying. We would all sit naked on the bed with me in the middle whilst the two boys took it in turns to explore my hairless genitals and unformed breasts. At the same time I would hold their two penises, one cut and one intact, in each hand and, following some primeval feminine instinct, I soon discovered the pleasure to be given by squeezing and pulling.

By this time, of course, I had discovered that the cavalier's foreskin could be pulled down clear of his knob, so that his erection looked almost identical to his brother's except that his knob was wet and much more highly coloured.

This was a point in his favour, since I took a real shine to this exercise. It also of course altered my perception so that I truly had no preference since both knobs were now equally bare and equally impressive, but I do remember that

it was easier to rub a foreskin up and down than a cock with a bare acorn.

Consequently I would say that to argue over which is preferable is a waste of time, since both have all the ingredients to keep a girl happy. In fact I finally married my intact 'cousin' and find his uncircumcised organ delightful in every way. I'm certain though if I'd married his brother, I'd feel equally enthusiastic about his circumcised penis.

However it must be said that whilst some circumcised cocks are a joy to behold, others look awful and are a living indictment of the incompetent surgeon who trimmed them. It all seems to be a bit of a lottery how it will turn out, and for that reason alone I would hesitate to have my sons done. Hence they remain intact like their father, although he quite liked the idea of having them circumcised.

Finally a word about the future. I recently spent a glorious day with my family at a popular beach resort. In line with our membership of the EC, we appear to have shed some of our inhibitions, since quite big children were allowed to run around nude. Over the day I must have seen hundreds of small boys naked, and I'm afraid I have to report that I didn't spot a single roundhead. A generation hence the pro- and anti-circumcision controversy will become purely abstract, since there will be no basis for comparison. Your membership will then be a small elite in a universally uncircumcised population. Do try to keep the argument going, though: it's much more interesting than the agony aunt columns!

*Yours sincerely, C.W. – St Albans*

## **Piercing World**

I have recently seen a copy of Issue 3 of this magazine, the first time I have seen a publication on this theme produced and available in England. It runs to 20 sides (recently increased from 16) in A4 format, and includes black-and-white photographs.

Mr Sebastian's article on the Prince Albert I particularly liked. I understand that there will be further articles about male piercings in future issues. There is also an article by Eric describing piercing customs in Borneo. This was particularly valuable as, despite many years of searching, I have never found much detail on Dyak piercing customs. Hitherto I have always understood that they kept to a single transverse ampallang piercing near the glans tip, passing through the urethra and out the other side. I also understood that they generally use a barbell rod with one ball removable for insertion. Eric says that piercing is a group activity, and tells us that he had his frenulum pierced. There is also a very brief description of the items worn in piercings, including spikes and waisted spindles, and the comment that as many as ten penis piercings are sometimes made, often finger sized, with the weight

of items worn in them enough to stretch the penis considerably in length. He also mentions that both men and women spend many happy and erotic hours depilating each other's bodies, which are kept hairless except on the head. An annual subscription is £10 and single quarterly issues are £2.50 each from PAUK, 153 Tomkinson Road, NUNEATON, Warks CV10 8DP.

*Tony – Lancs.*







# ACORN

**1990 Issue No 2**  
(Formerly Issue S)

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## **Editorial**

The Editor has a new machine. Initially this has meant spending time to learn how to use it, and production of this issue has been delayed in consequence. Ultimately and hopefully it should result in an improvement in the presentation of the newsletter. Word-processed contributions will be welcome on a 3<sup>1</sup>/<sub>2</sub>" disk (which will be returned) if the operating system is MS-DOS and the w/p is compatible with MS Works.

T.A.

## **Arctic Willie**

Seven Royal Marine Commandos running and skiing in sub-zero temperatures while training in Norway have become the latest recorded victims of 'genital cold injury'. The hazard was previously reported as affecting drivers in unheated lorries and mountaineers in tight trousers, and appeared in Germany and Russia after the first and second world wars. Frostbite and frostnip (a less serious condition) may well have affected more soldiers, but their natural reticence may have led to under-reporting of other cases. Concern about functional impairment was expressed by all the patients, so the 'uniformly favourable outcome was reassuring'.

The two medical officers with 45 Commando Group report that frostbite usually affects fingers, toes, and exposed extremities. Other parts of the body are involved in only 2 per cent of cases. The commandos were wearing underpants, polypropylene longjohns and track-suit bottoms, with the exception of one who wore a ski suit.

Symptoms included dysuria (difficult and/or painful urination), numb prepuce, intense pain in the glans, and swelling of the foreskin and glans. Dysuria was a prominent early symptom, possibly owing to rapid re-warming of the urethra during urination. Persistent dysuria may have been caused by damage to the urethral lining from urine freezing in the distal urethra (i.e. at the glans end). The worst case was uncircumcised; after exposure to -33°C wind-chill, he suffered dysuria for 48 hours, preputial numbness, redness and superficial inflammation (erythema) and swelling (oedema) of the glans, and a 'cobble appearance' five weeks after the injury. These symptoms recurred on subsequent exposure, and balanitis (inflamed foreskin) was initially misdiagnosed. Another uncircumcised man had dysuria, erythema and oedema of the foreskin, then radial fissures and phimosis for three weeks.

The authors calculated the wind-chill factor at figures from -33°C to -54°C. Only one of the men was circumcised: he sustained frostnip (the less serious symptoms) with the worst wind-chill, at -54°C. The six uncircumcised men, including the four with the more serious frostbite, sustained their cold injuries at wind-chill temperatures in the -30s or -40s C. Thus uncircumcised men were more vulnerable. Cold injury might be expected to be more common

among the circumcised men, but the foreskin proved to be more susceptible, despite offering protection to the glans.

The normal initial treatment for frostbite – rewarming the parts in water at 42°C – was clearly impractical in these cases. A shower or sauna is an alternative, but the excessive heating of a sauna is potentially detrimental. Subsequent treatment at best deals with the symptoms, so prevention by loose-fitting trousers is the key.

[Drs Simon Travis and Digby Roberts, 'Arctic Willy', *British Medical Journal*, 23-30 December 1989; pp 1573-4, and *The Independent* 22 December 1989, p 2.]

## **Age And Consent**

Dear Tony: Following your published apology in reply to three or four complaints about letters relating experiences with youngsters in foreign countries, I would like to say that I think you were right to publish them.

I have re-read the two letters concerned, and find them (as I did previously) instructive, sympathetic and morally responsible. Surely we should all realise – whether we agree with the situations concerned or not – that this world is made up of many peoples, customs, and ideas. They should be accepted, as we would wish a visitor from those countries to accept our codes of behaviour. The man who complained using the phrase 'slipping it up little girls' turned the whole affair into something cheap and sordid, something the original letters were not. You have nothing to reproach yourself for, and as the behaviour of the penis takes many paths, it was certainly in context.

How can I justify this viewpoint whilst abhorring the kind of child sex abuse that has been much in the media recently? I simply do not classify every *similar* act as the *same*. The two girls mentioned were sex-wise and wanting to indulge. More than likely, they were enjoying it. How many of us sexually active and aware men have had eager come-and-get-it looks and invitations from kids, girls and boys, well below the age of consent? How often have we been tempted, but resisted, knowing it could lead to trouble. Yet these are kids who, for whatever reason, want sex.

I can remember all too clearly when I would have given anything for a man to pick me up, take me home, let me see him naked, and do whatever he wanted with me. I was between 10 and 14 then. I wanted sex and I was fully aware that I wanted it. It was only later that I found out the places where men would 'hang out' and, if I was lucky, take me home with them.

What is really reprehensible is a situation where children are wantonly abused by parents or parents' friends, kids who do not even know what sex is, and are far from old enough to desire anything connected with it. Child abuse, in my mind, relates to children who do not consent. When you think

about it, that is just like rape. Consent is the key: sex with a consenting and willing youngster cannot be termed 'abuse' – it may well be illegal in some countries at a certain age, and acceptable at the same age in others, but that only indicates what a very complicated world we all live in!

*D.S. – Merseyside*

[As readers will know, the age of consent in the UK is 16 (for heterosexual intercourse), but it is evident (from the growing number of girls pregnant on their 16th birthday) that laying down the law doesn't determine behaviour. There is a view that the age should be reduced to fall more in line with reality. This would also legalise advising and supplying contraceptives to people under 16, which would be the practical approach to reducing the number of girls faced with the unwanted burdens of premature parenthood.

Boys are presumed incapable of rape below the age of 14. This again is not in line with reality, as recent incidents have shown: 12 might be more realistic these days, when puberty is attained by both sexes perhaps three years sooner than was the case a century ago. But it also recognises that boys may well be interested in and capable of sex before the age of 16. Homosexual relations are illegal, even between consenting males in private, before the age of 21. The current Church of England debate about homosexuality has brought some recognition that a homosexual orientation is probably formed at an early age, and usually notwithstanding the strongly heterosexual example given by parents. It is strongly argued by many that this age should be reduced to be in line with the age of consent to heterosexual intercourse. But the current homophobic climate does not encourage reform.

What exactly constitutes 'consent' is both fascinating and highly debatable: 'the art of seduction' has, of course, been a popular theme of literature, stage and screen for many centuries. Probably it was lawyers' inability to resolve this debate which led to the arbitrary imposition of an 'age of consent'. The courts appear to be harsher where the age difference is large than where the couple are close in age. — T.A.]

## **Circumcised At 26**

Dear Tony: Again congratulations on the continued interesting issues of *Acorn*. Like other correspondents I find it satisfying to know that we are not alone in being fascinated by the topic of foreskins and circumcision. It is interesting that many people's first encounter with the other style of willy than the one they had themselves (i.e. with or without foreskin) was generally attributed to the way they were born.

My first experience was being taken to the doctor at about 3 or 4 years old and told to lie on the couch, having my pants removed and then experiencing

sharp pains in the penis area! I recall the experience with great clarity. What had happened was explained at bath-time when my father pulled back my foreskin and removed some material (gauze?) from under it. This happened on several occasions, but these ministrings seemed to work as I never subsequently had any problems in retracting my foreskin, although no-one actually made a point of making sure I washed under it.

At boarding school in the 1940s it wasn't long before I noticed these different-looking willies, and initially I put it down to nature. But as we became aware of the facts of life, these differences were discussed and compared. Around 80% of my contemporaries had been circumcised and I became very envious of their neat bare knobs and smooth shafts. Mark you, several of them were equally fascinated by my foreskin and we took considerable pleasure in examining each other. The end of each term was marked on the last night by Doctor's Inspection. We all had to lie naked on our beds and wait for the elderly school doctor to come round and stare at us. Quite what he found I never really knew, but we thought that he just liked looking at naked small boys. Occasionally he would prod and poke the odd one and much amusement was caused by the occasional boy who developed a stiff vertical erection. Not once, though, did he pull anyone's foreskin back.

When I reached puberty, my foreskin developed into a very long and very loose trunk, of which I was not fond. At public school I had the opportunity to inspect many other willies and was always desperately envious of all the neatly circumcised ones and although it was obvious that numerous techniques of performing circumcisions existed, it is only now through the good offices of *Acorn* that I fully understand them. Still my 'trunk' amused many of my cut friends. It was so long that I recall stretching it over the end of one friend's circumcised knob, an experience which he quite liked. It also fascinated an uncircumcised friend whose foreskin had so small an opening that it was impossible to see any part of the glans, although he could get an erection and masturbate without any pain.

Eventually when I started having sex with girls the problems of a long loose foreskin became all too apparent. The story appears often in *Forum* of how the foreskin remains static and the glans slides inside it. I tried all methods of keeping it back: plaster, rubber bands, but nothing really worked or was comfortable. I even tried cotton stitches, but this was very uncomfortable. Left to its own devices, my foreskin would just roll forward again as soon as I let go of it.

The time came (in 1964) when my wife and I could stand it no longer and we went to see the doctor, who was not very sympathetic but suggested a dorsal slit. I know now that this would probably have aggravated the condition. He was persuaded to refer me to a surgeon at the local cottage hospital. This gentleman was absolutely charming, helpful and sympathetic, and obviously was not in agreement with the trend away from circumcision. So a few weeks later I went in to loose my trunk at the age of 26. I stayed in overnight and the

operation was straightforward with very little pain. When the discolouration had subsided after a few weeks we were very pleased with the result. There was no loose skin overlapping the glans, even when flaccid. Quite which technique was used I am not sure, but some inner lining remains which varied from 1.5 to 2cm from the corona. The scar is very neat: a running suture was used and there are no stitch marks, a feature which I particularly like. About 1cm of frenulum remains and is not attached to the shaft skin, so consequently has no tendency to pull the underside of the glans when erect.

It seems to me that the trend away from circumcision is not a good one. I know of so many cases of friends and acquaintances whose children have had to be circumcised at all ages from 5 to 15 with various traumas. Keep up the good work with *Acorn*. What about some photographs or even videos of circumcision techniques?

*Regards, J.R. – Diss*

### **Two-Timer Not Amused**

Dear Tony: My girlfriend's husband is a circumcision nut – he had his foreskin lopped off 18 months ago. I'm not particularly interested in having the chop myself but I find the whole subject fascinating, so the last time the girlfriend was on 'late duty' she took his latest copy of *Acorn* for me to have a butchers at, and to see if I'd like to join. Some of the letters I found very interesting, and I was pleased to see letters from ladies who had something worthwhile to say.

But really, to devote half the issue to that awful balls aching crap about circumcision masters was over the top. The poor guy needs his mind steam-cleaning. Anyway I shall continue to get the girl-friend to half-inch the odd issue on her nights off, in the hope that they are not all loaded with that sort of stuff, because I would like to join.

*Jeff.*

Dear Tony: The *Acorn* initiation story came across well.

*P.D.*

### **A Great Improvement**

Dear Tony: My foreskin was the long loose hollow type. It had a good one-inch overhang and was also very thick. When I wanted to pee it was difficult to withdraw this amount of skin to allow my penis head to appear so my pee would not be obstructed. During love-making with my wife it would get hung up on the walls of her vagina, allowing no long hard strokes into the vagina and no friction for her. Oral attention was difficult with my semi-erect cock, as it needed two pulls back to fully expose the head so my wife could



give the crown the attention it needed. Eight years ago, when I was 42, I was circumcised by a private doctor. Since the operation our lovemaking has been good. Although my penis looks shorter now, I still sport a thick penis, 5.5" flaccid, which looks more impressive.

R.N. – Portslade

## **Religious Circumcision, Muslim And Christian**

*The Turkish Daily News* of 7-8 October 1989, p.3, carries two pictures of Prime Minister Turgut Ozal at the circumcision party for the 5-year-old son Tolga of former Health Minister Bulent Akarcali. The boy is dressed up in gaudy clothing, including a waistcoat and a hat with a plume. Ozal gave Tolga a golden watch as the traditional circumcision present. A drum and a flute-like instrument called a zurna are being played. The word for circumcision in Turkish and Arabic is sunnet.

H.F. – Cambridge.

H.F. also comments on the hymns for the 1 January *Feast of the Circumcision* in an Anglican hymn-book. Has anyone joined in such a service? Both items point to the general acceptance and routine character of circumcision, both in Muslim society and at other times in Christianity. The Coptic and Ethiopian Christian churches still practice circumcision. But in the bulk of Christianity, Paul (a legally-trained Jew) persuaded the early Christians (also ethnically Jewish) that it was possible to be a Christian without first becoming a Jew (via circumcision). How different things would have been otherwise, if the recruiting and persuasive skills of Christian missionaries had been harnessed to the spread of circumcision!

This theme is continued in the Wimbourne Minster parish magazine *Print*, sent in by a member, which includes the following article headed *Roots: Circumcision*. "It all started with Abraham, ancestor of Jews (and Muslims) and forerunner of all who have faith in God. God said to him: 'You must keep my covenant... You shall circumcise the flesh of your foreskin. Every male among you in every generation shall be circumcised on the eighth day.' This was to include not only boys born to Jews but also slaves and other members of the household. (Genesis 17:10-12).

Abraham was 99 and his son Ishmael 13 when they were circumcised. [For this reason many Muslim take 13 as a suitable age to have their own sons circumcised.] To this day Jews joyfully celebrate the circumcision of every male child on the eighth day after its birth. The mohel who is authorized to perform the operation is a trusted man of faith, sometimes a doctor, who regards it as a sacred privilege to be delegated by the father to bring the tender child into the covenant. The child is examined carefully several times in the days before the eighth, and should he be in the least unfit or underweight the ceremony is postponed.

The father blesses God 'who hast sanctified us with thy commandments and commanded us to bring our sons into the covenant of Abraham', and all present respond 'As he has entered into the Covenant, so may he enter into the Torah, the marriage bond, and good deeds'. The baby is named, [circumcised] and a joyful feast ensues.

The modern move to equality for girls has led to ceremonies at which a baby girl is blessed in the Synagogue. Every Jew knows well that the real 'circumcision' is that of the heart: 'So now you must circumcise the foreskin of your hearts' (Deuteronomy 10:16). The symbol in the flesh is the permanent reminder that physical desire is to be subordinated to God's eternal law. The Christian church has traditionally celebrated the Naming of Jesus and his Circumcision on January 1 [eight days after December 25, counting one from the 25th, as was customary]."

There are other Biblical references to circumcision: in Exodus 4:25 Moses' wife Ziporah used a flint knife to circumcise her son on their way back from Egypt [an indication of how ancient the practice was]. Before Israel entered the Promised Land Joshua was commanded: 'Make sharp knives and circumcise again the children of Israel the second time. And Joshua made sharp knives and circumcised the children at the hill of the foreskins.' The story goes on to explain that during the forty years of wandering in the wilderness they had not obeyed the Lord and had allowed circumcision to lapse. 'When they had done circumcising all the people ... they abode in their places in the camp until they were whole. And the Lord said unto Joshua, This day have I rolled away the reproach of Egypt from off you.' (Joshua 5:2-9)

## **Crossing Delancey**

Members may like to see the recently released Warner video, *Crossing Delancey*. A New York Jewish girl has a romance with a famous (goy, non-Jewish) author, but her grandmother lines up a good Jewish potential husband, an East-side pickle seller. She is invited to the circumcision party for the son of one of her cousins, and viewers have a chance to join in the joyful feast. The mohel has some folksy comments, and tells the ladies to watch the men: they'll start with their hands at their sides, but when it gets to the circumcision, they'll hold them in front of them (i.e. over their own genitals). He tells us that the baby will cry, but we should not assume that it is a cry of pain, since a baby's foreskin is relatively insensitive. There is a baby of the right age on the table, clearly uncircumcised; indeed, he has a good strong pee just before he is circumcised. We see the mohel pick up the knife, then cut to the audience while there is a cry from the baby, and we next see him being wrapped in a shawl by his great-aunt and carried away.

## **A Holy Matter**

Around 1,700 religious circumcisions were performed by the Initiation Society – which registers mohelim – in 1988, the society's annual meeting was told last week. "I am gratified that the number of cases dealt with by the society has not diminished from the previous year," said the Society's president, Mr Aaron Winegarten. "The wider community needs to be aware that *brit milah* is a holy matter," Mr Winegarten said. "It is insufficient for an ordinary doctor to perform this operation unless he is a man of piety, a religiously observant Jew who knows all the *dinim* (laws) which relate to this mitzvah." *Jewish Chronicle*, 29/9/89, with thanks to B.H. of Leeds who sent in the cutting.

What all these items have in common is the use of circumcision as the sign of a covenant (agreement) or sacrifice or a mark of initiation, or attainment of religious or membership status. In this context, of course, any medical or hygienic benefits are secondary, and if the process should be painful, that is simply a further indication of the significance of the sacrifice or a test of the worthiness of the candidate member. The same theme is illustrated in the following item.

### **Circumcision And Initiation Among The Kikuyu**

Dr L.S.B. Leakey gained world renown as an archaeologist, and his son Richard (who made the television series, 'The Ascent of Man') is now Director of Conservation in Kenya. Both were brought up there, and the father's book, *The Southern Kikuyu Before 1903* (Academic Press, 1977) is the definitive anthropological account of this prominent Kenyan tribe. Jomo Kenyatta's *Facing Mount Kenya* is romanticised and lacks detail by comparison, although written by a member of the tribe.

In the early hours of the morning the boys were taken to a nearby river. Leakey describes the traditional circumcision of Kikuyu boys as follows: "At the river each candidate had to sit in the cold running water so that his genitalia were completely numbed by the cold. [They were then taken back to the village.] As soon as the boys were all seated in the correct position, with their faces turned up to the sky, their legs apart and their bodies pressed hard against their supporters so as to be rigid, the operator advanced with his special knife in his right hand. He seized the senior boy's prepuce with his left hand and inserted his forefinger into the opening of his foreskin, after pulling it forward and stretching it to its limit. He then cut a slit across the hinder portion of the prepuce on the upper surface and at right angles to the penis. Having made this slit he brought the glans penis up through the slit so that it was exposed. The foreskin was not cut off but was left below the glans penis, where it remained for the rest of his life. [This distinctive 'button-hole' circumcision technique is also shared by the neighbouring Masai.]

Having thus circumcised the senior boy he passed to the next one and so on down the line... When the operator had been down the line once, circumcising each boy quickly, he came back to the senior boy and proceeded to go down to the end of the line a second time, examining the wounds, and if he found that there was a little bit of loose skin projecting over the upper part of the rim of the glans penis, he cut it off.

It sometimes happened that a boy playing with his genitals pulled his foreskin back and exposed the whole of the glans penis, or else during an erection in a dream the foreskin got drawn back and exposed it. In either case the boy was said to have been circumcised 'by the spirits', and on the next day an operator was sent for and the boy had the foreskin cut in the correct way and was circumcised properly. A boy so circumcised out of season and before he was old enough for initiation did not then become a warrior ... until such time as the other boys of his age were regarded as ready for initiation. Then ... he was symbolically operated on with a piece of wood, thus becoming one of the group and went through all the ceremonies with his companions.

After the coming of the white man [at the beginning of the twentieth century] it became common practice for the Kikuyu boys to go through the initiation ceremonies at about the age of 14 or 15. Every Kikuyu elder consulted was most emphatic that this was never the case before the coming of the white man, and in the normal course of events no boy was allowed to undergo initiation into warriorhood until he was at least 17 or 18, and the members of a new major age group were not initiated until they were men of about 22. (pp.587, 619, 621)

### **Like Father, Like Son (continued from previous issue)**

My son was 6 or 7 years old when I had him circumcised. His mother was in favour of it as I had already been done and she could see no reason why not. Besides, she knew that when he had been born I had tried to get him done then, unsuccessfully. As far as his own attitude to it, he was apprehensive at the time of the circumcision, but the surgeon did explain what was to be done and why. Since then, when we have discussed sexual matters he has been quite happy with his circumcision, which is quite radical for a Plastibell one. At school he had no ragging or anti-ness; in fact, quite the contrary, an enthusiastic interest. In his class at secondary school there was a real mixture of races, Muslims, Jews, West Indians and Sikhs, as well as a minority of English. A West Indian parent, whom I know well, asked me where I got him circumcised as he wanted his two boys done because they had very long tight foreskins. That particular surgeon had died, but I put him in contact with the mohel who did the Reform Synagogue circumcisions, and he got them done. That mohel has since emigrated to Australia. One of the Moslem boys who had not been circumcised at that time was asking my son a lot of questions about it as he was soon to be done when he was 12 years old. My son now

lives with his girlfriend. We have mentioned circumcision in passing and she has never commented unfavourably.

*B.H. – Leeds*

[B.H. of Leeds also sent in a copy of the instruction leaflet for Mates condoms, with the comment that they clearly expect everyone to be circumcised: the illustration is of a circumcised cock, and there is no mention of a foreskin or need to retract it before putting on the condom.]

## Penis Survey

Dimensions in inches

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar-line from glans rim.  
If uncircumcised: U
6. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, flaccid?
7. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, erect?
8. If uncircumcised, is foreskin tight (T) or loose (L)?
9. When standing against the wall with erect penis, how far from glans tip to nearest part of stomach?
10. Height
11. Age
12. Identification (initials and place).

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

5.0	7.0	4.7	6.0	U	6	0	L	7	5'9"	62	D.H. – Weston
-----	-----	-----	-----	---	---	---	---	---	------	----	---------------

3	5.8	4.2	6	1	-	-	-	5	5'10"	47	A.B. – Suffolk
---	-----	-----	---	---	---	---	---	---	-------	----	----------------

**Comment:** My foreskin shrank over the years to about 0.2 flaccid, but by use of a bulldog clip I managed to get it back to 0.6. – D.H.

## Contributions Received And Invited

The Editor gratefully acknowledges contributions from:- Ms G.S. – London E14; H.C. – London SW6; *SHE* magazine article; K.E. – Nottingham (2); E.C. – Herts; J.H. – Finland; A.F. – Devon; D.S. – Merseyside; Samantha D. – London; S.S. – Harrow; A.F. – Henley; R.W. – Sussex. Many thanks – it's your contributions that make the Newsletter interesting and well worth looking forward to. It is intended to include these in future issues, and to reply to correspondence as soon as time allows.

We are always glad to have contributions to the penis survey, and to What's yours called?

## What's Yours Called?

In continuation of this regular feature (more contributions always welcome!) our Finnish correspondent supplies the following vocabulary:

<b>English</b>	<b>Finnish</b>	<b>Swedish</b>	<b>German</b>
penis is used universally, plus the following words:			
penis	siitin	manslem	Geschechtsglied
cock	kyrpä	kuk	der Schwanz
prick	kikkeli	snopp	Pfiffli
willy	pippeli		Dingsda (= that thing there)
glans	terska	ollon (= acorn)	die Eichel (= acorn)
foreskin	esinihka	förhud	die Vorhaut
circumcision	ympärileikkaus	omskärelse	Beschneidung Zirkumzision
circumcise	ympärileikata	omskära	beschneiden zirkumzidieren
circumcised			beschnitten
testicle	kives	testikel	der Hode
scrotum	kivespussi	pung	Hodensack
balls	munat (= eggs)		Eier (= eggs)

## A Trip To Ankara

I once had a holiday in Ankara, and came back a different man! My adventure began when, shortly after my arrival, the batteries in my electric shaver suddenly ran down. I cursed myself for forgetting to bring spares, especially after I had tried to buy some without success in about a dozen shops. I didn't want a new shaver, so after a couple of days, when the stubble was annoying, I decided to visit a barber.

I soon found a barber's shop and went in. He was shaving a man, so I sat on a bench to wait my turn and watched him at work. He was very quick, and I noticed how effectively and skilfully he smoothed the wrinkles on the man's face. Then he said something and his client nodded. I was astonished to see the barber put the tip of his razor right into the man's nostril – a quick stroke and the hairs in the nostril were cut away. I was alarmed to watch him – what a nasty wound if he had slipped! but I had no reason to worry. Obviously he had done this thousands of times, and his client just sneezed lightly. Then the barber again said something: again his client nodded, and took off his shirt. He lifted up his left arm and the barber shaved his armpit, and similarly his right. I was a bit surprised to see this, although I knew that

in some parts of the Muslim world people are depilated. Perhaps it helps in the hot climate.

Then it was my turn. "Shave, sir?" "Yes, please." I sat in the chair and he put some shaving cream on my face and began his work. He was very quick, and after a couple of minutes he had finished.

"Will that be all, Sir?" The weather was extremely hot, so I asked him to shave my armpits as well, as I thought I might be more comfortable. I took my shirt off and soon I was smooth there too.

"Something else, Sir?" I wondered what he meant. My hair was short already, so I looked at him enquiringly. He bent towards me, with a glint in his eye, and whispered, "I could shave you down there too, Sir." At first I didn't understand him, but a second later I remembered having read that some Moslems remove their pubic hair, as they consider it unclean. So that was what he was offering! I was a bit shocked by the suggestion at first, but then I felt curious and slightly excited.

"Right here?" "No, Sir. The private shaving is done in the back room." "Alright." "This way, Sir."

We went into the back room. In the middle there was a couch with a big thick pillow under a bright light. I dropped my trousers and underpants. "Please lie yourself down on the couch. The pillow must be under your back, Sir."

I did as he said. The pillow under my buttocks meant that my private parts were up high, where he could easily reach to work on them. The barber took a long look, then rubbed shaving cream on my crotch. Again he was very quick and skilful in his work, but, needless to say, I erected.

"Excuse me, Sir, but a Sünnet would be good for you, and I could do it cheaply." "A Sünnet? What is that?" "I don't know in English, Sir, but in Sünnet this" – and he touched my long foreskin – "is taken away. As well as a barber, Sir, I am sünnetci also."

I thought a minute. Of course he meant circumcision. I was in a Moslem country, after all. "No!" "As you wish, Sir."

My heart was beating rapidly. I could have myself circumcised right now, on this couch. If only I had the courage! My erection was now even more pulsating and his hands felt gentler and more fondling. Obviously he would be skilful in that too. But I didn't even dare to think of him at work on me. Soon I was as smooth as a seven-year-old little boy. He wiped off the spare shaving soap. I got dressed and paid his fee, which was much smaller than I had expected. Then I returned to my hotel. It was now too hot to walk on the streets, so I lay on my bed and began to think.

Ever since I had seen a circumcised penis for the first time I had admired

it. In the showers at school I had always envied the boys who had their penis heads nicely exposed. To me the most beautiful sight had always been a prick which had been fully circumcised, rare though they were. I did not much fancy the ones where there was still some loose skin, or where the scar-line was uneven. But I really admired a boy whose coral-pink, fleshy glans was always denuded and in view, with a smooth, even scar-ring behind the glans rim. I had thought many times of having myself circumcised, but at home it would have been quite expensive to have it done privately. Worse still, I was afraid that I would be ridiculed at the hospital. So I still had my foreskin. But now there was the opportunity. The barber was certainly a craftsman. Would I have the courage to withstand the pain? I decided to visit him again – not to have him circumcise me, but at least to ask about the cost, and some other details. Perhaps another time ...

The following morning I went to see him again. I told him that I was interested in 'Sünnet', but I wanted to know more about it, and how he actually did it. "How long will Sünnet take? What will it look like afterwards? How long will it take to heal?"

"The cutting itself, a split second only, Sir. You would hardly feel a thing, Sir, and it heals very quickly."

"But what will it look like, afterwards I mean?"

"Omar!" A young boy, about ten, came to us. He had been sweeping the floor. "This is Omar. He works for me. I gave him his Sünnet a few months ago." Then he said something to Omar, and without any hesitation he stood in front of me and dropped his pants. "Look, Sir, that's what it looks like after Sünnet! Go ahead, Sir, look, please."

I bent down and looked closely. His penis had indeed been very radically circumcised. His bright red glans was totally bare. The circumcision ring was very smooth and even, and well beyond the glans rim on the shaft. I fingered his penis lightly. The skin was well cut away, and I could not move any of it forwards. The scar was also smooth. While I was examining him, he erected, of course. Now I could see and feel how tight the skin was on the shaft: as tight as a drum skin. What a smashing job! Could mine be like it? I asked how much he charged for a Sünnet. Almost nothing! "Would it be possible for me to see you doing a Sünnet? Then I could decide whether I would have it."

"Certainly, Sir. I shall give Sünnet to two twin brothers this afternoon. They are celebrating their 12th birthday, and I give them Sünnet as my present. I am expecting them to come here between 4 and 5 o'clock. If you have the time, you are welcome to watch."

Soon it was afternoon, and the boys arrived with their father. The barber said something to him and pointed to me. He looked at me, then came smiling to me and shook my hand, saying something which I could not understand. "He is very happy to have you as a witness when his sons are receiving their



Sünnet. He also said that you, too, will have one soon!"

I looked at the boys. They were decoratively dressed and looked anxious and happy at the same time. Obviously this would be the most important day in each of their lives so far. It might hurt, perhaps; but there had been celebrations, and after all, they would enjoy their Sünnet for the rest of their lives. The barber said something to them, and they began to get undressed. When both were stark naked, one quite happily lay down on the couch. The pillow was placed under his buttocks, lifting his hips and his private parts.

The barber sat on a chair and I stood next to him. "Omar, Abdel, Ibrahim!" Omar and the two men entered the room. One held the boy by his wrists and the other by his ankles, so that he could not move: he began to breathe heavily, but was obviously determined not to cry out. Omar gave the barber his instruments – a razor, some pins, some lengths of string, and some gauze.

The barber got to work. Except for the sound of the boy panting on the couch, we were all silent. The boy had not reached puberty yet, but his testicles had already started to grow. The barber fondled his small, hairless penis, which was soon erect. The foreskin was long and thin, and it covered the glans completely, extending well beyond the tip. The barber continued to massage it until his erection was firm and total. Then he pushed the foreskin right back, exposing a bright red glans. He took a piece of gauze, moistened it in a bowl of disinfectant solution held by Omar, and swabbed the glans, foreskin, penis shaft and scrotum. The boy gasped.

Then the barber took a thin, round probe made of some kind of flexible plastic. He carefully placed the end of the probe at the rim of the boy's glans, then pulled the foreskin forward again to cover probe and glans. The tip of the probe could be seen raising the thin foreskin on the upper side of the penis. Then he pulled the foreskin and the probe further so that the tip of the probe was now at the tip of the glans. He checked this carefully by feeling with the fingers of his other hand, then marked the level with a felt-tipped pen. Now he took one of the lengths of thin cord. This time it was Omar's duty to pull the foreskin until the mark on the skin was beyond the tip of the glans, while the barber knotted the cord tightly at the mark. He again felt carefully to ensure that the glans tip was behind the knot. While Omar still gripped the tip of the foreskin, the barber took a second cord and knotted it just beyond the first. Omar was told to hold the ends of the cord and pull firmly.

The barber took his razor and placed the blade precisely on the skin between the two knots, then spoke a religious formula which began, "Bismillah ...", and made a quick stroke of the blade through the skin. The boy let out a muffled sigh, not even a cry: it was all done so quickly that he hardly had the time to feel a thing. Omar dropped the cord he had been holding, while the barber pulled away the first cord. The skin flicked back so that its cut edge now lay midway along the penis shaft. There was a kind of collar of raw flesh between it and the glans rim. The glans was still hidden under its covering of

whitish inner foreskin. The barber pushed this delicate skin tenderly back, exposing the glans, so that it covered the collar and its edge met the cut edge of outer skin. He next sprinkled some whitish powder on the cut edges of skin. Then, while Omar held the glans between his finger and thumb, the barber bandaged the wound with gauze. His father helped the boy off the couch, where, without a word, his place was taken by his brother. Equally bravely he lay still while the barber deftly did his work in just the same way – a very quick and neat job indeed.

“Well, Sir?” I was confused. The boys were only twelve years old, and yet they had shown such courage. The incision had been so quick that obviously they had felt very little. I was in my 20s, a fully grown adult: as brave, perhaps, but with a well-developed penis whose sensitivity I knew well how to enjoy. Even if I was afraid, I could not allow myself to show it without losing face. I gulped, then nodded to the barber.

“Excellent, Sir,” and he smiled. I stripped naked and lay on the couch. The two assistants held my hands and feet. They were both strong: I was held so firmly that I had no chance of escape. The barber began work on his third Sünnet that day. Already my penis was wooden hard. He had no difficulty sliding my foreskin back to uncover my glans. It smarted somewhat as he applied the disinfectant, but I managed to remain impassive. When he tightly tied the two knots it hurt quite a lot, and even more when Omar pulled hard on the cord. Then the barber took his razor, and again I heard the formula,

“Bismillah ...” There was a quick movement and I felt a sharp pain as the knife went through my foreskin, and a smarting as the air reached the wound. When he pushed the inner skin back and bared my glans I felt almost nothing, and soon I was bandaged too. As I looked round I can still remember vividly how the boys’ eyes twinkled: they had watched my circumcision as eagerly as I had watched theirs.

I climbed carefully off the couch, dressed, paid the barber his small fee, and carefully walked back to my hotel, buying some antiseptic, bandages and dressings on the way. Next morning my penis was quite sore and swollen, and bruised black and blue. I washed it and bandaged it again.

The next stage of my holiday was a long circular tour, and for much of each day I sat in the bus. Every evening I changed the bandages, and my penis improved daily. When we returned to Ankara after ten days, it was healed and dry. I was very pleased with the result: a totally bare glans, a smooth even scar ring located along the shaft quite a bit behind the corona, and absolutely no foreskin left. Clearly it was the work of a master craftsman.

Just one thing annoyed me. The barber had shaved my pubic hair, and now I had an itchy and unpleasant stubble there. I decided to return and ask him to shave it again. He would also see the excellent result of my Sünnet. He was glad to see me again, and smiled even more broadly when I asked him to shave me, then my armpits, and then “down there”. While he

was shaving my pubic area, he could not help touching my denuded glans, and some of the shaving soap got onto it. Of course, that had also happened when he shaved me there the first time, but then my foreskin had prevented such direct stimulation. He noticed my erection becoming firmer and firmer, and when he finished shaving there was a question in his eyes. I nodded. He put plenty of shaving cream on my glans and began to massage it. I closed my eyes, and the memory of the last time I lay on his couch came back to me vividly. In a moment I exploded like a volcano in his skilful hands. I suppose that his other clients may also have received this extra service, following a shave down there – or at least the circumcised ones!

*J.H. – Finland*

### **Acorn Group Meeting**

Dear Tony: Sorry I haven't written to you before about the June meeting I organised in Weston-super-Mare but it was such a great disappointment to me personally.

There were 11 booked to come, so I organised a guest house for those I couldn't accommodate myself. Two days before, one phoned to say his wife had a stroke and couldn't make it. Then another phoned to say he had sprained his ankle. Three came down on the Friday, one of whom disappeared to visit friends and was not seen again – he rang up later in the week to say he'd had a stomach bug. Two didn't turn up at all, one writing later to say he'd been ill. I'd asked everyone to be here by 3pm, at which time there were just four of us, one an invalid. We waited until around 5pm, when the last three turned up – one of them had a migraine and went to lie on the floor in a darkened room. Two who turned up later went at 7pm, just as we were getting started. That left the original four, who had been waiting all that time, plus food and drink for 11, a guest house that wanted paying, and no depth of a meeting to show at all.

On the bright side: J.W. and H.M. were a great pair. On the Sunday we had some long talks and afterwards both said that for the first time in their lives they had been able to be completely natural and speak about their hidden feelings and actions, which had given them a sort of emotional uplift. From a man of 74, this was really something.

As well as those members who came to the meeting, I had correspondence and completed questionnaires from some members who couldn't come. Thinking about it afterwards I concluded that, at the moment, large meetings are probably not the right thing. More could probably be achieved for members by meeting in twos or threes. This would be far easier to organise, and possibly less embarrassing to some. If the penis survey could be completed by everyone, they would know where their nearest neighbours lived. Contact could then

be arranged via *Acorn*. To this end I am asking Tony to forward my phone number to my nearest three neighbours in Bath, Salisbury and Gwent: they are welcome to contact me.

There was one bone of contention at the meeting. An adult circumcised member loudly and vehemently argued that everyone should be circumcised at birth, giving the cancer and dirtiness reasons. He'd had two revisions, with the shaft skin now stitched to the body of the glans at about 5mm intervals, leaving no glans rim – a purely personal preference, going beyond what was necessary for the reasons he'd stated. This upset two others who, having been circumcised at birth, felt cheated out of a choice. I think it could be a bit dangerous for a group like ours, representing a variety of different views, to have too hard opinions being expressed.

Finally may I say Hello and good luck to all the friends I've already made in the group.

*David – Weston*





# **ACORN**

**1990 Issue No 3**  
(Formerly Issue T)

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Natural Lubrication

Dear Tony: I have read with great interest all the copies of *Acorn* to date. I admire the hard work you have put in to keep the issues coming out frequently and with interesting content. I have learnt much about the pros and cons of circumcision, the techniques used to achieve it, and in particular about the variety of men's attitudes to their penis.

I would like to raise a topic which is of great interest to me and which has not yet been touched on. It may stimulate some correspondence of interest to others.

I was circumcised at birth and am now 57. Throughout those years I have never ever produced any natural lubrication from my penis. I have had physical contact with a number of men during a period in the past when my dormant bisexuality emerged for a time. I cannot recall any one man whose penis was other than dry when erect. Equally, in viewing many hard core pornographic films (in the days when they were more readily available than they are now!) I cannot remember seeing a penis wet other than following penetration of any one of the three usual orifices.

As the years pass I become more surprised at this, because I read in *Forum* and other journals descriptions of men producing lubrication when sexually stimulated or aroused and I know this certainly happens to some men. For example many years ago I enjoyed a brief dalliance with my secretary and she was willing to suck my penis with pleasure, yet she told me she could never do this to her husband as he was uncircumcised and always too wet and slippery, which put her off.

*Acorn* seems to be the ideal medium for finding out the reality of the situation and it prompts the question whether self-lubrication is less prevalent among those who are circumcised than amongst those who still have their foreskins intact? There is also the question whether such lubrication is a contributory cause of smegma in the uncircumcised, which would seem probable to me though I am hardly qualified to know.

Textbooks have little to say on the subject beyond commenting that Cowper's glands produce a clear lubricating fluid under sexual arousal. Possibly the best description is by Van de Velde, *Ideal Marriage*, but he hardly assesses the incidence of lubrication. In his chapter 'Anatomy of the male sexual organs' he writes as follows:

"In the anterior urethra there are a good many very small glands which together with Cowper's glands (Bilateral structures as large as small peas) secrete a small amount of transparent, thin, alkaline, and very slippery fluid. This substance has the same significance as the glands of Skene and Bartholin in the woman. They too function under influence of sexual excitement, and are instrumental in making the glans slippery and facilitating its insertion into the vagina. The secretions of Cowper's glands help to make the urethra more



suited to receive and transmit the semen, for they counteract the effects of the distinctly acid urine, by their own alkalinity. I consider this latter function less important than lubrication, however, for there can only be very slight traces of urine in the urethra during the passage of a much greater amount of semen, and this passage is extraordinarily rapid. The mucus secretion of Cowper's and the urethral accessory glands, may appear after the local excitation and erection of the male organ, and thus form, as it were, a second stage in the process of preparation for union. Or it may appear while the member is still slack, or at least not in full tension. The latter is especially the case if sexual excitement is produced through solely psychic impressions such as thoughts, books, pictures, without direct female agency, or if the psychic influence and contact with a woman who is desired, much precede physical contact: as they should do in what we have termed the prelude to sexual communion. (See Chapter VIII.)

"Inexperienced youths, who are anxious about their mental and physical health and their virile potency, still often mistake this normal lubrication for loss of semen. It is nothing of the kind. It is a distinct process, which prepares the bodily organs for coitus and at the same time expresses the soul's desires.

"The old Catholic moral theologians (e.g. Sanchez and St Alphonso de Ligorio) knew it well, correctly appreciating its mental reactions and importance, and gave it the term 'distillation' (or destillatio) as distinct from pollutions or loss of semen, apart from coitus.

"We may finally note that this distillation sometimes does not occur at all; more especially, when the erection is due to external (mechanical) stimuli, and the psychic emotions are only slight or even reluctant. If, in such situations, the woman has been inadequately prepared on the psychic side, and her vestibular glands have not functioned, the sexual act may be very difficult and painful, for both partners." (Emphasis in original.)

I very much regret, on a personal level, my lack of natural lubrication, as masturbation from the age of 14 was always rather a dry affair and without any doubt blunted my penile sensitivity to the point when for many years I have suffered from retarded ejaculation and sexual intercourse with my present wife is difficult. Masturbation requires a good lubricant to be successful.

Incidentally, as the subject has been raised before, I have explored the range of lubricants generally available, and I find the most satisfactory, economical, and readily available one is the 'unperfumed' moisturising lotion available from Boots the Chemist at 85p. It lasts longer than KY jelly before drying out and does not have the disadvantage of being petroleum-based, which can – if used too often – cause soreness and sometimes unwelcome pigmentation. Some of the mail-order firms selling sexual devices, and the sex-shops, sell lubricants which can be very good, but they are fearfully

expensive and not entirely without problems, such as the need to add water to maintain slipperiness.

Perhaps readers could write and say whether they do or do not lubricate naturally. If they do, are they circumcised or not, and what sort of stimulus triggers it off: purely mental ('psychic') excitement, or does there have to be manual or other physical stimulation? How copious is this lubrication? I read recently in *Forum* of a young man literally dripping with it. Does it occur only when the penis is fully erect, or can it occur before erection happens? Any observations on this topic would be interesting, to me and I feel sure to other readers also.

*Yours sincerely, R.W. – Sussex*

[The secretion which keeps the area under the foreskin, including the glans, damp and shiny appears to be exuded from the mucous membrane of the inner skin. When mixed with an accretion of dead skin flakes this forms smegma. Has anyone checked whether men who are prone to dandruff are more productive of smegma than men who are not, I wonder? While very off-putting to a partner considering offering oral sex, this is quite different from the natural lubrication which R.W. is enquiring about.

Van de Velde's observations are largely consistent with my own. I produce the clear fluid quite copiously, but rarely in response to physical stimulation, and rarely 'to order' (convenient though that might be). But quite long periods (perhaps 20 minutes) of foreplay or mental sexual stimulation (from a good *Acorn*-type story, for example) will result in an oozing of the clear fluid from the meatus, usually in sufficient quantity to wet the whole of the glans, and it remains very slippery for perhaps ten minutes. The changes resulting from circumcision at 20 made no difference (so far as I recall) in the pattern of production of lubricant fluid.

I had always assumed that this pattern was 'normal', but can now appreciate the possible problems faced by someone such as R.W. who doesn't self-lubricate. It is commonly said to be one of the symptoms of the female menopause ('change of life') that the female lubricant secretions are produced much less or not at all: obviously if both partners are dry, even after considerable foreplay, they have a problem, to which artificial lubrication may be the solution. Has anyone noticed whether the production of natural lubricant by men changes with age? More evidence welcome, please. – T.A.]

## **Circumcision: Ambition Fulfilled**

Dear Tony: Until I started school I had never seen another penis than my own. Then it soon became obvious that I was different to most of my little pals. They all seemed to have a pink knob at the end of their penises and were able to pee accurately with a firm jet. In my case I didn't seem to have a firm

end and my pee went in all directions, usually all over the floor! At that early age I knew nothing of circumcision and just assumed that the difference was natural, like brown or blue eyes, dark or fair hair, etc. My interest in penises grew and more opportunities occurred for observation at a later school where showering after games was the rule.

Most of the other boys had been circumcised and by then I knew that they had an operation to remove the loose skin and expose the knob. I still did not know that I should have been able to pull back the loose skin to expose the knob as no one had ever told me that this was possible. Some time later a rumour went around that we were to have a medical inspection by the school doctor. Those with foreskins were taunted by the other boys saying: "You'll have to have that loose skin cut off when he sees you." When my inspection came the doctor forced my foreskin back with difficulty and said it was very tight, but I should keep pulling it back in the bath and it would free off. Some of the other uncircumcised boys were sent to the children's hospital for circumcision shortly afterwards. I had mixed feelings about having missed the opportunity to be rid of my hated foreskin, but later when I was invited to inspect the penis of one of the recently circumcised boys I was not so sure. What a mess! It looked horrible compared with those boys done at birth.

I did as the doctor told me and gradually was able to pull my foreskin right back behind the glans. I eventually decided to try and keep it back and eventually after much soreness and will power managed to train it to stay back at all times. My knob increased in size because of being uncovered, and this helped keep the skin behind the rim. I always pulled it forwards for medicals, such as when joining the forces, so as not to attract attention. I assumed I was the only idiot in the world who kept his foreskin pulled back all the time.

The desire for circumcision remained, as I felt that I was cheating by appearing to be circumcised when I was not. But how to attain the ideal seemed impossible, as I felt that any approach to a doctor would result in me being 'certified' uncircumcised. Some years later I joined a firm and had to be seen by a doctor before joining their superannuation scheme. I thought it would just be a simple affair, chest, eyes, blood pressure etc, and had gone with my foreskin retracted as I had not expected a below-the-waist inspection. As I stood before the doctor, stripped to the waist, to my horror he told me to drop my trousers and underpants.

He looked at me, felt my balls, then pushed the skin right back along the shaft of my penis, noting, I imagine, that there was no circumcision scar. He asked me why I kept my foreskin pulled back, and I said I found it more comfortable like that. Then he said, had I ever thought about having a circumcision? (Every minute of every day for the last 25 years I had thought about it!) I said, as casually as I could, that I would like to be circumcised. He then said "I could put you in touch with a surgeon friend of mine in London who would do a nice neat job. When healed it would be as neat as one done at birth."

I could hardly contain my excitement as he gave me a slip of paper with an address and phone number on it. I rushed home and rang the number, and to my surprise it was answered by the surgeon, Dr Newill, himself. I explained how I had got his number and said I would like to have myself circumcised. He said he would do it and a date was arranged.

The interval was the longest ten days of my life. I went up to London on the day in question, to the Harley Street address. After a few preliminary questions he told me to remove trousers and underpants and get onto the operating table. I watched him inject me several times around the base of my penis, but I had decided beforehand that I did not wish to see him perform the operation, so I fixed my gaze on the ceiling. About half an hour later he told me to get up, and with his help we put my bandaged penis into the 'jock strap' and tight underpants he had told me to bring. I was sore for about ten days, but it was no worse than having a tooth out.

I took the stitches out myself, as he had instructed me. It looked a bit of a mess, but after about three months all I was left with was a perfect scar about  $\frac{1}{2}$  inch behind the glans when erect. Now, many years later, the scar has blended in to the extent that a small amount of remaining 'underskin' blends with the skin of the shaft almost as though no surgery had ever taken place. It is indistinguishable from a circumcision performed at birth: just what I always wanted.

All this took place long before the days of *Forum* and *Acorn*. Had I known then what I know now I would have asked him to remove all the underskin and make the scar right close up behind the knob in the Jewish fashion. This would I think prevent the slight 'bunched up' effect of the remaining underskin when flaccid, which gives the appearance at times of a retracted foreskin.

However there is no doubt that I have been fairly radically circumcised, and I have such a perfect scar that I would not risk any further surgery. My story, I now realise, is very similar to others you have published, but I hope you find it interesting. I would be prepared to be put in touch with other *Acorn* members, anonymously at first, if further details of my experience would help them. I would be willing to allow myself to be inspected and would be interested to inspect others (in a non-sexual context). I would be interested in seeing (or buying) any videos available showing circumcision being performed, or any clear colour photos of circumcised penises which showed different results.

*K.E. – Nottingham*

## Tightening Up

Dear Tony: I have always been fascinated by the subject of circumcision, ever since about the age of 10 when I discovered that not all penises are the same. As I became older the desire to be circumcised grew, but because there were no medical grounds for my having the operation, I didn't think I'd ever achieve this desire.

Fortunately I heard about the Surgical Advisory Service. Eventually, 3<sup>1</sup>/<sub>2</sub> years ago in my early thirties, I had the operation I had longed for. Shortly afterwards I obtained a copy of the book, *Circumcision: an ethnomedical study*, and was pleasantly surprised to read how much medical support there is for circumcision. I was also intrigued by the many different techniques used and the different results they produce. The surgeon who circumcised me, Mr Hasan, didn't ask me what sort of result I wanted. Although he did a very neat job, I soon regretted not having asked him to remove more foreskin.

Eventually I approached another doctor who was willing to try to achieve the result I wanted. Unfortunately there did not appear to be much difference, except that the raphé hadn't been lined up properly with the frenulum. I went back to Mr Hasan a second time and he managed to remove a little more skin for me and realign the raphé.

The result I long for is to have as much skin removed as possible, with the scar-line well down the shaft. I'm not gay, but I'd like to have the sort of circumcision that other men would admire, or at least take notice of in the changing room of my sports club (i.e. a cut above the rest!)

I discussed the result I wanted with somebody knowledgeable, who pointed out that the amount of skin that can be removed is determined by the difference in size of the penis when flaccid and erect. For example, if the penis is small when flaccid and much larger when erect, a lot of skin removed when flaccid might result in an over-stretched and painful penis when erect. My own penis varies quite considerably in size, comparing its flaccid and erect states. When completely flaccid, and I am sitting upright, the remains of my foreskin come well over the corona. When erect, the skin is quite tight but can still be stretched above the corona, which means I could lose another 1/<sub>2</sub>" of foreskin. But I was also told that, having been circumcised already, it would be difficult to create the desired result because of suturing difficulties. What I'm wondering is, is it possible to have more skin cut away and then firmly bandage the wound rather than using sutures to help the healing process

It would be both helpful and interesting to hear from other members who have achieved the sort of result that I'd like, particularly after more than one operation. In one of last year's editions of *Acorn* a member wrote about how, as a boy in Egypt, he'd noticed how far down the shaft his father's and brother's circumcision scars had been, and that he intended soon to achieve the same result. It would be interesting to know whether he's had this operation, and if so, what the outcome is like.

My personal fantasy is to be circumcised at a special tribal ceremony, in a primitive method of circumcision. The entire assembly is naked and those presiding over the solemn proceedings or performing the operation have been cut well down their shafts. It is my turn. My foreskin is pulled tightly through the centre hole of a protective disc. It is about to be cut off when I cry: "Tighter!" The elders respectfully nod their approval, since the more skin is removed, the greater the esteem given to that member of the tribe. Eventually it is stretched as tightly as possible, and then cut off as close to the disc as possible with a jewelled dagger. The result is an incision line barely clear of the base of the penis, leaving a smooth, skinless, sensitive shaft. The elders and circumcisers congratulate all the initiates, welcoming us into full membership of the tribe and inviting us to choose our wishes from among the women who have been patiently waiting outside the ceremonial hall.

*T.J. – Norfolk*

[Good to hear from you, T.J. Your fantasy is an excellent example of an initiation ritual: the candidate is separated from 'normal' society into the initiatory assembly (of naked men); there is a test to be passed (in this case, the onerous one of circumcision, which also leaves its distinguishing mark); the successful candidate is reintegrated into society, this time in his new role (full tribal membership). You have added additional rewards: especial congratulations from the elders for the especially brave, and the choice of a wife – presumably she will also assist in the convalescence of the candidate!

As to the result you want to achieve, you seem confident that removal of another  $\frac{1}{2}$ " band of skin would be possible to achieve the radically tight result that you want, without becoming over-tight when erect. Normally a revision operation would involve removing the strip of skin which included the scar line of the previous circumcision – otherwise the patient would end up with two scar lines, which would be an obvious indication of having had a second operation. This would imply that the new scar line could be no further from the glans rim than the old one – and most of the skin removed would come from the most elastic shaft skin. But if you didn't mind the double scar line, the new line could be anywhere on the shaft, including a line 'barely clear of the base of the penis', such as you describe in your fantasy.

I do not imagine that there would be any particular problem with suturing a revision incision. The neatest results generally follow from careful alignment of the two cut edges, paying particular attention to alignment of raphé with frenulum (your second operation seems to have been unfortunate in this respect). Use of many stitches helps to achieve a fine, neat line. Someone who wanted a prominently visible scar line might have just a few stitches, remove them after 3-4 days, and keep separating the cut edges to encourage the formation of a wider scar. The bandaging you suggest is standard practice in after-treatment of Jewish infant circumcisions (when healing is likely to be rapid) but in an adult is likely to be uncomfortably tight in the event of an erection. – T.A.]

## Family Likenesses

In *Acorn* 8/89 there was a letter about family penis resemblances which prompts the following comments. I discovered masturbation in the bath at 13 or 14, by holding my erect foreskinned penis upright under the running tap to let the strong jet of water shoot into the opening of my foreskin. (I did not yet know about foreskin retraction.) But my creamy white ejaculate worried me deeply, not knowing what it was, so I just had to consult another male about it, and my father was the only man around at the time.

Our family is ethnically Chinese, and we were living in SE Asia. My father was a rather reserved and stern individual in relation to sexual matters. Sex was never mentioned to me in my puberty, and yet it was he who eventually taught me the facts of life, and in the most direct manner possible.

One evening, as he was preparing his bath, I asked him. With shaking voice, and my heart thumping in trepidation, I blurted out that I had a problem with my cock. I expected a rebuff, but to my surprise father was gentle with me. He invited me into his bathroom, locking the door so that we should not be disturbed. Then he smiled, and in a whisper asked me the problem.

In my excitement and relief at not being scolded or rebuffed, words failed me. Feeling that I was confessing the greatest crime, I dropped my trousers and let father see my erect cock. I admitted that I often played with it, after which a white creamy liquid shot out. What was the matter? Was I sick, or had I some disease?

My father listened, and then gently explained to me the facts of life, especially the functions of my male genitalia. I was shocked that men and women actually played with each others genitals to produce a baby, but relieved that my cream was a natural phenomenon. Father then gently took my erect penis in his hand and slowly, with some difficulty, coaxing back my foreskin for the first time ever. Emboldened by this new sexual knowledge and father's mood of intimacy, I asked him if I could see his cock too, not knowing how he would take this request. He hesitated, looked embarrassed, then smiled: this was the father I had never known before. Already shirtless, he looked down to unbutton his trousers. He never wore underpants. Occasionally, if he forgot to button his fly, a maid or servant might catch a glimpse of his cock. I overheard them mentioning its size once, in their lewd gossip. In a moment his trousers dropped and he was naked before me.

Even in my inexperience, not having seen an adult cock before, I was surprised at the smallness of his cock. It was flaccid, perhaps a bit over 2" long and of average girth. Instead of the foreskinned sausage I had expected all penises to be, father's foreskin covered just a bit of the glans rim (corona), leaving  $\frac{8}{10}$ ths of his glans exposed: a short foreskin indeed. Moreover, his dry glans was a deep dark blackcurrant colour, in fact, black with a purple tinge. This is unusual, as he is Chinese, not black, and his is very much darker



than mine, and a little smaller. Otherwise the skin in his genital area was a light brown, as is mine. His balls were fairly big and hung much lower than his penis. His scrotum, bulging and prominent, was dotted with hairs, some as much as 3" long. His pubic hair was profuse, long and slightly curled. His penis was nicely bullet-shaped (like mine); in fact it looked like a threatening black bullet, bobbing a bit between his legs. I had just learnt that my very life came from this small blackcurrant bullet. How potent it must be!

So father stood, naked and vulnerable, gazing over my head in his mild embarrassment. Perhaps in his naked display he was expiating his own guilt at having neglected my puberty and sex education. Fascinated, I knelt down, my eyes level with his cock for a detailed scrutiny, and took father's penis in my hands. He did not object. His penis did not erect as he let me push his short foreskin back and forth. I touched him all over and parted the opening of his pee-hole with my fingers. When I gently squeezed his balls, he joked that not so long ago his scrotum was my former home, and I had lived as his sperm in his creamy white liquid.

To my query about his almost black glans and his short foreskin he could find no adequate answer except to say that in adulthood and maturity foreskins tend to shorten by themselves, and cock-heads tend to darken through exposure (though I since know this to be untrue). It remains an enigma to me why his was so black.

He confided that (then in his fifties) he did not erect frequently, and he had sexual intercourse about once a month. To my tactless remark about the small size of his penis, he said good-humouredly that he had never had my problem with it, as some women prefer a small one. I have seven brothers and sisters, so father's 2" penis with its black bullet glans did not lack potency! My own penis is similar in size now (25 years later) and erects to about  $4\frac{1}{2}$ ". I assume that father's in erection would probably have been similar. In retrospect, having since seen hundreds of cocks, father's remains one of the sexiest cocks I have seen.

Mine resembles my father's in shape, size, the hang of my balls, and even to my foreskin shortening somewhat, though mine is not as short as his. My bullet-shaped glans is certainly father's legacy. But there are also differences. In youth my glans was a liver-colour when covered with foreskin. Retraction has made it a dry pink in adulthood. Masturbation with powdered pepper, mustard, etc, has given it a greyish tint, although the underlying colour is still pink. I resemble father most in my glans and my scrotum, though his cock-head was more rounded and mine is 'sharper'. His pee hole was wider, hence my desire to widen mine. His balls were slightly bigger than mine, but the hang, colour of scrotum, and even the sparse hairs on my scrotal sac are similar (though I keep myself shaven).

Although we did not masturbate each other, I have sometimes thought, in retrospect, whether examining, touching and fondling my father's cock



amounted to gay incest – parent abuse, perhaps. It happened only once, but thenceforth our talk became extremely relaxed and, when alone, we could discuss sexual matters fully.

Frequently, if we visited a public urinal together, we would stand side by side and watch each other peeing without embarrassment. Other onlookers did not bother him. At most he might use a forefinger to tilt his penis to the right angle, but he would never cover it from view. Although his glans was small his pee was voluminous as his meatus was bigger than mine. The lips of his meatus were always slightly open and turned outwards, like a negro's lips. This may have been the result of a small operation concerning difficult urination some years earlier; although I did not know the details, this could have involved meatotomy.

H.C. – London

## **Fucking Wankers!**

Dear Tony: Here I am again, with a follow up to the article which appeared in *Acorn* 7/89: it was entitled 'Masturbation Techniques' (pp.22-24). I hope the article proved to be of interest to your readers. Two of them have contacted me and are proving helpful. However things have changed since I wrote the article. Some of your readers may still be able to help me, but the sort of help that I'm looking for is now somewhat different. Let me fill in the background.

On page 140 of the February 1990 edition of *Forum* there is an ad I placed which reads: 'Study of Female masturbation. For details contact: Box No. 232.16' So far (it is early days yet) this has produced three replies, all from men, hoping to acquire an enlightening book on the subject. I have written to each of them with a more or less standard letter, which fills in the story as well as I can: I feel your readers might like to hear more. The letter went as follows

"Many thanks for replying to my *Forum* ad 232.16. I'm afraid that I'm probably going to disappoint you to some extent; however my actions were all done in good faith: the details may interest you. In July, August, Sept 89 I inserted the following ad in *Forum*:

"Female DIY. I'm making a survey of female masturbation methods, partly for fun, but mainly for the purpose of opening out the subject with a descriptive article. Exchange letters with me, and we'll both learn a lot. Confidentiality assured. ALA."

I had previously run a similar series of three such ads for men (my objective being to acquire sufficient information to write a book on the subject of how to masturbate to best advantage). From these ads, addressed to males, I received 65 replies. However the above ad, directed to women, repeated three times, resulted in only two replies. The two respondents were great ladies; one of them suggested that I would get a better result from the fair sex if I made my ad more simple; she suggested to me the wording of the ad to which you replied. It did not occur to me when placing the ad that it would be open to misinterpretation, though I now see that it obviously is.

I'm already gathering together the information obtained from the men into book form, and hope to publish it under the name, *The FB Story*, within the next couple of years. Doubtless you will see information about it in *Forum*.

I don't expect that it was part of your intention in writing to me, to get yourself involved in what I am about to suggest: but one thing that my research has uncovered is the fact that there are two categories of men: I describe them as 'Wankers' and 'Fucking Wankers'. (Not the slightest insult intended of course!). The latter category, the fucking wankers, are those who (quite frequently at least) aim to recreate the sensations of fucking during their wanking activities. I have already acquired most of the information that I need, via my correspondence, but I could do with some more help from some enthusiastic 'fucking wankers'.

But what do I mean by enthusiastic? To put some figures on it, if you are in the happy position of enjoying a good 'fucking wank' two or three times a week, then you could be just the person to try out one device which is still in the development phase. It is the FB as we call it. It is best described as a double-sheath, but I won't go into a detailed description now. Anyhow before I engage you in my 'research team' I would like to exchange a letter or two: We won't go into the full procedure of questionnaire, letter exchange, and graduated experiments that I did with most of my respondents: but I would like first to exchange a letter or two, with the aim of assuring myself that you are enough in tune with my objectives to be a reliable tester and reporter. As mentioned in my ads I do take every step to ensure confidentiality. My system is chiefly to use reference numbers and first names, and I keep addresses separately, so that only I can connect addresses with coded reference numbers and names.

Thanks for writing, and I hope that you will feel that you might be interested in my proposition, and then I hope to hear from you in some detail. The model of FB has to be selected for size, particularly circumference, so one detail that would be of interest is the girth of your cock when it is good and hard.

Of course my other requirement remains: namely to enlist information from a few more women. If you happen to know any who you can egg on to replying to my ad then I would indeed be grateful.”

It is interesting to speculate why there is such a difference in the response from females, as compared to males. It is probably fair to say that only about one in six of the men who wrote to me proved to be useful. Most of the others either had problems of one sort or another, or were really looking for a bit of titillation in exchanging letters, and were not what I would call ‘serious wankers’. Few were at the extreme of casualness about their wanking as one person who wrote, after receiving my questionnaire: “I don’t think that I can really help you with your enquiries. As far as I’m concerned, I just masturbate ‘as and when’ the need for relief occurs. I’m afraid I only wrote to you to find out how it was possible that anyone could make enough of it to exchange letters on the subject.”

In other words that respondent was ‘just curious’. I think quite a lot of other men were too. Perhaps man is a more curious animal than woman, and that helps to explain the difference in response. Certainly both the women who wrote did not do so because they were just curious, but rather because they were ardent explorers of bodily sensations: two great ladies, as I said in my letter. If you are not ‘just curious’ but rather an ardent practitioner, then please write to me:

*Andrew Ferguson – 11 Harcourt Close, Henley-on-Thames, Oxon. RG9 1UZ*

## **Unkind Cut**

A banner saying ‘welcome’ in 27 languages in San Jose, California, actually says ‘circumcision’ to Filipinos. [Short item in the *Daily Mirror*, sent in by H.F. – Cambridge]: it would be interesting to know what ‘circumcision’ is in the 27 languages: any more contributions to our recurring “What’s yours called?” feature?







# Impotence: it is not all in the mind

Implants and injections can now help men with physical sexual problems. Oliver Gillie reports

"YOU FEEL you are not fully a man. Impotence really works on your nerves and your mind. It is something you think about full time..." Bobby Roberts had been married only two years when he became physically incapable of having sexual intercourse. He is one of the first men to have been cured by an operation and then gone on to prove his potency by fathering a child.

Bobby and his wife Miki were in their twenties when he suddenly became impotent. At a time when other couples are starting a family they began to lead separate lives. Miki thought he had a girlfriend. She started to work 60 hours a week to take her mind off her worries, while Bobby spent more time with his friends in the Freemasons.

Bobby, who now lives happily with Miki in Cantonment, Florida, was able to get good advice from his doctor — advice which is still relatively rare in Britain. He suffers from diabetes, which reduces the blood supply to all the extremities of the body: the hands, the feet and the penis. Impotence is a common, although not invariable, complication of this disease.

Bobby was one of the lucky ones. His local doctor referred him to Dr Brantley Scott, a urologist in Houston, Texas, who has developed one of the most advanced surgical methods for treatment of impotence.

Dr Scott has designed an implant consisting of two inflatable rods which are surgically installed in the penis. The rods are inserted into the *corpora cavernosa* — the two spongy chambers on each side of the penis which normally fill with blood when a man has an erection. These rods are inflated hydraulically by a little pump, placed in the scrotum, which draws fluid from a reservoir inserted in the abdomen. This makes the penis rigid, enabling intercourse to be achieved.

Afterwards the penis is deflated by pressing a little button attached to the pump. The rods are of fixed length which means the penis remains extended even when they are deflated. Nevertheless, since the penis is soft it can easily be folded away. The man is not aware of the pump in his scrotum except when he feels for it.

"You can't tell the difference,"

said Miki. "In fact it makes intercourse better. You pump it up, and you can't do that naturally. Dr Scott did a survey which showed that the wives of men with implants had a better sex life from that standpoint."

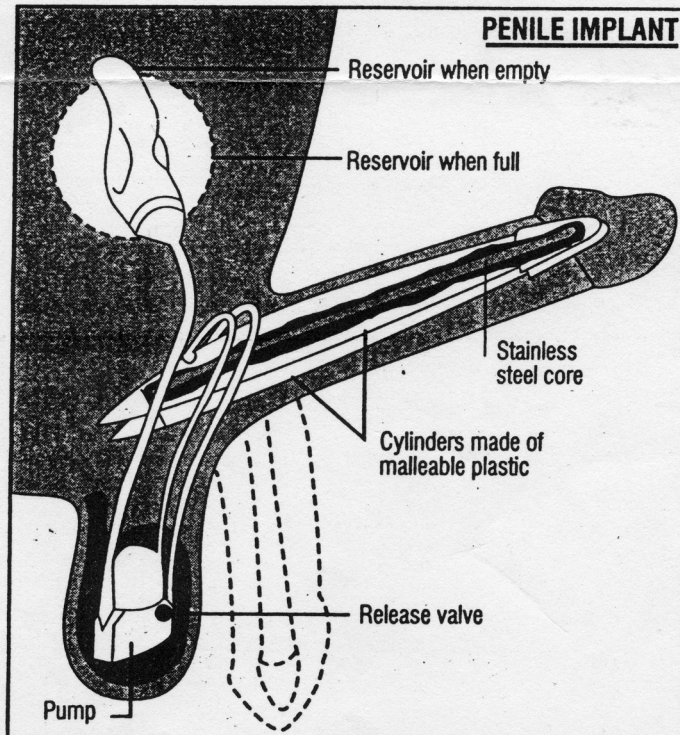
After Bobby had the implant he and Miki decided that they wanted to have a baby, and Bobby Jnr, now 8, was conceived.

Many thousands of operations to install prostheses are done every year in the United States where lasting impotence is widely recognised to be a common complication of physical illness. In Britain the operation is available on the National Health Service, but no more than 200 are done each year — only a very small proportion of those who might

of taking certain drugs — particularly some of those commonly prescribed for high blood-pressure. It may also be a result of accidents or operations which damage the nerve supply in the pelvis. And impotence can be a complication of certain diseases such as diabetes and multiple sclerosis.

But by far the most common cause in older men is the furring-up of arteries, atherosclerosis, which is caused by smoking and a diet rich in animal fat.

Atherosclerosis affects arteries throughout the body: when the coronary arteries are affected it may cause a heart attack; when arteries in the legs are affected it causes intermittent claudication — pain on walking; and when the arteries of the pelvis are most



Graphic: Will Bown

benefit from the operation get it in this country.

Until a few years ago most doctors believed that lasting impotence was a psychological problem in the vast majority of cases. Most men have experienced temporary impotence when, through anxiety, or too much alcohol, they are unable to have an erection. This common experience led doctors to assume that potency was a mental attribute.

However, it is now known that impotence is frequently the result

affected it causes impotence.

Another great advance in the understanding and treatment of impotence came when a French surgeon, Dr Ronald Virag, discovered that erections could be induced artificially by the injection of drugs into the penis. Dr Virag was operating on a patient to improve the blood supply to the penis and injected a drug, papaverine, into an artery in his groin to dilate it. The patient had an erection on the operating table despite being under anaesthetic.



Dr Virag reasoned that the treatment might be used to help men with impotence. First he tried it on himself. It worked. He had invented the injection erection. Very cautiously at first, he used the injection in his clinic as a test and as a way of "exercising" the penis. He found that some men who had exercised their penises in laboratory tests were able to have spontaneous erections and intercourse at home.

Others asked Dr Virag if they could make use of the drug at home, so he taught patients to inject themselves. Within five or 10 minutes of the injection the penis becomes fully erect and the patient can have normal intercourse.

This treatment of impotence is now widely used in Britain. However, there is a small risk of complications with an injection erection. In some men the response is unpredictable and an erection may last a long time. If it lasts more than four hours there is a danger of damage to the penis and men are told that if necessary they should go to a casualty department and have the erection reduced by removing blood with a syringe.

The injection only works when the blood supply to the penis is adequate. Diabetes severely re-

duces the supply and so the injection cannot be used to overcome impotence associated with this disease, except perhaps in its earlier stages.

A man in normal good health has erections naturally during sleep. If an impotent man has strong night-time erections then his impotence probably has a psychological cause. A man may, for example, begin to have difficulty with potency on being made redundant or on experiencing financial loss.

"Anything which makes a man feel badly about himself can erode his sexual responsiveness," says Dr Elizabeth Stanley, a specialist in marital advice and sex therapy.

"Failure to deal with anger which arises in a relationship is one of the commonest causes of problems with erections. If emotional problems are not openly expressed in a relationship then it's very difficult to talk through a problem. Hidden resentments may build up — sometimes over years — and cause problems with erections."

Another problem for some men and women is a subconscious feeling that sex is dirty, that nice people don't do it together. Some men may be able to have a satisfactory sexual relationship in a

short-term affair or with a prostitute, but not with their wives.

"A man may sometimes become impotent because he loses confidence in his sexual ability. He may have failed to have an erection once because he was tired and then be afraid it will happen again," says Dr Stanley.

"One such failure early on in the honeymoon may lead to years of impotence. Good sex is all to do with good communication — being able to tell your partner what you like and don't like.

"It means getting rid of this dreadful myth that men know exactly what to do to arouse a woman and that it's not for the woman to give her partner any information."

However, many men who have suffered from impotence caused by physical illness have wasted years in distressing sex therapy which, they felt, blamed their mind when it was their body that was letting them down. Others who have had real psychological problems with potency have failed to respond to years of psychotherapy.

Increasingly, doctors are willing to prescribe injections for men who suffer psychological impotence. Sometimes a low-dose injection is all that is necessary to increase the responsiveness of

these men — and they find that they don't need to use an injection every time. Psychotherapists may be prepared to continue the treatment for years if the patient can pay. But eventually patients become impatient, and psychotherapists may recognise that they are getting nowhere. When this happens Dr Brantley Scott has been persuaded to operate and install his hydraulic implant.

Men who have had years of unsuccessful psychotherapy for impotence but have night-time erections have been able to have successful intercourse this way. There could be no more elegant proof that the unconscious mind is sometimes at war with the conscious will. And when the unconscious cannot be changed by therapy then it may sometimes be outwitted by surgery.

*Oliver Gillie reports in the documentary: Impotence — one in ten men, Meditel Productions, to be broadcast on Channel 4 at 9pm tonight. A help line, 0800 767 800, will be open for two hours after the programme and from 10am to 8pm tomorrow. A free Channel 4 booklet by Oliver Gillie is available. Send self-addressed A5 envelope with two second-class stamps to: One in ten men, PO Box 4000, London W3 6XJ, or Glasgow G12 9JQ.*

## THE INDEPENDENT Tuesday 20 February 1990



Success story: Bobby and Miki Roberts with son Bobby Jnr, conceived after Bobby Snr had two inflatable rods installed in his penis



# ACORN

**1990 Issue No 4**

(Formerly Issue U)

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

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## **Editorial**

Communications to the Editor, Tony Acorn, should be sent to the address on page 1. Letters to other *Acorn* members will also be forwarded if sent in this way.

Earlier issues this year included some long articles, which it is hoped readers enjoyed. The article on impotence in issue 3/90 was not intended to cast aspersions on any reader's potency, but rather to share information about a little discussed (but perhaps quite widespread) problem and a little known treatment for it. Readers who watched the associated tv programme will have seen the insertion of a penile implant for a well-circumcised Turkish patient and may have noted the surgeon's comment that there was really very little bleeding, which also showed that the patient's inability to obtain an erection was a consequence of poor circulation of blood to the penis. The procedure is also interesting as a way to restore sexual function using a drastic procedure of genital modification.

This issues reverts to a larger number of briefer items, some responding to earlier contributions. Thank you for all your material. Please keep items coming; you the readers are the people who make the newsletter continually interesting.

This is the fourth issue of 1990. The Editor apologises for the fairly erratic intervals between previous issues, but hopes that readers will understand that the editorial task has to be fitted in with other commitments (and that a broken arm further added to the problem of managing these). Issue 5 is planned for early July. There will then be a gap until September. It is planned to publish issues 6, 7 and 8 during September – December 1990.

T.A.

## **Circumcised In Infancy**

Dear Tony: I have recently been allowed to examine the penis of a 54 year old man. I have known its 'owner' since infant school, but until recently was not privileged to examine it closely. The general appearance is quite good. It is about 6" long. He was circumcised a few weeks after birth at a local clinic, following advice in the *Motherhood* book: there were no religious implications.

Without doubt it has been very thoroughly circumcised, but close inspection reveals what I think to be a rather 'clumsy' job. The scar is not well defined for about  $\frac{1}{4}$ " on top, but appears to have been stitched there once. At the sides the scar-line is at right angles to the axis of the penis, rather than running at an angle to the axis but parallel to the glans rim. At the sides it is well defined and can be felt as slightly raised. There is an area underneath where a large ugly brown 'clump' or 'knot' of skin forms a distinct lump. At this point the scar is about one-third the way along the shaft, and  $\frac{1}{2}$ " clear from the proximal end of the frenulum. Is this the result of an average mid-1930s routine infant circumcision? How was it performed? Is the stitching on top and the knot of skin underneath a result of poor skill on the operator's part?

It was the sight of the circumcised penises of my school pals that always gave rise to the desire to be circumcised myself. I always regretted that I was not done shortly after birth. All the other lads in this area had been. I had to wait until I was in my mid-20s before I found a surgeon who would circumcise me and attain the state I had always longed for. But, perhaps as a result of waiting until I was adult, I have got a far better job. My circumcision has resulted in a scar which is parallel to the glans, which I think looks better, and a scar which has now 'blended in' so as to be almost invisible. Even the stitch marks have vanished.

*K.E. – Nottingham*

[Dear K.E.: It is hard to say what was an 'average' result. The small scale of a baby's penis may make accuracy difficult, which is why so much ingenuity (mainly in the USA) went into trying to design a circumcision instrument which would produce a standard, cosmetically attractive result even in the hands of an inexperienced duty-surgeon. Several of these, including the Gomco clamp and the 'Plastibell', were designed to crush together the two layers of foreskin, resulting in a virtually bloodless operation and no need for stitches. These devices did not catch on much in the UK, where circumcision was usually done freehand or with a pair of forceps used to grip the foreskin and guide the scalpel. The forceps could be applied straight across, or at an angle roughly parallel to the glans rim. The skill lay in knowing how much tension to apply when pulling the foreskin forward before tightening the forceps. It seems that in the case you describe, the foreskin was pulled quite tight on top, needing a stitch to keep it together, but was much slacker underneath. Often no stitches were used: the two cut edges of skin were simply allowed to grow together, which was usually no problem, but the result was often quite variable. By contrast, a practised surgeon can usually be much more precise in the type of result obtained in an adult. If his skill extends to the stitching, and to judging correctly when to take stitches out, the sort of neat result of which you are so proud can be achieved. Otherwise the specialised Gomco clamp is available in sizes suitable for adults, and can also give a very neat result. – T.A.]

## **Circumcision As A Preventive Of Disease**

My parents had me circumcised when I was 9 days old, in 1957. Their GP did it – presumably this had their approval. They did so chiefly as a protection for my future wife and to spare me the unpleasantness of having to have it done later, should it become necessary, as had happened to my father when he was 14. Before we started school I and my younger brothers were primed with the basic facts about why our willies would look different from most of the other boys'. As we grew older we were taught the full reasons for our circumcisions. I do not feel – and in this I speak for my brothers as well – that the operation was a crime against my basic rights and freedoms, nor that it is uncivilised. On the contrary, if our circumcisions have lessened the risk of our wives developing cervical cancer, we are very thankful.

I know that the preventive value of this operation is contentious, but there is substantial evidence that it is of value. The young wife of a friend did get this cancer, despite having had smear tests. He is uncircumcised. Her treatment was most unpleasant, lasting nearly two years, and involved her having a hysterectomy as well as radiation and chemotherapy. Unfortunately cervical cancer is a risk that a woman must accept if she has sexual intercourse; so is conception. As to the latter, the man can play his part by having a vasectomy. Is it not just as civilised to have an inessential part of his genitalia removed to lessen the risk of cervical cancer?

Even more important is the possible role of the foreskin in the transmission of AIDS. It is found that in heterosexuals, AIDS is 19 times more frequent when the male has a foreskin than when he is circumcised. Here both partners are at risk. Furthermore, a recent Australian study found that herpes and gonorrhoea were twice as common and thrush and syphilis were five times as common in uncircumcised males as in circumcised ones. It has also been found that urinary tract infections are ten times more frequent in uncircumcised children than in circumcised ones, and that nearly all renal (kidney) failures have a history of urinary tract infection.

This information was given to me by a urological registrar, a close friend since childhood and circumcised like us. In his opinion this lower rate of genital infections in circumcised males is the consequence of the frenulum and surrounding areas becoming toughened by its continuous exposure, whereas in the foreskinned male abrasions, splits and tears in this region are common, and these are often troublesome enough to necessitate circumcision.

He is an advocate of routine circumcision at birth, but is up against resistance from the paediatricians in the hospitals. He did a very neat job on our two boys under a local anaesthetic, free of charge and has obliged several of our friends who have been thwarted, like us, in their endeavours to get it done. I would agree that there is a case for leaving the baby 'intact' if circumcision caused any distress, but it is quite clear that it does not. Our Sunday paper carries regular advertisements for 'instant' circumcision – but at a price! I

reckon there must be a lot of men wishing their parents and/or medics had been enlightened enough to get it out of the way when they were born.

Some time ago *Forum* carried a letter from a female reader reporting that a woman's magazine had carried out a survey of female preferences in their sexual partner and found they overwhelmingly expressed a preference for the circumcised male. Does anybody know which magazine and when this survey was carried out? Enquiries by my wife among relatives and friends lend support to the survey's findings.

*J.W. – Ipswich*

[Thanks for a very sane, informative and thoughtful letter. Would your urologist friend like to write a brief contribution to a future issue of *Acorn*? I can not help with the reference to the women's magazine: perhaps another reader will do so. – T.A.]

## **Self-Circumcision Revision**

Dear Tony: You published an account of my original circumcision in issue 3/88. Early in 1989 I decided to re-circumcise myself to correct some of the things I disliked about the original job. I made a ring from U-section copper which was a nice easy fit in the sulcus. I then drew as much skin as I could, including the original circumcision scar and the original internal fold, forward over the ring.

I used sticking plaster to hold the skin forward onto the glans, while I wound a couple of turns of nichrome wire round the groove I had made in the outside of the ring. The ends of the wire were then twisted together as tightly as possible. This was a bit painful, but not excessively so – not bad enough to stop me going to bed and going to sleep soon after. In the morning my cock felt a bit sore, but quite bearable. After three days the skin trapped beyond the wire was dead so I took a scalpel and cut round both the outer and inner surfaces about  $\frac{1}{8}$ " (3 mm) from the wire. When flattened out, the ring of skin removed measured  $\frac{5}{8}$ " (15 mm) wide, so (with the dead skin left next to the wire) I removed a total of  $\frac{7}{8}$ ". This dead skin turned black and dried in about 24 hours, so a couple of days later (after 6 days in total) I cut the wire and removed it and the copper ring. It took about two weeks to complete the healing and for the bits of dead skin to drop off.

The new scar is  $\frac{3}{8}$ " (9 mm) from the corona on top and on the right side, and  $\frac{5}{8}$ " from the corona on the left. The distance at the frenulum is about 1". I also tried to correct the misalignment of the median raphe: my original circumcision had left it displaced  $\frac{3}{8}$ " to the left; now it is very slightly to the right of the correct alignment with the frenulum.

The result closely approximates to my ideal penis. There is no surplus skin to fold over the glans or form wrinkles when flaccid. When erect the skin is fairly tight, especially on top, although there is enough 'give' to allow for about  $\frac{1}{4}$ " movement for masturbation purposes. My usual method is thumb on top and two or three fingers underneath on the frenulum.

S.W. – Gwent

[Dear S.W.: Congratulations on your courage and determination to achieve the ideal, and your success in achieving it! This method is, of course, an adaptation of the idea behind the Plastibell technique, used mainly in the USA (but also by some paediatricians in the UK). It is closely related also to the Gomco clamp method. A member kindly supplied me with one of these recently, of the large size suitable for adults. The instructions are published with this issue of *Acorn*, so that members can become familiar with a technique which is more widely known in the USA than the UK. – T.A.]

## Circumcision Rings

Dear Tony: In *Acorn* 5/89, E.S. – Salisbury wrote about having read in a book by Bud Berkeley about circumcision rings, and you commented on how they might be fitted. I have a copy of Berkeley's book, *Foreskin: its past, its present, and its future?* and they were not circumcision rings but anti-circumcision rings. From the description, it does not seem as if any piercing was done (quotation below). I have written twice to Bud Berkeley for more details but have had no reply.

E.S. – Rochdale

Berkeley writes (p.41) about

...the fabulous fifties, the golden era of the all-American boy, cut clean... of hair, of jaw, of penis... Many ethnic minority groups, previously missed by the circumcision band-wagon, now started sending their little squires to school with unmuzzled acorns. Circumcision tools became big business for the surgical supply companies, with new gadgets flooding the market. One gadget was advertised as a 'self-circumcision kit'. Another gadget was a set of Anti-Circumcision Rings. The rings were marketed as giving all the benefits of circumcision without the pain of surgery. They were to be worn by youngsters much as they would wear braces on their teeth; fitting on the shaft of the penis and trapping the foreskin behind the corona of the glans penis. The theory was that the glans would permanently expand once the restriction of the foreskin was eliminated, thus trapping the foreskin behind it forever. One farm-raised man recalled his experience with the rings: "My new step father fit the rings on me when I was 12 years old. He told me all the boys had to wear them. They must have worked because I didn't have to wear them after about a year

and my foreskin still does not move forward unless I tug at it. My older brother wasn't so lucky. He was 16 when he got fitted and I guess it was too late. We did everything we could think of to make his cock-head get fatter, but every time we took off his rings his ole foreskin would just roll on over everything. He wore the rings right up to the time he joined the Marines. They solved his problem in Korea when they circumcised him clean off."

## Penis Survey

Dimensions are in inches.

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scar-line from glans rim.  
If uncircumcised: U
6. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, flaccid?
7. If uncircumcised, how much ( $\frac{1}{10}$ ths) of glans is covered, erect?
8. If uncircumcised, is foreskin tight (T) or loose (L)?
9. When standing against the wall with erect penis, how far from glans tip to nearest part of stomach?
10. Height
11. Age
12. Identification (initials and place).

1	2	3	4	5	6	7	8	9	10	11	12
4.4	6.4	5.1	6.0	0.4	-	-	-	-	5'11"	57	S.W. – Gwent
1.9	7.3	4.7	5.7	0.6	-	-	-	-	5'4"	75	H.M. – Colchester
4.5	6.0	5.0	5.5	0	6	0	L	5	6'0"	42	J.McC. – Bathgate
3.2	5.3	4.2	4.8	1.0	-	-	-	5.8	5'6"	38	I.W. – Dorset
3.5	5.8	4.4	5.9	0.5	-	-	-	6.0	5'11"	52	W.M. – Surrey

### Comments

I was subjected to a dorsal slit, and have since myself done a partially successful reversal; I have answered both the circumcised question (5) and the uncircumcised ones (6,7,8) since they both apply. — *J.McC.*

Scar-line to corona, flaccid: dorsal 0.5", frenulum 1"; erect: dorsal 1", frenulum 2". The frenulum I imagine is mostly intact. The frenulum used to be tighter, but a torn piercing near the corona reduced the tension when erect. I was cut as a baby in 1951, though I think it was going out of fashion: see the letter 'Piercings' below. — *I.W. – Dorset*

## Piercings

Dear Tony: My cock was cut as a baby. When erect there is no movement on the shaft skin at all and it appears to be stretched to its maximum, so I gather that I am radically cut. I have no idea what method was used to de-skin me, but it is very obvious, unlike some who appear so loosely cut that one often cannot make up one's mind if they are done or not. The scar is about an inch from the corona in front, but almost two inches away at the frenulum where it forms a shallow V pointing away from the tip.

Until about three years ago my frenulum did pull a bit tight during a full erection. If I was not careful when masturbating it was sometimes a bit raw and sore for a couple of days. So I pierced it through, about  $\frac{1}{8}$ " from the edge, right near my knob rim. Then I forced a small ring (the self fastening type used to hold together a necklace) through the hole. After about 2-3 weeks and frequent stretching the skin between the hole and the edge of the frenulum started to dry up. The hole got slowly bigger until it finally broke through the frenulum edge. This left a small V in the frenulum, with a little pimple-like point at each side. These healed over but are still very sensitive. During erection they pull apart to leave about  $\frac{1}{2}$ " between them. This has relieved the strain on the frenulum and the tightness of the skin on the underside of the shaft during erection. It also relieves the pull on the meatus, which is more elongated than round, with pronounced lips on each side.

I vary from the 'normal' as follows. I have through my frenulum adjacent to the scar-line a triangular pattern of piercings: a transverse one (A-B) in the frenulum, and one running from each end of this to a single exit (C) on the raphé near where it meets the frenulum at the scar line. I have never had it pierced. C is the smallest, and it is just possible to push a largish bodkin into its opening. B is the largest, about the size of a match-head, and A is the size of a match-stick. At A-B the frenulum is raised very proud of the shaft so that I can gather up a good pinch of it even when erect. Holes A and B lie deep into the bed of the frenulum, almost on the shaft skin, which I presume to be what was once the inner layer of my long-gone foreskin.

I frequently clean out this network by pulling a thread though it to remove the smegma-like material which gathers. Although it is exceedingly sensitive when I do this, it in no way hurts. I have never seen this on any other circumcised cock, and over the years I have seen quite a few. Can you or another reader offer an explanation?

*I.W. – Dorset*

[First, congratulations on solving the problem of your over tight frenulum. This also illustrates the importance of care in the placing of a piercing and in choosing the correct thickness of a ring to be worn in it: a piercing is likely to pull through and break unless it is placed about  $\frac{1}{4}$ " (1 cm) or more from the edge, and if the sleeper or ring worn in it is 1.5 mm or more thick. The



cutting effect of a thinner ring placed under frequent tension can sometimes be useful if it is intended to enlarge the piercing, but the effect should always be remembered.

Second: the three holes. The explanation which occurs to me as most likely is that this was the location of the triangular stitch which was recommended to be inserted where it would tie off the frenulum and align it to the raphé. Several texts on circumcision technique recommended this to tie off the frenal 'artery' (which does not in fact exist). Any arterial blood in this area would result from incision of the corpus spongiosum (the underlying spongy tissue which forms one third of the shaft and the glans), but the frenulum does sometimes bleed quite profusely. A self-dissolving stitch would often be used, to avoid the need to see the patient again to remove it. A quick-healing patient might simply form skin around the stitch, leaving the little passageways (fistulae) which you describe. So even 'self dissolving' stitches should be removed after a week, to avoid this effect.

What to do about them? You can leave them, keep them clean as you have been doing, and wear a ring or rings in them if you like (but make it/them the thickest you can take). Or you can cut them through. In that case ensure that all items are sterile (over 20 minutes in a preheated oven at over 120°C for metal items; other items soaked in strong disinfectant overnight). Insert an object to stretch the hole as tightly as possible, then cut through with a clean, sterile razor blade, in two places if possible to avoid forming the tags/pimples which would result from a single cut. – T.A.]

## **Nipple And Genital Modifications**

Dear Tony: Many thanks for the latest *Acorn*, and congratulations for keeping the magazine interesting and thriving throughout the year. I think it's improved, as there has been more of a 'balanced' view and several personal accounts, which are always interesting.

I felt a lot for R.B.W., who had obviously suffered so much in his childhood. Unfortunately, I think the issue of circumcision is something of a red herring, as others have also suggested. I know it is a bit naive of me to say so but the problem is really one of ignorance, when children who can be so very cruel pick on somebody because they are different, irrespective of what the difference actually is. Perhaps with a little education, such as takes place through *Acorn*, we can help a little in this respect.

On another topic, I was very interested to see 'nipple sensitivity' mentioned. As a young teenager I read a book called *Sex and the Single Man* by, I think, Dr Robert Chartham. He said that there is much in common between the bodies of men and women, and with regular stimulation men could develop as sensitive nipples as women. Ever since then I've regularly stimulated my nipples, and Dr Chartham was right! Whenever I undress I always squeeze my

nipples and over the years have experimented with all sorts of nipple clamps to stimulate them and develop sensitivity. During the day, too, it is quite easy to squeeze one's nipples discreetly while dressed, to liven up a boring moment. In 1988 I had both nipples pierced by Mr Sebastian in London, but eventually had to let them close up again as the piercing never completely healed. I'm not sure whether this did lead to a further increase in sensitivity, but I've heard of several who say that piercing does.

Last year another correspondent sent me a pair of spring loaded nipple clamps and I've found them to be the best yet, as I can wear them for about 15-20 minutes, take them off, and find my nipples *extremely* sensitive when squeezed. Indeed the first time I did this I came without penile stimulation, so it is possible (and most enjoyable!) My last girl friend would stimulate my nipples, but often with the lightest, most teasing caresses rather than hard squeezing. I found that this further increased sensitivity. During intercourse, squeezing my nipples will help to quickly bring me to a climax, if required. Having sensitive nipples stimulated while coming further adds to the pleasure.

I also love having my balls squeezed and massaged. A favourite way of spending Sunday morning is to be in bed with a skilled and willing partner who will indulge me with a prolonged session of nipple stimulation and ball squeezing, with occasional cock stimulation. A session of mutual masturbation, giving each other pleasure and receiving it, is often preferable to a simple screw. One of my fantasies is to be lying down, possibly tied, with one beautiful woman biting and squeezing each nipple, one squeezing and massaging my balls, one rubbing my glans, and another stimulating my anus and prostate. Any volunteers?

The magazine *Body Art* (issue 7, 1989, pp.22-26) recently had an article on 'Female Nipple Development', gradually using increasingly long 'nipple trainers' to lengthen and enlarge pierced nipples. There's a beautiful photograph of Katherine with exquisitely protruding nipples, over 1" long and  $\frac{3}{4}$ " thick. While nowhere near this, for a man my own nipples have become remarkably well developed, compared to some who have little more than a dark brown 'target area' of skin. There is enough of mine protruding to squeeze and enjoy.

I also practice scrotum stretching and have bought a number of weights for this purpose. While still a comparative beginner, I currently wear 2 x 1 lb (about 950 gm) weights, 60 mm long. I find it best to wear them walking with a loose track suit so that the weights bobble about on my balls as I walk. In fact the phrase 'coming for a stroll?' takes on a whole new meaning if you are wearing nipple clamps, ball weights and a butt plug, and just happen to have an exposed glans rubbing against the inside of your coat! Do any other readers have any tips for stimulation during the day or as they walk?

I was recently browsing in a book called, I think, *Tattooing, Piercing and Scarification* that had several photos of penises with multiple piercings and some scrotum stretching, including an Indian 'fakir' wearing 14 rings to

stretch his scrotum. Another had a heavy weight behind his glans around his penis, which was stretched quite long and thin towards his knees. The most bizarre, however, was a penis that was completely divided in two for about  $\frac{2}{3}$  rds of its length.

Finally, I'd love to hear from others about something that interests me very much: how much direct stimulation of the glans can a man stand? For example, with a well-lubricated glans, how long could you stand it being rubbed directly and continuously with the cupped palm of a hand? Do you notice a difference in sensitivity between rubbing the glans at the back (under) the penis, the front of the glans, or directly across the top? Or between using the palm or the fingers? Is it more bearable to have a hand moving up and down the full length of the penis, rubbing the shaft as well as including the glans? Hurry up with the next issue!

*R.A. – Brighton*

### **Mickey-Taking**

Dear Tony: I hope R.B.W. (issue 8/89) will be able to come to terms with his condition, having put pen to paper. I can sympathise with his feelings of ostracism, as I too had a similar experience, although, fortunately for me, a change of scene at about the age of 11 brought me wide contact with school fellows, both cavalier and roundhead, who were more interested in competition between the two than mickey-taking. Our contacts with the opposite sex in the 1920s were more non-existent than limited.

*H.M. – Colchester*

### **Cocky Cavalier**

Call me cocky if you like, but unlike many of your readers, I've always found my foreskin to be a definite advantage, and find it hard to understand why so many people take such a violent dislike to a natural part of their body. The only drawback with mine is when my lady friend takes me in hand, to our mutual enjoyment!

When I was a kid a lot of my playmates were circumcised, but I tended to be curious rather than envious. In fact I felt somewhat superior in having something they did not. Unlike those who claim that girls prefer roundheads, I found the opposite. This was first brought home to me in a most satisfying way when I used to visit my aunt in the Midlands. Her daughter, Ann, whom I adored, was a couple of years older than me. Her son Alan was my age, fat and pushy, and I loathed him. Ann was precocious as a kid (and a right raver when she grew up!), and she had the cock out of my trousers the first occasion

we kids were alone. Alan was a roundhead, so she was excited to find I had a foreskin. Although she'd seen foreskins before, she'd never had a chance to 'have a go' with one. She made Alan get his out too, so that she could compare them: there's no doubt that his was a size larger than mine, with a glans like a button mushroom, but it was mine she gave all her attention. She explored my foreskin in every possible way, pulling it, pushing it, sliding it up and down, making me blow it out with pee, then stuffing marbles under it to see how many it would take. I was dead flattered, I can tell you. Alan was furious and tried to rough me up afterwards – but I was quicker than he was!

This was only the start. When I later asked the girls I met if they preferred foreskins and why, those who were able to make the comparison said, without exception, that they did. The reasons they gave included: I like a man to be complete; peeled ones look funny; it's easier to wank a foreskin; it's more mysterious; I love pulling it back to reveal the shiny knob; nature knows best; circumcision destroys sensitivity; and so on. Not one of them said she'd like to have her kids done when the time came to have a family. But my experience may be different from others. Why don't *Acorn* members get their lady friends to state their preference and give their reasons for it?

*Desmond Compton – Harrow*

## **Multiple Male Orgasms**

Sex can be surprisingly better for men after the age of 35. Scientists have always believed that only women are capable of having multiple orgasms. But some recent research has shown that there are men who can perform this feat too.

American doctors have published evidence of 21 multiple orgasmic men, most of whom had no idea that they were special until told by a partner. Many of them had been multiple orgasmic since adolescence, but almost half had discovered their capacity after the age of 35. The men reported having from two to nine orgasms per session, apart from one man who had as many as 16 orgasms in one sexual encounter.

Dr Marian Dunn, Director of the Centre for Human Sexuality at the State University of New York, who performed the study, is very confident of the reliability of her data: 'I just stated at the end of lectures I was giving that I was interested in interviewing multiple-orgasmic men, and often it was women who came up and gave me the contacts. In fact, more women came forward than men. In all, 14 of the men's partners were interviewed and were able to provide corroboration.

'I could have talked to many more men,' continued Dr Dunn, 'and now the study has been published, I've had letters from a number of colleagues and other men, saying that they have had the same experience. It is strange

that it is such a little-known phenomenon. You would think that men would brag about it, but actually they don't seem to.'

The word orgasm is often used to mean orgasm and ejaculation, since for most men the one does not occur without the other. Butterworth's medical dictionary says of the word orgasm: 'Synonymous with ejaculation in the male.' But orgasm in men is more accurately defined as the experience of an intense and diffuse pleasurable sensation during sexual activity, and as such is distinct from ejaculation which usually occurs moments after orgasm itself.

The term 'multiple orgasm', however, is difficult to define, particularly in the male. Dr Dunn attempts to define it as: 'two or more orgasms with or without ejaculation and without, or with only very limited, detumescence during one and the same sexual encounter'.

'Very limited detumescence' is an imprecise phrase, but the meaning was that the erection should be sufficiently maintained for neither partner to notice significant change in rigidity. The men in the study varied considerably in their experiences. Some ejaculated usually at the first orgasm, some at the last, and some in between. Some had only one ejaculation during a single sexual encounter, and others more.

One surprising feature of the study was that eight of the 21 men interviewed only began to have multiple orgasms in their mid-thirties, continuing to do so into their fifties and sixties. One man, a clay-pigeon shooter, still having multiple orgasms at the age of 59, recalled that he was so excited when he had the first experience, at the age of 40, that he shouted 'Doublee!' – the term for shooting two clay pigeons with a double-barrelled gun.

Dr Dunn believes that social conditioning might explain this finding. 'Men are scripted to believe that they ejaculate and detumescence and that's that. They don't hang in there. At a later date, when they're in the relaxed atmosphere of a loving relationship, those that are capable of multiple orgasms find that they don't necessarily lose their erection and so they carry on.'

Dr Dunn stresses how important the setting of each encounter was. Few of the men were multiple-orgasmic on all occasions. Most claimed they needed a non-demand atmosphere, emotional closeness and the opportunity for leisurely sex. They also needed a sexually responsive partner who did not tire of prolonged intercourse, otherwise their own interest and arousal quickly waned.

Not all men, however, discovered themselves to have this capacity by chance. Two of the 21, reasoning that if women could have multiple orgasms then men could too, deliberately set out to become multi-orgasmic. These men practised coming to the brink of orgasm and inhibiting ejaculation until they could separate the sensation of orgasm and the experience of ejaculation. In most men these two events occur a second or so apart but are linked by virtue of the point of ejaculatory inevitability, which occurs just before orgasm.

Masters and Johnson, authors of the definitive guide to sex and sexuality – *Human Sexual Response* – published in the 1960s, held that ‘immediately after ejaculation, the male enters the refractory period’, during which he cannot be stimulated. But Marion Dunn disagrees. ‘It seems that there is a great deal of variation in the length of the refractory period men need. As with all things, there are always going to be people at the top end of the spectrum, and these men need very little or no refractory period.’

This study shows that not all men experience loss of erection after ejaculation, but that some can continue to further orgasms, with or without further ejaculation. Dr Dunn also differs with Masters and Johnson over female orgasm. ‘They contended that all women were capable of having multiple orgasms, but I don’t agree. Some women have a single satisfying orgasm and are refractory to stimulation thereafter. Sexuality as a whole should be viewed with an open mind, not with hard and fast rules.’

Just how many men are multi-orgasmic is not known. It cannot be many, suggests Dr Dunn, otherwise the phenomenon would be better documented. But there has been great hostility to the idea of the male multi-orgasm – and particularly from scientists. It seems that Kinsey was right in his appraisal of the subject, when he wrote in 1948 in his book, *Sexual Behaviour in the Human Male*: ‘Scepticism over the possibility of repeated response in the male merely emphasises the incapacity of even scientifically trained persons to comprehend that others may be made differently from themselves.’

*David Hildick-Smith, The Independent, 2 January 1990*

## **Replies**

Dear Tony: A few comments on newsletter 2/90: (a) I thought the descriptions of the circumcisions in Ankara were very good. But it was a little difficult to visualise the flexible probe which was clearly an important part of the procedure.

[The probe traditionally used by Turkish circumcisers is about as thick as a matchstick, with a small knob at one end and a handle at the other. The circumciser inserts it between glans and foreskin, taking care not to enter the urethra with it. While holding the tip of the foreskin, the probe is pushed as far as the sulcus, then moved around to left and right as far as the frenulum. Its purpose is first, to free any adhesions between glans and foreskin, and second, to indicate to the circumciser the position of the corona and the length of the foreskin; he may make a mark on the foreskin at this level. The probe is then withdrawn and tension is applied to the foreskin until the mark is well clear of the tip of the glans. Thus the probing is important in the guidance it gives to the circumciser on how much tension to apply and thus how much foreskin he will remove. – T.A.]

(b) It would seem that the Kikuyu carried out an initiation to manhood rather than an actual circumcision; it would seem that no foreskin is actually removed. I suggest that 'circumcision' means that some or all of the foreskin must be removed. The result of the Kikuyu procedure would seem to make masturbation and intercourse difficult and possibly painful, and would not in any way enhance the appearance of the penis.

[You are right that no foreskin is removed: the transverse slit does, however, mean that the glans is thereafter fully exposed. When healed, the shaft skin on the upper side is quite tight, and there is a circular scar-line. But the entire foreskin then hangs in a roll under the glans: one account likens it to a uvula. In time it may shrivel and become quite small. There is no problem masturbating, and the roll of foreskin retains most of its sensation. It adds somewhat to the bulk of the penis, and is said to be appreciated by the women for this reason. As to appearance, it serves as something of a distinguishing mark (though the Masai have a similar operating technique, and the two tribes have sometimes intermarried; or, at least in the past, girls were captured in cattle-raids. The initiation was very important in marking the transition from boy to man and to warrior status, in tribes where no distinction was made between military and civilian and domestic life. Tribes such as the Kikuyu and Masai have nothing but contempt for their uncircumcised neighbours. – T.A.]

(c) I thought that the quotations from the Bible about circumcision were interesting, but it should be stressed that the underlying reason for circumcision was cleanliness and hygiene. This very much extends to other aspects of Jewish culture: the ban on the eating of pork is perhaps the most obvious. I would also suggest that as circumcision was extended to slaves and other members of the household it was not only popular among male Jews but among females as well, possibly because they found a circumcised penis more satisfying.

*All the best, W.M. – Surrey*

[The origins of such customs may well have been in hygiene. But once established, a custom becomes self-perpetuating: "Why do you do it?" "Because it is the custom." Traditionalists and the religious faithful may find an explanation in terms of hygiene a useful rationalisation or by-product. – T.A.]

### **Seen On A T-Shirt**

"It's hard to be good. And vice versa."

## **There Was A Young Lad From Dundee**

There Was A Young Lad From Dundee  
Whose foreskin obstructed his pee.  
The doctor said he would agree  
To a circumcision done for free.  
His glans at last he can see  
And fellatio's a time of great glee.  
Circumcision for all's his decree  
As he's benefited in high degree.

*W.M. – Surrey*

## **Philistine Foreskins**

Dear Sir: A friend lends me your paper and I think you might be interested in the situation in the Middle East which will come as a surprise to some of your readers. I am a Christian Palestinian woman who has lived half my life in this country.

Our predecessors the Philistines were distinguished for being uncircumcised, and although most Palestinians today are circumcised because they are Moslems, you should know that there is a big minority of Palestinian Christians who remain uncircumcised like their Philistine forebears. With us the foreskin is a symbol of our Christian status in a predominantly Moslem part of the world and as such we treat it with pride and respect: an Arab Christian prizes his foreskin next to his life!

As the true descendants of the ancient Phoenecian and Philistine civilizations we consider ourselves a step ahead of our Moslem neighbours who have adopted the foreign custom of Tat-heer (male circumcision), whilst in some of the poorer families they still have the barbaric practice of Tabzeer (clitoris removal).

Whilst it is true that the Christians of Palestine, Lebanon and Jordan all cherish the foreskin as the emblem of their faith, setting them apart from the Islamic majority, the Coptic Christians of Egypt prefer to follow the Muslims in this respect and their children are circumcised. They also adopt the Islamic prayer posture and so the only distinguishing mark for a Coptic Christian is a small cross tattooed on the wrist.

During the troubles in Beirut I'm told that Christian children who fell into the hands of the fanatical Moslem militias were forcibly circumcised before being returned to the Christian sector – they could not have invented a more devilish punishment for those poor kids! Such boys will henceforth be isolated in their own community. They will have problems in marrying decent Christian girls and will probably have to emigrate to Egypt or the USA. Although we would not be so cruel as to ostracise such boys, everyone in the community



would be acutely aware of the damage done to them and their Christian status and unconscious barriers would exist. The case is similar to Hindu boys in India who were forcibly circumcised by Moslems during the troubles, since like us they take a pride and zeal in preserving their foreskins.

Imagine my surprise then in arriving in the UK to find that my first boyfriend, a Christian of course, was circumcised. Due to my background I was slightly disgusted. How could a Christian undergo an operation which is associated only with the Jewish and Moslem religions, or with some of the more primitive people in the world? Have the English got Semitic blood? Are they the lost tribe of Israel perhaps?

My faith in the rightness of things has been restored since then when I found all my subsequent male acquaintances were properly uncircumcised, although I'm still amazed at the number of Englishmen who have submitted to the tat-heer!

*Yours faithfully, Ms G. – London E14*

[Many thanks for your interesting letter, which once again emphasises the aspect of cultural differentiation bound up with circumcised or uncircumcised status. The Old Testament is, of course, full of references to Philistines as an uncircumcised people, and the implication is generally that they were also unclean. You mention that a Christian boy circumcised during the troubles would have difficulty in marrying a decent Christian girl: how would her parents know that he is circumcised? Would her father or brother insist on an inspection? As to the prevalence of circumcision in England, you may perhaps have heard that it is most common among upper class families, and not least among those able to afford to send their sons to the better boarding schools. There were several attempts in the 19th century to 'prove' by speculation a link with the lost tribe of Israel. – T.A.]

## **Old Member**

Dear Tony: Thank you for all you have sent me, it has been most helpful. I was a 1917 boarding prep school boy, and then to public school. From the age of 14 I longed to be an Acorn but never managed it until on leave in Jerusalem in the 1940s. I was left with  $\frac{9}{10}$  cover. I am now 85 and not well, so must resign my membership, with thanks and thanks again.

*H.B. – Norwich*

## **There Was An Incurable Limey**

There was an incurable Limey  
Who begged his new girlfriend, "Just try me:  
But I'm not like a Jew  
So a tissue will do,  
The uncovered end will be slimey."

## **Calculating The Odds**

What are the odds of catching AIDS from an infected partner? Researchers at the 27th Interscience Conference on Antimicrobial Agents and Chemotherapy in Manhattan presented evidence that the odds are not equal for all players in today's sexual roulette. Drawing on a study of 357 men at a venereal diseases clinic in Nairobi, Microbiologist William Cameron reported that uncircumcised men are  $9\frac{1}{2}$  times as likely as circumcised males to become infected after exposure. According to Cameron, "The mucosal membrane underneath the foreskin may trap the virus, making it more likely to enter the blood-stream."

Cameron and others at the conference also reported that men with genital ulcers, caused by such infections as herpes simplex 2, syphilis or chancroid, were three times as vulnerable to the AIDS virus as those who were lesion free. "An ulcer breaks the integrity of the skin and allows infected blood to come into contact with a sexual partner", says Cameron. Thus, he adds, controlling treatable diseases like herpes and educating uncircumcised men about the risk could make a slight dent in the so far incurable scourge.

[Many tribal groups in Kenya, notably the Kikuyu, Masai, Kalenjin, and most who live along the coast, customarily circumcise and are contemptuous of the uncircumcised Luo and other tribes who live mainly around Lake Victoria. In the post-colonial era some tribal lines of division have been blurred by travel and commerce, but the distinction between circumcised and uncircumcised remains, even if the traditional initiation ceremonies have increasingly given way to a less painful hospital operation. – T.A.]

## **Advertisements**

Cavaliers of the world unite. Please contact *P.B. – London NW11*

*Brian – West Country*, is considering a further cut and wishes to correspond with anyone circumcised as an adult, especially anyone who lost their frenulum either at the time of their first circumcision or subsequently.

Slim 50-year-old guy, non-smoker, wishes to add to his circle of Acorn-orientated friends, both cavaliers and roundheads. We meet regularly in Central Scotland and our interests include d.i.y., watersports, videos and photography. *G.P. – Perth*



# **ACORN**

**1990 Issue No 5**

**(Formerly Issue W)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

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Printed & Published in England by Acorn

## **Editorial**

Communications to the Editor, Tony Acorn, should be sent to the address on page 1. Letters to other *Acorn* members will also be forwarded if sent in this way.

Help: Can anyone help, please, with the distribution of *Acorn*, particularly with some or all of the following tasks: photocopying (please indicate price per sheet); filling, sticking, addressing, stamping and posting envelopes. About 100 copies of each issue go out, and these tasks take about 5 person-hours. Please write to the Editor with details if you can assist.

T.A.

## **The Dorsal Slit**

Shortly before he died, my father was talking about his life and mine, the similarities and differences, the good times and the not so good. At one point he asked me whether I had any regrets about the way I had been brought up. "Only one," I replied, "being circumcised." I went on to ask why it had been done, for there was no mention of it in my medical records, but he had no recollection of the circumstances. He confirmed one thing to me, however, that it was probably he who had done it, and that would be why it had not been recorded.

He had been the single G.P. in a small remote country practice. For reasons of medical ethics, he and his immediate family were all registered with the G.P. in the neighbouring practice. To visit that doctor meant a round trip of nearly thirty miles at a time when petrol rationing after the war was still in force. For reasons of practicality and convenience, therefore, all our medical treatment was actually done by my father.

I only once questioned my mother about it: she, in her inimitable way, firmly changed the subject; it is not, in her opinion, proper to talk of such things. From conversations overheard during my youth between her and other women, it was apparent that she considered that all boys just had to be circumcised; anything else was unthinkable. The fact that I remained intact as long as I did, then, was probably the result of one of the many disagreements my parents continually lived with. These disagreements covered many subjects but always took the same form: both were strong-willed and stubborn people and would never back down; each would argue his or her case, sometimes very heatedly, over several days, neither giving an inch; they would then 'agree to differ', and so the disagreement remained, never mentioned and totally unresolved, but ever present, sometimes for years.

I think I must have been about eleven months old when I was finally 'done', although the only recollection I have is a vague and misty one, and not in the least terrifying, of a shiny oval ring backed with ether-soaked lint

being pressed over my face. I suspect my mother of all too vigorous attempts at hygiene beneath my foreskin, inevitably resulting in the infection and swelling known as phimosis; perhaps it was her unconscious reaction to the unresolved confrontation. The result would have been allowed to reach the point where surgical intervention became essential, ('I told you so'), and my father would have been obliged, despite his views, to perform the operation.

In such a case it is normal practice to perform an emergency 'dorsal slit' operation to allow the infection to heal and the swelling to die down, and later to perform a 'revision' operation to leave a tidy and comfortable result. In my case, the complication of the unresolved and unspoken battle between my parents ensured that the second operation never actually occurred. I do not, of course, know how much, if anything, of this is true, I can only surmise from vague recollections of half understood overheard conversations and my knowledge of the characters of the people involved.

I ought to explain some of the terms I have used. The 'dorsal slit' operation consists of a single longitudinal slit of the foreskin performed by placing one blade of a pair of scissors under the upper side of the foreskin and sliding it part-way towards the glans-rim, then closing the scissors. The foreskin parts like the two sides of the petal of an arum lily, and heals in this position.

Phimosis is a condition where an infection under the foreskin has caused a swelling; the swelling causes a restriction in blood-flow in the foreskin; the restriction in blood-flow causes more swelling and impedes the ability of the immune system to clear up the infection. Once started, the condition is thus self-perpetuating. The normal procedure in a case of phimosis is to cut only just far enough down to sever the constriction which is causing the problem.

#### § § § §

The incomplete state of my operation was not a particular problem before puberty except in one small way. The dormitory of the boarding school which I attended at the age of eight divided itself into 'roundheads' and 'cavaliers'. There were fifteen in the dormitory: seven 'roundheads', seven 'cavaliers', and me. I fitted neither category, and was initially sought by each to make their number prevail over the other in the inevitable battles. I unwisely sought peace in a claim of neutrality, a stance which antagonised both factions and left me friendless. The resulting ostracisation was as inevitable as it was degrading.

Once puberty had passed, however, it became obvious that something was seriously amiss. A mistake must have been made during the operation, for the scar-line left by the action of the scissors went all the way down to the glans-rim and included a millimetre or so of the corona of the glans. I had been unaware of this before puberty, for the severed skin had still covered the majority of the still tiny and relatively insensitive glans most of the time, and I had experienced no especial discomfort. With puberty, however, things now became very different, for the glans grows of its own accord, but the foreskin grows mainly as a result of stretching by the glans. The much increased size

of the glans had forced the remaining, now too small, foreskin downwards towards the under-side, where it remained even when the penis was fully flaccid, (not often, then), leaving the upper side permanently naked. The upper side of the glans was, thus, always in contact with my clothing, and I found that it was terribly sensitive in one particular spot, and the slightest rubbing against underwear caused torment. Later, I had an injury on my hand which damaged a nerve, and I immediately recognised the resulting hypersensitivity as being identical to the sensation that I experience from my glans.

I once used a pen to plot out the affected area. There is a lop-sided tear-drop shaped area which is totally numb; the point of the tear-drop is on the glans-rim where the scar cuts into it, and the bulk of it is to the left of centre, reaching about half-way to the tip. To the right is an uneven-shaped area which covers a little more of the glans-rim and extends further up towards the tip; this area is very sensitive indeed. Most of the surface of my glans is quite sensitive, just like everybody else; this bit is more so by perhaps twenty times. Contact with clothing causes discomfort. Occasional friction produces an incredibly uncomfortable continuous prickling crawling sensation. But if I am moving about in loose clothing, the continuous friction makes it seem as if my penis is on fire. I cannot use boxer shorts; I must choose underwear which allows no room for relative movement.

But the worst problem was sex, for the scissor-cut extended so far down that whenever I had an erection, the skin on the upper surface became quite taut, applying severe tension concentrated on the point where the scar cut into the glans-rim, the hypersensitive place. Remember that the under skin is quite loose, so the tension is all applied in this single spot. I never had a wet dream, the pain caused by the tension of erection would always wake me up first. Self masturbation was not too bad, for I would draw the skin forward as far as it would go to reduce the tension to a comfortable level, then rub the under-skin. But if I allowed a girl-friend to play with it, there was no way she could avoid hurting me. You have no idea how unromantic and off putting it is if you have to keep saying: "Ouch! Not that way, it hurts! Do it like this."

Intercourse carries its own special problems. The hypersensitivity is just tolerable in a well lubricated vagina, but any dryness is a total put-off. Full penetration inevitably causes the skin at the base of the penis to be drawn down, increasing the tension on the scar, and causing intense pain. I soon learnt to hold back, and not let my penis go in all the way so as to avoid the pain, but, at the critical moment, I would always lose control and push right in, causing every climax to be accompanied by a sharp stab of intense pain. Holding back from full penetration was frustrating for my partner also, for it meant that her clitoris did not get all the attention it craved, and she was often left unsatisfied.

But worse than any of these things is a little tiny presence, an undefinable nerve sensation, a cold pressure which registers deep in the base of the brain. Sometimes it is closer, sometimes further away, but always just hovering



around the threshold of awareness. This constant presence never allows me to forget my damaged penis. It may be psychological, it may be a genuine physical phenomenon, but the effect of its constant presence throughout my waking hours is far far more than an annoyance, it is an indescribably subtle torture.

For me, then, orgasm and pain have become inseparable; this has resulted in some considerable psychological consequences. In particular, I have a profound fascination (obsession perhaps?), with the relationship between pain and pleasure, with sadomasochism, and also with sexual deprivation and enforced frustration. These things are so deeply ingrained in my soul now that I will never be without them, no matter what else happens. It has also led to an interest in, (and a profound sympathy with), the victims of ethnic female circumcision, as practised in parts of Africa, for I feel that their problems and experiences must be very similar to mine in many ways. I feel certain that they suffer the same problems of pain accompanying the sex act, of hypersensitivity and discomfort from clothing and that same nagging ever present coldness deep in the brain.

Having my complete foreskin present, despite its mutilated condition, meant that the possibility of reversal existed. Because of what had happened in my infancy, I have a profound mistrust in the medical profession, so it was D.I.Y. or nothing; I decided to try to work towards this end.

Testing carefully showed that my foreskin was not large enough to meet round the erect glans, it had not grown with the glans, but I had heard that the skin could be stretched. I used Micropore tape to hold the severed sides together for days and weeks at a time, removing it only for daily hygiene and sex, then replacing it again immediately afterwards. The skin does stretch; it could soon meet round the erect glans for at least half the length of the scar.

Meanwhile I had been reading all I could on the subject of circumcision reversal and on the anatomy of that area. I acquired some instruments, antiseptic lotion and anaesthetic spray, (Waspeeze). It took months to pluck up my courage, but eventually the great day arrived. I bathed in weak Dettol and washed down everything in sight in the bathroom with the nauseous stuff. I sprayed the area with Waspeeze; this was horrible because, although it is alright on normal skin, it burns terribly at first on the mucus membranes, and then everything goes numb a minute or two later. I sprayed on more Waspeeze and rubbed it well in.

The longitudinal line of the original dorsal slit became transverse under the normal tension of the skin and had healed to lie across my penis just behind the glans. The line I chose to cut along was parallel to and about 1mm away from this original scar, proximally (i.e. on the side towards my body, not on the glans side). I cut along about half of the length of the scar, working from

the centre outwards, first to one side then to the other. The elastic membrane within was the most difficult part, being slippery and tough.

Perhaps I should explain that under the skin of the penis, between it and the shaft, are two layers of slippery elastic membrane, called fascia, like the cartilage in the joints, with a very slippery clear fluid between them. It is this which allows the friction-free motion of the foreskin. It is the lack of this membrane which causes any circumcision reversals which involve skin-grafts from elsewhere to fail. The only way to sever this membrane, I found, was to pick up a pinch of it with forceps, pass a needle through it, then to run a scalpel-blade firmly down the shaft of the needle; it is very tough indeed and very slippery. Having cut the skin apart, using monofilament nylon thread I sutured it together again the way it had originally been, thirty-five years before. Instead of a transverse scar line, I now had a short longitudinal one again, and a glans partly covered with foreskin.

Healing was slow and rather traumatic. One problem was frequent erections which threatened to open the stitches despite my preparatory stretching. Another was the tendency for the healing cut-lines on the inner and outer surfaces to adhere to each other. To prevent the adhesion problem, I had to pull the skin to and fro frequently, which tended to precipitate the erection problem. Eventually, when the healing had become reasonably stable, the stitches were removed. Four weeks after the operation, sex was resumed, very gingerly at first. It was not totally pain-free, because the scar was still tender, but the awful stabbing pain of tension onto the hypersensitive area of the glans was missing. It was a profound relief, but at first, such is the contrariness of the mind, I missed it; orgasm just did not seem complete without it!

With time, the skin, which was initially tight, has stretched further. If I pull it forward, it continues to cover the glans by about 60-70% when the penis is flaccid. When it is erect, the skin rolls back, staying back until I pull it forward again. I would very much like to complete the reversal, and have as nearly as possible a full foreskin. I would certainly like to get to the point where it rolls forward of its own accord after an erection subsides. The difficulties of achieving this, however, are not inconsiderable. I wonder if I will ever pluck up the necessary courage?

*J.G. McCulloch*

[Thanks, John, for your interesting and informative account. – T.A.]

## **Tight Foreskin Relieved**

Dear Tony: I was very grateful for the exceptionally fullsome article of John McC's on infibulation in Issue 7/89. I think that if I had had a slave in ancient times I would have fastened the ring or rings of the foreskin to some similar ring in part of the belly-button, thereby keeping the cock nicely upright and ensuring clear exposure of the balls.

I have written earlier regarding my once so very tight foreskin and how by perseverance and daily exercise in the last year or two I have loosened it to a point at which the foreskin will retract right back to base at body with no problem or discomfort and looks as though I am completely circumcised. Now, with my shaft and glans bared and delightfully sensitive I can enjoy the most fantastic masturbation with long distant ejaculation. With the skin turned under behind the glans rim it will stay permanently retracted, and I keep the glans fully uncovered at all times. I now seem to have the best of both worlds of cavalier and roundhead.

I have removed much of the hair around the base of my cock and the ball sack. I have done this using cream hair remover (which can sting), by shaving, or, best of all, by plucking the hairs – a very erotic sensation. As a result the cock and balls look larger and the ball sack has the feel of soft silk.

I am still very keen to correspond with any member on the subject of piercings and decorations although it is rumoured that the police have brought charges of aiding and abetting actual bodily harm to oneself. I have no wish to be involved in any form of illegal practice. Can you clarify this situation? For example, I hear that 'Scimitar' is closing down.

*Yours sincerely, D.N. – Deal*

## **'Aiding And Abetting Grievous Bodily Harm On Himself'**

Thanks for your interesting letter D.N., and congratulations on the improvements you have been able to make. Regarding your final question, I think you are referring to the report (*Independent*, 19.9.1990) that Scotland Yard's Obscene Publications Branch had brought charges against 16 men after a two-year 'Operation Spanner' investigation. It is not clear that the 16 were acting together or were connected with each other, and there was a diverse range of charges, including 'running a disorderly house' and 'distribution of indecent material'. But what was legally interesting was the inclusion of charges of 'aiding and abetting grievous (or in another case 'actual') bodily harm on himself', 'aiding and abetting an assault', 'conspiracy to commit assaults', plus 'actual bodily harm' and 'grievous bodily harm'.

In English law consent is normally a defence against a charge of assault (for example, a rugby tackle is not an assault on the playing field but is on the street). So charges of assault against oneself are rare, but can be brought

under the 1861 Offences Against the Person Act, usually if injuries were allegedly inflicted for a false insurance claim. It is well known, for example, that 'conspiracy' can be a way of widening the scope of the law to catch statements or publications describing an act which would not itself be illegal, or impose penalties for 'conspiring' more extensive than those for the performance of the act contemplated. So far as is known, the cases have not yet been brought to trial, and it is therefore not possible to say how many or which of these accusations have been substantiated, or whether the courts have accepted that such charges can be brought. All a bit legalistic perhaps, but the implications for the piercing scene are alarming and uncertain, at least until the charges are upheld or rejected.

T.A.

## **Lubrication**

Dear Tony: Thanks for issue 3/90, which, as ever, is very interesting. In response to R.W. – Sussex, and to the article on auto-lubrication, I have found while observing myself masturbating that I have been able to produce three degrees of lubrication following the prolonged titillation which you mention. The first is a clear, somewhat sticky liquid. When feelings of orgasm start just a few drops of a thin pale blue liquid appear, about the colour and consistency of the dregs of milk in the bottom of a milk bottle. I imagine that this pale blue fluid is likely to neutralise any acid, as it tastes distinctly alkaline and almost immediately precedes the semen. Further stimulation produces orgasm and the normal creamy ejaculate. But unless the stimulation is prolonged, the amount of initial lubrication is insufficient to wet the knob. In my prime I could never rely on it solely to complete the exercise as it dried out in a few rubs.

The production of all emissions declines slowly with age, in my case, although a 'normal' ejaculate is usual provided the resources are not called on too frequently, say twice in 48 hours and then abstinence for about a fortnight. Prolonged stimulation, mental and/or physical, still produces the clear fluid in excess of that produced by a straight rub up. I agree with the old theologian's observation that a mental content is usually necessary. I am circumcised, so observation is accurate and easy. Incidentally, I find that the sulcus behind the glans rim produces some moistness. If confined by an uncut foreskin this would presumably add to the general lubrication of the glans.

I find a little soy edible oil is excellent for prolonged stimulation. It is clean, long-lasting and is easily cleaned up afterwards. Being edible it is harmless, nor is it absorbed.

*Sincerely, Henry – Colchester*

## Seen In The Sauna

Dear Tony: Although I am still a cavalier, the subject of circumcision has always fascinated me. I have read everything I could find on the subject and considered myself fairly knowledgeable. But when I purchased *Circumcision: an Ethnomedical Study* I found the answers to many things that had mystified me, or found that I had jumped to totally wrong pre-conceived conclusions. It was the best value I had ever had for £20.

Other *Acorn* members may be interested in an incident which occurred some 20 years ago. Two men arranged to meet for the first time in our local sauna, where they sat on an upper bench which gave everyone a good view. Initially their conversation was polite and covered general topics. One kept staring at the other's circumcised penis, and then remarked: "I just can't get over it. It is so beautiful." This remark was openly addressed in a loud voice with a sweeping glance around which virtually invited everyone to have a good look and see if they agreed. But there was not a flicker of reaction to what was doubtless considered an offensive remark in a straight sauna. But what was he saying? His friend's penis was truly a work of surgical art, and it was a mirror image of his own. Although very different in build, their genitals were so alike and so unusual that in this respect they could have been twins. I have never seen anything so beautiful, either before or since, and the image remains very vivid in my memory.

They were also unusual in wanting people to stare. Does any adult male who has only recently been circumcised feel that all eyes are on his penis when he first goes nude in public? Have other readers felt exhibitionist urges just after surgery? The two glamour boys I speak of certainly did, and must have been disappointed when no-one showed the slightest overt interest. Most of us almost accept that a permanently exposed head is natural and forget that any surgery was involved.

But in the hot room I later observed just why they were so unusual. On the upper side of the shaft the skin was tight as a drum: very erotic. But the underside had received the brunt of the surgeon's knife, although there was not the hint of a scar to prove it: neither of them had a frenulum. Where others have a thin membrane of loose skin attached to the apex of the cleavage, these two had a deep clean tight cleavage. It was so deep that I am convinced that they had been cut right through to open the urethra, perhaps to where a Prince Albert ring had been. There was no visible circumcision scar, and they must have been cut close in under the head, with the original shaft skin tailored and stitched to fit. They looked so clean and so natural that it was impossible to imagine that they had not been born like that. In both cases the head was a very different skin colour from the shaft. This was accentuated, since it looked as though they had rubbed on oil or moisturising cream, which made the head look shiny and the skin tissue thin and almost transparent. By contrast, other circumcised men had tough weather-beaten heads of similar

colour and texture to the shaft, which made me think that the two men who were attracting my attention had been circumcised recently.

That was not all. Their scrotums, even in the heat of the sauna, seemed unnaturally tight and held their testicles proud and high. The testicles were over-generously large, but the scrotum had not developed enough to accommodate them. Huge adult testicles were bursting to escape from a pre-adolescent tight scrotum. Even loose trousers would not have concealed their bulging crutchiness. Although totally nude they looked as though they were wearing invisible scrotal supports. They were in their prime when I saw them, but such perfection would last a lifetime.

*L.J. – Glasgow*

## **BUFF**

Dear *Acorn*: Through your columns, may I commend the services of BUFF [a US organisation which was concerned with foreskin stretching; the initials stood for Brothers United for Future Foreskins and it was active in the 1970s, but I have not heard of it recently. – T.A.] to those of your more intense readers who get their jollies from contemplating the act rather than the condition of circumcision.

As you know, BUFF exists to restore a rough approximation of the foreskin to a circumcised penis through an uncomfortable and long-winded stretching procedure using surgical tape.

Just think, your lucky lads will be able, after savouring a year or two of acute discomfort, to reconstruct their loathsome foreskins, and then – can any greater joy exist? – they can hack the damned thing off again!

*R.B.W. – Bedford*

PS. You know, Tony, I almost think some of your headbangers will take this letter seriously – if you have the bottle to print it!

[So, what editor could refuse a challenge like that? – T.A.]

## **More Wanted On Experience Before And After Circumcision**

Dear Tony: I salute the magnificent work you have done with *Acorn*, but I've been a little disappointed with the content this year. For me there are too many long-winded accounts of how the writer was circumcised, and not enough variety of opinion and comparison of pros and cons, such as a questionnaire to the circumcised, probing the ways they think they have benefited or not. It would be particularly interesting to have the views of those done as adults and thus able to make a good comparison. There must be many men who

have toyed with the idea of circumcision, as I have, but who would not want to sacrifice the foreskin for an inferior situation.

*Yours sincerely, M.L. – Gwent*

## **Long Articles**

Dear Tony: Just a quick letter this time. I am most impressed with the recent newsletters, first 'The Circumcision Master' and then 'A Trip to Ankara'. The Ankaran adventure is a definite high spot and an even bigger turn-on! It sounds very realistic and I hope it is true! I notice that he says he will think about the sunnet, but he is so intrigued that he is back at the barber's the next day. I'm sure that is how I would have been: tremendously excited and not able to stay away! What a joy it would have been, too, to see the twins receive their birthday presents.

*Thanks, M.H. – Ilford*

## **In Praise Of The Foreskin**

Dear Tony: I cannot understand the preference of most of your readers for the circumcised penis. I and many of my friends, male and female, find it boring and too standardised. One is just like another, and they all might well be made of plastic.

The only reason for circumcision which may still be valid is cleanliness, but most of us wash the penis at least once a day (or don't we?) [Probably only very few men wash it more than twice a week, and fewer still pull back the foreskin to wash under it. – T.A.]

It never gets dry, though there doesn't have to be the slime which some people mention, and it can ejaculate with the skin either up or down. There are also vastly more ways of wanking with a foreskin than with a roundhead.

My own foreskin will still cover the glans 100% when stiff if I want, and I can roll it up and back at will. I'm told that it looks elegant, and that for fellatio it is interesting and far superior.

The uncircumcised penis has so many moods and shapes which the roundhead can't touch: crumpled like a bud when cold, soft when flaccid, at its most beautiful when half erect (in my view), and superb when fully up.

I could go on and on; but if anyone is interested, would they please get in touch with:

*P.B. – London NW*

## **For Sale**

From the Editor. Prices include postage and secure packing.

### By Rites a Man

A summary of the long chapter in Robert Daniels' PhD study of initiation of adolescent males among the Kipsigis of Kenya, including his description of the two-stage circumcision as one of the main ordeals. 25 page typescript. £3

### Keyo Initiation

F.B. Welbourn's article in the *Journal of Religion in Africa* which mainly comprises D.K. Kiprono's first hand account of his circumcision and other ordeals when he was initiated as a schoolboy in 1958. 10 pages. £1.50

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A 17 page summary of Andre Droogers' description and analysis of boys' initiation among the Wagenia of Kisangani, Zaire. Every seven years or so boys and young men are circumcised in groups in a three-stage operation beside the Zaire (formerly Congo) river in celebrations which last almost five months and involve the whole tribal group. 17 page typescript. £2.20

### Circumcision: an ethnomedical study

200 pages covering origins, motives, methods, evolution of special instruments, traditional and tribal ceremonies, case histories. Illustrated. £20

## **Masturbation Survey**

The Danish magazine *Press*, in its May 1990 number, wrote of masturbation as 'the last taboo' and asked readers to complete a questionnaire. Many of the questions raised may be of interest to *Acorn* readers, so we are carrying a similar questionnaire and look forward to receiving some interesting replies or correspondence from readers on this theme.

Your age.

When did you first masturbate? Under 10/10-15/15-20/over 20.

How often do you masturbate? Several times daily/Daily/Twice per week/Several times per month/Once a month/Less often.

When you have a steady partner, do you masturbate More/Less/As often?

Do you masturbate more at some times than at others? Yes/No.

If yes, in what circumstances?

When you masturbate, for how long do you do it? <5 minutes/5-15 minutes/15-30 minutes/30-60 minutes/longer.



When you masturbate, do you have an orgasm? Always/usually/sometimes/never.

If you reach orgasm, how many orgasms do you have? Once/Twice/Three times/More.

Where do you masturbate? In bed/In the bathroom/In the toilet/On a chair/On the floor/Outside/Elsewhere?

When do you feel like masturbating, and what gives you the feeling?

What excites you when you masturbate? Fantasies or day dreams/Photos or magazines/Drawings/Written descriptions/Something else – what?

Try to describe the fantasies or day-dreams/photos or magazines/drawings/written descriptions which excite you most.

Do you hide your drawings/pictures/descriptions? Yes/No.

Do you watch pornographic films/videos? Yes/No.

If so, how frequently? Frequently/sometimes/occasionally.

What fantasies do you have? Previous experiences relived/sex with the other sex/sex with the same sex/group sex/sadomasochism/violent sex/anal sex/oral sex/other.

Describe, if you can, an especially exciting fantasy.

If you have a lover, do you think of him/her when you masturbate? Always/Usually/Sometimes/Never.

What do you use to masturbate with? Hands/bedding/shower/vibrator/lubricants/other.

Which part(s) of your penis do you find the most sensitive to stimulation?

If a cavalier, what use do you make of your foreskin when masturbating?

When masturbating, do you stimulate other areas than you penis?

If so, which: balls/anus/stomach/nipples/face/other.

Are you naked when you masturbate? Yes/No/Sometimes.

If not, do you dress in a special way, and if so, how?

Do you masturbate with other people? Yes/No.

If so, who with? Lover/Friend(s) of own sex/Friend of opposite sex.

Do you think of masturbation as a substitute for sex? Yes/No.

How does a masturbating orgasm compare with an orgasm in intercourse? Better/Same/Worse/Different – how?

How do you feel when you have masturbated? Relaxed/Energetic/Happy/  
Pleased/Tired/Depressed/Ashamed/How else?

What do you do with your ejaculate (semen)?

Have you talked about masturbation with your lover? Yes/No.

If you have, what did you talk about?

If not, why not?

Have you talked about masturbation with other people? Yes/No.

If you have, who with? Parents/Friend(s) of own/opposite sex/Others  
– who?

If you have, what did you talk about?

If you have not, why not?

Describe how you like best to masturbate.





# ACORN

**1990 Issue No 6**

**(Formerly Issue X)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

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P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## **Editorial**

This is Issue 6/90, once again full of correspondence and news of priapic and phallic interest, including plenty to delight foreskin fans and circumcision enthusiasts. Many thanks to all our contributors, and please keep your offers flowing in. But please ensure that your name and full postal address are included with contributions. If you do not wish to receive correspondence, that wish will be respected. But we have had a string of rather similar letters from the Hertfordshire area written over pseudonyms, which have stayed fairly low in priority for inclusion because there is no address for replies and there is a boring similarity in their opposition to circumcision.

Thanks for offers to help with distribution. A new system comes into operation with this issue. We have done our best to ensure that all goes smoothly and that your copy of *Acorn* reaches you without difficulty. But please let your Editor know if any problem arises.

T.A.

## **Four Skin**

At secondary school Philip enjoyed most subjects except physical training. He didn't mind the exercise: aboard a boat he revelled in it almost to the point of exhaustion, so that wasn't the problem. It was the compulsory shower afterwards that he feared, right from the start.

As an only child, Philip was completely unused to being naked in front of other children, even other boys. Until secondary school there had not been much of a problem. Even then, it was only after he slipped on some soap in the shower that he kept on his glasses, and for the first time could see the other boys as other than a blur. He found it a daunting experience. Blushingly self-conscious, he tried to hide himself with a towel, but this just put off the inevitable. In the shower he no longer escaped the prying eyes. Within that steamy atmosphere he also discovered that he was unlike all the other boys except his friend David. Among all the slippery boys' bodies wriggling in and out of the sprinkling water, his cock looked different. The others seemed assured in their collective likeness, assured enough to make sniggering remarks to Philip. One asked, "Are you Jewish?". It was an unexpected question, and he did not know how to reply.

From then on Philip, like David, picked a secluded corner of the changing room; but they still had to run the gauntlet of whispers and stares on the way to and from the shower. Now that everyone knew, there was no point in trying to hide his cock with a towel. He hated feeling more exposed than anyone else, hated those other slithering bodies and the shame they made him feel, and most of all hated not knowing what had been done or why.

"I never thought there would be anything else", he confided in David, "but

they always find something to embarrass you. I just didn't know anything was missing."

"That's bad, not knowing. I'm Jewish, so it's talked about at home. It's a small thing done to a baby, required by our law, a token of acceptance, like your Christening. Don't let the others get you down. They don't know any better."

In the dining room they all quickly cleared their plates of meat pie, peas and chips. It was the sweet that ended on a sour note for Philip. A bowl of prunes was put in front of each of them, with a jug of custard in front of the monitor. The custard was thick and lumpy, with a heavy skin on top. The monitor's job was to share round the custard. At Philip's table the monitor was Christopher Brown. He really hated Philip and took every opportunity to insult him. Sharing out the custard gave him another chance. Walking round the table, he counted each ladled delivery – "One skin", to Julie Grant. "Two skin", for himself. "Three skin", for David Levene. Pausing at Philip's plate, he smirked and tilted the ladle, with the inevitable "Four skin", called out louder than before; quite loud enough for everyone to hear, including the girls. Philip coloured with embarrassment. "What's the matter?", Christopher Brown said with a leer. "I thought you could do with some."

Philip told his father how he felt hated at school: in class, in the shower, in the dining room. The others made him feel friendless, ashamed, and isolated. He related the custard incident, adding: "Why couldn't you have told me about my operation? I just didn't know. I found that I was unlike anyone except David."

"Son", said Bill, "I wanted to. But when I was going to, in the end I didn't because I didn't want to reopen family differences. I just hoped the Bible would explain it to you."

"The Bible?" asked Philip. "What's that got to do with it?"

Bill reached to the bookcase in the dayroom part of the wheelhouse, took out the seldom-used Bible, turned over the first few pages, and handed it to his son. "It's here in the Moses story", said Bill, "Well after the bulrushes bit, and his marriage to Ziporah." "Crikey Moses", quipped Philip.

"Here, son, Exodus, chapter four, verses 25 and 26. You'll see what it's all about there." Philip read the small print slowly: "During the journey, while they were camped for the night, the Lord met Moses, meaning to kill him, but Ziporah picked up a sharp flint, cut off her son's foreskin and touched him with it, saying, 'You are my blood bridegroom.' So the Lord let Moses alone. Then she said, 'Blood-bridegroom by circumcision'." Philip passed the heavy book back to his father. "But that was done by a woman with a flint, and to her own son. How awful."

"At least you were luckier", said Bill, glad that he had thought of using

the Bible story when his son broached the topic. "They don't use flints in the National Health Service. It was something that had to be done. The Jews think of it as a covenant, a contract with God. That goes back to Abraham the founder of the Jewish race. It's in Genesis 17. Let me see if I can find it. Here: "God said to Abraham, 'For your part, you must keep my covenant, you and your descendants after you, generation by generation. This is how you shall keep my covenant between myself and you and your descendants after you: circumcise yourselves, every male among you. You shall circumcise the flesh of your foreskin, and it shall be the sign of the covenant between us. Every male among you, in every generation, shall be circumcised on the eighth day, both those born in your house and any foreigner not of your blood but bought with your money. Circumcise both those born in your house and those bought with your money; thus shall my covenant be marked in your flesh as an everlasting covenant. Every uncircumcised male, everyone who has not had the flesh of his foreskin circumcised, shall be cut off from the kin of his father. He has broken my covenant.' ... Then Abraham took Ishmael his son, everyone who had been born in his household and everyone bought with money, every male in his household, and he circumcised them that very same day in the flesh of their foreskins as God had told him to do. Abraham was ninety nine years old when he circumcised the flesh of his foreskin. Ishmael was thirteen years old when he was circumcised in the flesh of his foreskin. Both Abraham and Ishmael were circumcised on the same day, and all the men of his household, born in the house or bought with money from foreigners, were circumcised with him."

"I remember you being well and truly stitched up, and the family doctor telling your mother and I what a neat job it was. As you know, we are not Jewish, but your mother believes very strongly in doing what it says in the Bible, and she said that the command couldn't be clearer, and that God's covenant with Abraham ought to cover you too. There was no arguing with her. At least you now know that David is like you, and you are only different from the others because of a little operation, so don't let it worry you."

*Anthony – North Devon*

## **Revisions**

Dear Tony: Like your correspondent T.J. (issue 3/90), I was not circumcised as a lad, and by the age of eight was fascinated with the differences I saw around me in the changing rooms. About half my London prep-school mates were circumcised and I envied them their dry smell-free knobs. I tried all sorts of ways to keep my rather short foreskin behind my knob, but to no avail, until I started to go out with my second girl-friend (to whom I am still happily married, 27 years later). I kept on having such massive erections while kissing and cuddling that my foreskin gave up the battle and stayed back thereafter! About five years after we were married I had a vasectomy under



local anaesthetic, and that must have reawakened my desire to have myself circumcised: about two years after the vasectomy I experimented with small cuts to the foreskin, with and without stitching, to see how painful it might be and how quickly it would heal. At the same time I read in all the three local medical libraries to see what was said about circumcision techniques. The reading convinced me that some version of the cuff resection method would give the most accurate result, but it scared me with stories of the frenal artery. So in my first attempt, slowly and painfully, with sharp scissors, I removed a crescent of foreskin about 35 mm thick on the topside, narrowing to zero at the frenulum, and leaving about 15 mm of inner foreskin on the top. I stitched with nylon sutures and, apart from a haematoma (bruise and swelling caused by bleeding below the skin) on the right, healed rapidly enough to have intercourse two weeks later.

As will be obvious to readers, I left myself with a sag on the underside and about 10 mm of inner foreskin on the topside beyond the natural fold that is found in all uncircumcised, about 5 mm from the glans. When erect the topside was reasonably tight, but when flaccid and particularly when sitting, the topside folded forward to a concertina behind the glans rim. My wife, who did not know what I had done, did not notice any difference from the previously permanently retracted foreskin, but I found intercourse more pleasurable as my foreskin did not form a ramp behind my glans on the outstroke. Masturbation was more difficult than before.

In the next year or two I realized how to mark up my penis for a more accurate job. I also realized that for those of us uncircumcised in infancy the tendency of the remaining inner foreskin to fold forward into the coronal sulcus or over the glans was uncorrectable. To have enough shaft skin to cover 100 mm of erect shaft must mean folds 30–50 mm long in the flaccid, sitting state. The first place that folding occurs in those not circumcised in infancy is the one immediately behind the glans. I also found that the cause of my haematoma was a small superficial artery that ran from the topside of my penis at its base in a half spiral toward the very tip of the frenulum, so I began to suspect that either my frenal artery was misplaced, or that it was part of medical lore rather than anatomical fact.

When the next operative opportunity presented itself, just over three years after the first, I marked a line about 10 mm from and parallel to the glans on my inner foreskin, and with my penis erect pulled the remaining skin to a comfortable tension and drew another line 10 mm from the glans. The two lines enclosed the first scar line and a band of inner and outer foreskin about 5 mm wide on the top and 30 mm wide at the frenulum. Without anaesthetic again, but with a tourniquet, cutting was less bloody, and less painful except at the frenulum, than the first time. Healing was rapid and uneventful except for a haematoma again on the right. The scar line disappeared within a couple of years, but the remaining inner foreskin remained pinker and paler than the outer foreskin. There was a small bulge on the underside when flaccid but

when erect the whole shaft was uniformly tensioned, vindicating the accuracy of the marking out.

However, matters did not rest there, as subsequent fruitless attempts with a vacuum penis enlarger only succeeded in stretching the remaining inner foreskin to 15 mm from the glans and resulted in a foreskin collar rolling over the back of my glans for the first time for 18 years. So two years later I marked a line along the natural fold line 5 mm from the back of the glans and a parallel one behind the scar line, measured to give drum-tight tension when erect. The skin on the fold was much thicker and more sensitive than any I had cut before, so I can see why conventional circumcisions do not get as close to the glans as that. Healing was as rapid as usual (stitches out after four days) and this time I photographed the process in colour. The result was drum-tight as planned, but now, six years later, I notice the inner foreskin has stretched a couple of millimetres.

So as a result of these experiences, I must conclude that those circumcised late in life (after puberty, if not older than 2 or 3 years old) will run the risk of their remaining inner foreskin rolling over the glans in the flaccid state unless it is made as short as possible, preferably less than 10 mm from the glans. I would be interested in others' observations on this dividing characteristic between those circumcised in infancy and those done as adults.

*P.D. – Dublin*

## **The Roman God Priapus**

Dear Sir: Congratulations on filling an information gap on a subject which loads of people are interested in but few will admit to. I recently found a book of Roman erotica, the pictures in which make it very clear that not only was circumcision unknown to the Romans, but also that they took a delight in excessive foreskin development.

It would appear that they found the sight of the bare glans a definite turn-off, since they portray time and again exceptionally long foreskins, even when the phallus is erect, when you'd expect the foreskin to slide back to some extent. The most impressive is a wall painting of the god Priapus sporting an enormous cylindrical cock with a swollen knob: this bulges out a narrow foreskin which hangs below his knees. He is weighing this fearsome weapon on a balance. There is another statue of the same god with a huge hard on, and once again he has a long hose of foreskin swinging on the end.

Another picture depicts a bronze of a young lad with a dirty grin on his face looking down at his powerful erection, which resembles a plump pork sausage pressed against his belly. Once again his knob is clearly defined through the long tight foreskin extending to a terminal bud. There are pictures of three other bronzes with large well-depicted penises, all equipped with unusually

long tassels of foreskin extending beyond their knobs. I read somewhere that the Romans used to cultivate their foreskins by stretching them, and that would explain the case of one of the bronzes where the foreskin is ridiculously long, once again hanging down to the knees.

This is of particular interest to me since my own foreskin is on the short side, barely covering the knob when flaccid and retreating all the way with the merest hint of a hard on. This is a disappointment to me and also to my girl friend, who declares that she dearly loves to peel back a tight foreskin from a powerful hard on. So I've been trying to stretch the old 'pullover' by threading it through a half inch rubber ring, in the manner of a serviette ring, and leaving it all day with a good couple of inches of loose skin hanging off the end. It looks a bit of a giggle, but it seems to work for about half an hour only after I remove the ring, before it shrinks to its normal position. Can anyone advise me on a way of lengthening it permanently? And can someone more learned than I tell us more about the Romans and their attitude to foreskins and circumcision?

*H.S. – Harrow*

[Thanks, H.S., for your letter. Can you tell us the name of the book where you saw these pictures, its author, and when it was published? Then we could share your interest. The Shorter Oxford English Dictionary tells us that Priapus was (1) the Greek and Roman god of procreation, and so of gardens, vineyards, etc. Hence (2) a statue or image of the god which was often placed in gardens to protect them from depredators or as a scarecrow (a usage dating from as late as 1632). (3) the word was used to mean a phallus or (1613) a drinking vessel of phallic shape. The derivative Priapism refers pathologically to a persistent erection of the penis; and also to mean licentiousness or intentional indecency, both literally and, from 1758, figuratively. The statuettes would obviously use a monstrous penis to make it clear what they were representing.

The Roman medical writer and physician Celsus gives a description of an operation to 'uncircumcise' a patient by trying to recreate a foreskin. It involved cutting round at the sulcus, pulling the skin forward to cover the glans, and bandaging it firmly in place until it healed in its new position. While this would provide a covering, of a sort, for the glans, it would not be retractable in the normal way. But presumably there was sufficient demand from patients to make it worth including in his text-book. They would probably be Jews or others from the eastern Roman provinces who wished to pass for Romans on the sports field or in the bath-house.

From 168 AD King Antiochus IV tried to impose Greek culture on the province of Judah. Observance of Jewish religious laws, including circumcision, was punished by death. While the number of applicants for Celsus' operation must have increased, so did Jewish resistance. From then on, a second stage was added to the Jewish operation: after the foreskin had been pulled forward

and cut off, the inner skin was torn down and turned back so that the glans would always remain fully exposed, a feature of the Jewish ritual procedure which is still retained.

To ensure that their foreskins remained in place, Romans used to infibulate the youths attending the public schools, as well as the actors, dancers, and choristers who were sold to the directors of plays and spectacles (i.e. circuses). Small statues still exist representing infibulated musicians, remarkable for the excessive size of the ring (through their foreskins) and the leanness of the persons to which they are attached. Remondino, in his 1891 *History of Circumcision* (p.59) tells us that 'the mode of applying this ring did not differ much from the usual method of preparing the ear for pendants.'

He goes on to tell us that 'Among the Greek monks, the infibulation serves a manifold purpose; it not only is a sure badge of chastity, but its weight and size is very often increased so as to render it an instrument of penitence, and considerable rivalry exists at times in this regard.' He also mentions that the Hindu 'fakir at times submits to infibulation at the same time as he takes his vows of chastity. This ring is at times enormous, being sometimes six inches in diameter, so that it is a burden. These saints are held in great esteem and veneration.' Presumably the skills of actors, dancers and chorister were thought to be helped by ensuring their inability to perform sexually, either in coitus or in masturbation. But wearing a heavy ring in a pierced foreskin would be one way of extending the foreskin. – T.A.]

## On Feeling The Odd One Out

Dear Tony: I had experiences in my childhood and youth much like R.B.W. of Bedford. He was perceived by his peers, and so by himself, as mutilated and deficient because he was circumcised. I experienced similar teasing and ridicule during my childhood here in the USA, but in my case it was because I was **not** circumcised. Therefore, in the perception of my peers, and in mine too, my cock was abnormal, dirty and stinky.

When I was five or six the older sister of a boy I often played with wanted to see my penis. She said that she would show me her 'pee hole' if I would show her my cock. I was reluctant, but her brother said he was not afraid, and showed her his penis. She fondled his circumcised penis, making it grow hard. I then showed her mine. She said, "Yours does not have any head on it." I pulled my foreskin back to show her that mine did indeed have a head. She was repelled by what she saw and smelled, and ran away without touching my penis or showing me her 'hole'. Her brother had told me about girls' genitals, and I really wanted to see her hole.

On a later occasion I was caught by a gang of older boys. Being bigger than me, they easily held me down. Then they pulled my pants and underpants down, and started making remarks about how ugly my penis was. There were girls in the gang, and they gathered round and looked too. I was very

embarrassed, especially when they fondled my penis and it got hard. They called my foreskin 'ugly baby fat', and pulled it back to expose my glans. This released an odour which they all made nasty remarks about.

The gang leader was rather a bully. He pulled back so hard on my foreskin that the end of my glans pointed at right angles to my shaft. This hurt. It hurt even more, however – almost more than I could stand – when he started rubbing my exposed glans. I started to cry, and one of the girls said "Let him go. We have seen enough of his cock – it's ugly and it stinks." One of the boys said, "Let's cut that baby fat off and make a man of him." Another said, "Naa, we don't want to get blood all over the place." They let me go, but made it very clear that if I told anyone what they had done, they would catch me and cut off my cock. As I ran away the bully leader yelled after me to go home and clean my stinking cock. After that, whenever he saw me he called me 'Stinky'. Other picked it up. How I hated the nickname, 'Stinky'.

Throughout my youth I tried never to let anyone see my cock. I avoided sports because of the shower room. When I became 21 I circumcised myself. Since then I have had a clean, odourless, attractive, larger than average cock that others could envy rather than disparage. No longer do I feel the odd one out.

W.H. – U.S.A.

## **Silly Cock-Ups**

A review by Miles Copeland of *The Imperfect Spies: the History of Israeli Intelligence* by Yossi Melman and Dan Raviv in the *Daily Telegraph* of 6.1.90 reports that some Mossad agents have undergone reverse circumcision to support their cover stories. The reader who sent in this cutting comments: I thought the Jewish operation was so effective that later 'rectification' was impossible. Evidently not!

## **Same-Day Surgery Could Cut Waiting Lists By One-Fifth**

Waiting lists for operations could be cut by up to one-fifth if more surgical patients were admitted and discharged on the same day, according to the Audit Commission. It has concluded that between 100,000 and 200,000 people could be removed from waiting lists if all hospitals followed best practice in twenty procedures dealing with, for example, hernias, varicose veins and circumcision. The commission's backing for greatly increased 'day-case surgery', in a report due out in October, will be popular with the Government, which has made waiting list cuts a central policy objective.

*Independent, 1 October 1990*

## Observations

I have tabulated observations of 45 penes observed in school and leisure situations. My entire class of 36 at school were observed (some years ago) at ages 14-16; the remainder were aged 20 to 55, all white gentile males, of whom only two had been mohel circumcised. Sixteen of the 45 (36 per cent) were circumcised. The size distribution was as follows:

- 5 (11%) small.                      60% of small penes were circumcised.
- 7 (16%) small to average.
- 21 (46%) average:                33% of average-sized penes were circumcised.
- 3 (7%) average to well-endowed.
- 9 (20%) well-endowed: 44% of these were circumcised.

The extent of flaccid glans coverage in the uncircumcised was also variable:

- 1 with 30% coverage    }
- 1 with 40% coverage    }    10% at or less than half covered.
- 1 with 50% coverage    }
- 1 with 90% coverage
- 9 with 100% coverage   }
- 9 with 10% overhang    }    83% with full cover or overhang.
- 6 with 20% overhang    }
- 1 with more than 20% overhang

Most had an average skin thickness, but 8% had thin and membranous foreskins and 10% had thick, fleshy ones.

Two circumcised had partial glans cover, of 10% and 20% respectively; in both cases the organs were exceedingly underdeveloped. In my class at a selective secondary school, 45% were circumcised. In my nephew's, two decades later, 9% are circumcised.

Other less complete observations take the total to just over 100. Work acquaintances (mainly professional) were 24% circumcised, whereas outside acquaintances (mainly non professional) had a circumcision rate of only 15%. Of personal friends, 21% were circumcised, confirmed visually in two-thirds of instances. Two actually asked for an examination: one had an exceedingly short foreskin and was unsure of his status, and the other, circumcised at nine years of age after a tree fall, was concerned about a retained suture.

I discovered during showers at school that modesty towels were used mainly by the circumcised and those with small penes, whether clipped or not. Also the bared glans is exposed in urinal stalls more discretely, and with a modesty bordering on embarrassment. It is the cavalier who makes exhibitionism an art-form, with frequent adjustments prior to urination, the pinched tip splashing, and with a concluding orgy of sleeve-shaking. The latter is so commonplace that roundheads do likewise so as not to be thought

circumcised for lack of shaking.

In my generation at school, short trousers were worn into teen-age years, and access for urination was overwhelmingly via a pulled-up right trouser-leg. Repeated stretching to the right caused the penis to veer in that direction. Although this fashion no longer holds, penis-handling – especially masturbation – is a right-handed affair.

*Anthony – Devon*

## **Observations 2**

A visit to the swimming pool yielded the following observations:

- (1) a boy of 14, with well developed pubic hair, neatly circumcised, without visible scar.
- (2) his slightly older brother, with a slightly larger penis, complete with foreskin offering  $11/10$  coverage despite loose opening.
- (3) a boy of 11, circumcised with evident scar visible well back along the shaft, no pubic hair but well endowed for his age.
- (4) his father, fairly small penis, tightly circumcised.
- (5) an Asian boy of about 5, circumcised but with a prominent collar of skin surrounding his small glans.
- (6) a white boy of similar age, circumcised tightly, with his bright red glans and a little pink inner foreskin contrasting sharply with the paler skin of his shaft and body.
- (7) his rather corpulent father, early 40s, also circumcised, with short flaccid foreskin.
- (8) a man in his 30s, slim, well endowed, foreskin giving  $11/10$  coverage to his glans, the rim of which nevertheless showed prominently.
- (9) a very corpulent man, late 40s, minuscule uncircumcised penis – indeed, almost the only thing visible was the loose end of his foreskin.

Overall score: 6 circumcised, 3 uncircumcised.

## **Circumcisions Save Bunnies!**

Medical researchers in Massachusetts have found that new formulations of drugs or cosmetics don't have to be tested on rabbits or other laboratory animals. Hitherto the standard test has been to drop the substance to be tested into the eyes of laboratory animals and study the adverse effects, if any. Now they have found that foreskins removed at circumcision can be kept alive, grown as tissue culture and used in similar tests.

*Independent, September 1990*

## **Masturbation Survey: Reply 1**

I first masturbated to spunk ejaculation at age 12. I masturbate as often when I'm alone as when I have a steady partner, more when my partner is having her period.

I masturbate most days after work before going home for 5-15 minutes, mostly in car in lay-by on the way home at the end of the working day, after visiting the toilet in the lay-by, where I can see other blokes' cocks at the urinal and look to see if they are circumcised or not; sometimes I go to orgasm, which is single.

My fantasy is of group sex with a willing female who likes blokes with hard erect cocks standing around her wanking whilst one of them fucks her doggy-fashion.

A friend has a collection of magazines showing large cocks being sucked and in various fucking positions in a forest. I sometimes imagine a group of blokes with large cocks engaging in various sex activities leading to a slow fuck of each other, not necessarily to ejaculation, and then entering a woman who likes group activity. I sometimes think of my partner while I masturbate. But I don't think of masturbation as a substitute for sex.

Some weekends I lubricate my cock with soya oil and masturbate slowly with my hands. I find a full grip along my shaft and holding my balls away from me the most stimulating. I have a permanently retracted foreskin and use my thumb to slide it over my knob when masturbating. I am not usually naked, but do not dress in any unusual way. I occasionally masturbate with a very randy bisexual friend who fucks his wife most days.

Masturbating can give a greater climax than intercourse because I can vary the grip or tightness. I feel very relaxed after a wank, particularly if I can shout out at the point of climax. I catch the spunk in a tissue, or if in the woods just let it go.

I have talked about masturbation with my partner and watched her masturbate herself, and have also talked about masturbation techniques with a male friend.

I like best to masturbate on a beach – I once visited a nudist beach where most were male and watched them slowly wank from time to time whilst I kept myself hard.

*E.L. – Avon*



## **Masturbation Survey: Reply 2**

Now aged 50, I first masturbated at age 13, and now do so daily. I masturbate as often when I have a steady partner. When on holiday from work I masturbate several times daily. I make it last longer than an hour and sometimes orgasm. I have a single orgasm and try to build up a really good volume of spunk.

I feel like masturbating after seeing a slim teenage boy, in reality or pictorially. Photos or magazines, drawings, written descriptions and videos excite me: any literature or photos on the subject of slim boys. I do not hide my drawings/pictures etc, and frequently watch pornographic films/videos.

My fantasies are of previous experiences relived, sex with my own sex, group sex, anal and oral sex, and pissing. An especially exciting fantasy would be spending the day with a slim 13/14 year old lad, kissing, wanking, pissing etc. I sometimes think of my lover when I masturbate.

I masturbate with my hands and a lubricant. I find the head (glans) and my balls the parts of my penis most sensitive to stimulation. When masturbating, I also stimulate my balls, anus and stomach. I am sometimes naked when I masturbate. If not, I particularly enjoy wearing short shorts.

I sometimes masturbate with friends of my own sex, and do not think of masturbation as a substitute for sex. I think that a masturbating orgasm is better than an orgasm in intercourse because all the action is visible. I feel happy when I have masturbated, and drink the semen afterwards if possible.

I have talked about masturbation and the randiest techniques with my lover, but not with other people: I have always assumed that the subject is of little interest to them.

I like best of all to masturbate sitting on a bean bag, sipping a drink, enjoying a video of male action, pissing occasionally, and rubbing my cock, balls and anus with a mixture of piss and olive oil. If I am lucky, spunk escapes gently, which is most enjoyable – so it goes on!

*Anon*

## **Bridegroom**

Way back in the Swinging Sixties when I was working for a time in Madrid I had a girl friend who worked in a high-class 'establishment'. There was a house-rule that sheaths were never used: instead a girl used a bidet before and afterwards, and carefully inspected and washed the client's penis before intercourse. Maria-Teresa said it was always a relief to see someone circumcised. With uncircumcised clients it was a messy business to peel back the foreskin, and invariably she would have to wash away a deposit of smegma.

She would never, ever, perform orally on the uncut. In non-working hours she and I had a marvellous relationship. About five years later I was invited to her wedding, and in a quiet moment with her I asked, was her husband circumcised? As I had guessed, the reply was yes: she had made it a condition of her betrothal that he went and had the operation!

*Inuvik*





# ACORN

**1990 Issue No 7**

**(Formerly Issue Y)**

**Editor**  
**Tony Acorn**

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**Membership, Fees, Advice, Personal Matters,  
Newsletter Contributions, Letters for Forwarding**

To:- ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## **Editorial**

Welcome to the seventh issue of *Acorn* for 1990. Time has been short because of other commitments, so this November issue is later than planned but still full of the usual excitements for our readers. The final 1990 issue will go out at the end of the year, probably after Christmas. It will soon be time to ask you to renew your subscription so an order form is included on the back page of this issue. 1991 issues will only be sent out after your 1991 subscription is paid.

This issue includes two replies to the masturbation survey; let's have more for future issues. We also have an interesting contribution on the theme of childhood curiosity, plus a scattering of smaller items. This is your newsletter, and it depends on your contributions for its success. To the extent that there is an editorial policy, it is a preference for variety and for contributions from members who have not been published before. There is also a tendency to favour a pro-circumcision view, partly because the anti view is the dominant one in Britain not least in the medical profession, but mainly because that is what clearly interests most of our members. But we will also try to range more widely, as will be seen from our masturbation survey replies and from the item below on infibulation.

*Tony Acorn*

## **Visual Aids**

In order to encourage the use of condoms and slow the spread of aids, the government in Zimbabwe has ordered 5,000 artificial penises. They are made from wood, and will be used by instructors to illustrate the correct use of a condom.

## **Infibulation**

Dear Tony Acorn; As a new member of *Acorn* I am writing to thank and congratulate you for *Acorn* Newsletter, which I find very interesting and informative. Your comments on infibulation (Issue 6/90, page 7) prompt me to add some details. You mentioned a few sources of historical evidence (statuettes, written references), and I have heard of vase paintings. These survivals are scant but informative sources sufficient for historians to make rational assumptions. The ancient Greeks and Romans believed in 'a healthy mind in a healthy body', *mens sana in corpore sano*. Hence their preoccupation with physical training, exercises, and cleanliness. Their schools and towns were provided with gymnasia and baths for the youths and men to use frequently and were places which they attended nude. The participants as well as the spectators were also required to attend the Olympic Games naked.

The exposed glans or erect penis were considered barbaric or uncivilised. Vase paintings and statuettes, etc, always depicted the satyrs and foreigners in such conditions, implying their lack of classical civilization, with its emphasis on self-control and moderation in all things. Hence the need for their youths and men to keep their glans covered in public. To achieve this they probably resorted to the fitting and wearing of infibulation rings. This is not as drastic as it sounds: the operation is simple and heals quickly; youths were expected to bear pain stoically; and wearing a ring in the piercing can be quite comfortable.

Imagine the humiliation and sense of helplessness experienced by those endowed with a short foreskin, 'barely covering the knob when flaccid and retracting all the way back with the merest hint of an erection', as H.S. of Harrow, described it (Issue 7/90, p.7). I chose infibulation for this very reason.

The ring worn through a pair of perforations pierced on opposite sides of the foreskin would keep the glans hooded when flaccid, but any erection caused discomfort, increasing in intensity with the intensity of the erection. To eliminate this (which was sometimes the reason for infibulating slaves), the foreskin can be easily stretched by attaching a weight to the ring so that this extends both the foreskin and the holes so that thicker and heavier rings and weights can be used.

I did this and found the experience both stimulating and practical. My elongated foreskin has an 'overhang' of over two inches when a weight of 600 grams is attached and an 'overhang' of over an inch without a weight. I have also extended the circumference of my elongated foreskin, transforming a 'bottle-neck' type overhang (a long, narrow nozzle of excess foreskin at the penis tip) into a flared 'bell bottom' look. If *Acorn* readers are interested, I would be happy to describe the mechanics, the stages, and the foreskin effects (the peek-a-boo look, the tassel, the rosette, etc) which I experienced while creating a long, loose foreskin. [Yes, please! – *Ed.*]

My endeavours were probably similar to those of the Greeks and Romans interested in the same pursuits. In the societies of Ancient Greece and Rome, and of the American Deep South up to 1865, slaves were infibulated for a variety of utilitarian purposes: to prevent them getting randy (a safeguard for their masters' womenfolk); to preserve the slave's vigour, for their master to exploit in physical work; to prevent breeding by unsuitable males with household or estate slave women; to facilitate selective slave breeding for the market – suitable stud slaves were loaned or hired to be used like prize bulls or stallions, and were ringed to control their sexual activities; and last but not least, as a badge of bondage, reminding the slave of his status and his submission to his master's needs and whims. The last served as a type of ritual emasculation and has its appeal today for dominant women and submissive men.

These practices and reasons are vividly portrayed in the novel *Mandingo* by Kyle Onstott, set in the American Deep South during the era of slavery. Indeed this novel and others of the same genre by such authors as Ashley Carter, Lance Horner, Tressilian, and Simon Finch, engendered my interest in the subject of infibulation. If *Acorn* readers know of any other novels or writers on these themes, please write in. Any other ideas on the theme would also be welcome, such as those of D.N. – Deal, who mentions ‘thereby keeping the cock upright and ensuring clear exposure of the balls’. This was practised by ancient athletes, who attached their infibulation ring to a cord tied around the waist to prevent it flopping about when running a race. But readers should note that piercing can be dangerous unless performed with knowledge, under hygienic conditions, and using stainless steel rings.

M.D. – Oxford

## **Wildcat International**

Readers may like to know of Wildcat International, 16 Preston Street, Brighton, East Sussex, BN1 2HN. Tel: 0273-23758. This firm caters to those who have an interest in the piercing scene. It has a substantial list of videos on this theme, and also supplies items of innovative body jewellery in stainless steel, including barbells, ball-closure rings, enlarging crescents and tapered stretching staffs, tapered insertion pins, horseshoes, stirrups, ball weights, nipple stretchers, etc., all in a range of gauges and sizes. They specifically do not supply pointed or hollow needles, anaesthetics, hypodermic syringes or any other such merchandise. They will send a list on request, and will also make up special orders.

## **Circumcision — The Video?**

Dear Tony Acorn: Thanks for the latest copy of *Acorn*: I always look forward to its arrival. It is good to see men (and women) talk freely about circumcision.

When I was a lad of about six or seven, I remember that my mother would sit me on the kitchen table after my bath. Auntie was called in from next door and between them they would pull my foreskin back and forth and then talk very quietly to each other about whether I should be circumcised. After much talk they would conclude: ‘I think we must keep an eye on it just in case it gets tight or sore.’ This would be repeated next bath night. I think they just enjoyed playing with my foreskin.

The same thing happened to my brother. His foreskin was tight, and he was circumcised at the age of eleven. I can remember asking my mother if I could go to the hospital with my brother to have my willie done, but I got a great big NO, and was told not to talk about it to anyone.



Needless to say, unfortunately I have still not been circumcised although I have a very long foreskin which needs removing. I made a booking with the Surgical Advisory Service to be circumcised but cancelled it in case they made a mess of my penis and made it look unsightly. I would dearly like to see a penis being circumcised, or see one immediately afterwards to see what it looks like while still not healed.

It would be very helpful to see a video in close-up of a circumcision from start to finish. If I could pluck up enough courage to be circumcised, I would love to have my operation videoed, to be able to see it all happening at a later date, and also to share my experience with other men and women, who I know are just as keen as I am to talk freely about this subject. Watching a video would, I am sure, give people more confidence to have that unsightly piece of skin cut off. What about it, chaps? How about being a video star and encourage us to have the best cut of a lifetime?

I have many friends, some male and quite a lot female, who get together and discuss circumcision. The females mostly seem to like the uncovered penis head. As naturists we have no shyness and we can see both tight and slack foreskins demonstrated and discuss who needs circumcising. Most of the lads are in favour of the circumcised penis.

*C.P. – Wiltshire*

## **Masturbation Survey Reply**

I started to masturbate so young that I can't remember when. It seems like I always masturbated. I masturbate daily on the average. Sometimes I miss a few days, but other days I may masturbate more than once. I have coitus about three times a week. We nearly always masturbate each other, but not to orgasm, before coitus.

When I masturbate alone it is usually for 5-15 minutes if I do not continue to orgasm; if I go on to orgasm it is 15-30 minutes. About one time in three I continue to orgasm. In mutual masturbation we seldom masturbate to orgasm but continue into coitus to have our orgasms. I always have an orgasm in coitus. I often come first but continue by hand if necessary until she has her orgasm. I only have one orgasm now, but when I was younger I often had several a few minutes apart without pulling out. Along the way she has her orgasm.

I usually masturbate in bed. Sometimes I masturbate in the bath tub or shower – I like the feeling of a pulsating shower on my cock. When I masturbate by myself I use only my hand. In mutual masturbating we sometimes use a vibrator and frequently use KY lubricant. Fantasies, erotic video tapes, pictures, erotic stories, showering with my wife, or being teased sexually by my wife all excite me to masturbate. I often think of my wife when I masturbate. Daydreaming about circumcising someone probably excites me most. We

sometimes watch pornographic videos. We hide sexy stories, pictures and videos from our kids and nosey neighbours.

Before circumcision I masturbated by sliding my foreskin back and forth over my moist slippery glans. Now I generally place my thumb in the sulcus on top and my fingers on the scar underneath where my frenulum was cut and sort of rub.

In my teens masturbation gained a tremendous hold over me. I knew I was masturbating far too much, often several times a day – so frequently that often I didn't come. I had acquired a very bad habit of rhythmically squeezing my legs together while sitting and studying. This made me lubricate and my foreskin slid back and forth over my glans giving me very erotic sensations. At the time I didn't know of any other male who masturbated in this manner, but I observed that a few girls, including my girlfriend, did. Girls generally crossed their legs to increase the pressure on their clitoris when they did it. My girlfriend did not consider this to be masturbating, because she did not use her hand. I concluded that this form of masturbating was rare among males because most [in the USA] were circumcised. I had read and firmly believed that removing the foreskin removed  $\frac{3}{4}$  the temptation to masturbate.

The squeezing habit continually became worse during my college years. It was a particularly pernicious habit because it was so very easy to do. The worst part was that frequently I would not even be aware that I was masturbating until I felt myself about to come. Usually I could stop before coming, but sometimes I soiled my pants [trousers], once in class. I started wearing a Kotex pad over my penis to catch the come and prevent soiling my pants.

I decided during my Junior year of college that to break the squeezing habit I would have to start keeping my foreskin retracted even if it meant losing glans sensitivity. So I fashioned a rubber collar to wear in the sulcus behind my glans to keep my foreskin retracted, but this didn't work. The collar would press against my sulcus and corona when I squeezed my legs together and produce sufficient, although less pleasant, erotic sensations, to let me masturbate.

So I made a New Year resolution: I would stop squeezing myself and would masturbate only by other means, and no more than once a week. I wrote in my diary that if I broke this vow I would go to the College free health service and have myself circumcised. Honestly, I didn't want to get circumcised. Yes, I wanted to look circumcised, but I didn't want to lose my foreskin or lose any more glans sensitivity than I had already lost. I really enjoyed masturbating with my full foreskin. I thought that knowing this would be the punishment would make me control my masturbation. But the habit was too strong. In less than a week I had broken both parts of my vow.

So I went to the College health service, told them that my foreskin constantly itched and bothered me, and asked for an appointment to get

circumcised. The doctor examined my penis but couldn't find anything wrong with it. He said that my College health insurance did not cover an elective circumcision and there was no evident phimosis, disease or irritation. This gave me an out. I told myself that I had tried to get circumcised. I gave myself a second and third chance to bring my masturbation under control, but still I couldn't. I had to get circumcised. My integrity was at stake. If I didn't keep my word, even though it was to myself, my word wasn't much good.

My girlfriend gave me the final incentive. I was dating a very sexy nurse. I felt sure that before very long we would be in bed together. Then during some heavy petting she discovered that I was not circumcised. This turned her off completely. She said she thought an uncircumcised prick was dirty and unattractive. She feared that I would give her cancer of the cervix. Moreover, by retaining my foreskin I was, she said, risking cancer of my penis, which could require amputation of my entire penis. This clinched it! My foreskin had to go. There could be no more hesitation.

Since I knew my Dad was against circumcision and I didn't have the money to pay for a circumcision, I decided to do the job myself. I had read widely about circumcision in medical journals, army and navy reports, medical and surgical text books, patents, etc. I felt confident to do it. Primitive people performed circumcisions safely with much less knowledge of medicine and surgery than I had. I chose the ecraseur or strangulation method because it was bloodless and seemed simple and safe. I had seen a picture of the Plastibell circumcision device, and had also seen my cousin's infant son wearing one when he came home from the hospital. Using a lathe available to me at the College, I fabricated a bell to fit over my glans with a deep groove in the surface at the rim, and a hole at the other end for urine to escape.

Instead of going home for the Easter holidays, as my room-mate and nearly everyone else did, I circumcised myself. First I sterilized all my equipment with either heat or alcohol. I shaved off my pubic hair and took a bath, carefully washing my genitals. When everything was ready I slipped the bell over my glans, pulled my foreskin forward over the bell, and held it in place temporarily with a rubber band. Then I looped a piece of fine nichrome wire tightly twice round the back part of my foreskin, over the groove in the bell, and pulled and twisted the ends together with pliers. I used no anaesthetic because at that time I still did not know I could obtain a topical local anaesthetic without prescription. So I applied tension slowly, stopping when the pain became too great. Surprisingly, my penis thought this was fun and became very hard. As a result I shot my wad – this didn't help. My hands were full, so cleaning up had to wait. I knew that the wire had to be tight enough to stop all blood circulation. At the same time I didn't want to break the wire or make the wire so tight that it cut through the skin. If anything went wrong, I planned to go to the doctor and tell him that I had caught my foreskin in my zipper and made it bleed badly: 'This bell-like ornament was handy, so I made a tourniquet of it to stop the bleeding.'

I had considerable concern that the wire might not be tight enough to cause the two layers of skin to grow together as they should. However, everything turned out fine. I was sore, but there was no great pain except when I had an erection. For the first two days I had a slight burning sensation in my penis. The skin grew together where the wire pinched it to the bell, and on the sixth day my dead foreskin and the bell, still bound together, fell off while I bathed. The remaining foreskin retracted by itself behind the glans and stayed, leaving my glans and the sulcus behind it uncovered. I had removed a bit more foreskin than I had planned, but still could pull my foreskin forward to cover  $\frac{2}{3}$  of my glans. The skin is taut only during an erection. I did not lose any additional glans sensitivity. My previous exposure had fully toughened it.

In fact circumcision increased the erotic sensitivity of my penis. I was amazed at how erotically sensitive my circumcision scar was, particularly for the first few months. It still continues to be my most sensitive area. It seems that all the nerve endings that went to my foreskin are now concentrated in the scar. The most important result was that circumcision also brought my masturbation under control. Squeezing no longer worked. For masturbation by hand to be as erotic as before I have to apply a lubricant. Then it is super, but it requires preparation and is now a controllable act, not a habit.

When I told my girlfriend that I had circumcised myself for her, at first she didn't believe me, but she gave me a date and when she examined my penis she couldn't believe her eyes. She took my penis into her mouth without my asking. It was great. This was the first time I had ever experienced fellatio, although other fellows had told me about their girl friends doing it for them. This turned out to be another advantage of being circumcised.

My most erotic areas, in order of decreasing sensitivity, are now my frenulum scar, my circumcision scar, my sulcus, my glans, my nipples, my inner thighs, my lips, my ears, my balls, my anus. When I masturbate alone I stimulate only the first five; however, when we pet, I enjoy my wife stimulating all of these areas. Sometimes I am nude when I masturbate, but not usually. Nude masturbating is sort of special and very erotic.

Masturbating can be a substitute for coitus, but the orgasm from coitus with someone you love is psychologically superior and more satisfying, probably because it is shared. I now feel relaxed and satisfied after masturbating. I used to feel ashamed before I brought my masturbating under control. I generally catch my ejaculate in a paper towel.

My wife and I have frequently discussed masturbation, including how we used to do it when we were single, and how often. We like to watch each other do it – this usually leads to our doing each other. I like best to lubricate my hand and slide it back and forth over my penis. It is even more erotic when my wife does the same to me. I also greatly enjoy her tickling my sensitive spots with a feather.

We have discussed masturbation with our children. We have explained that it is a perfectly normal thing to do, but it is something one should do only in private.

*W.H. – Pennsylvania, USA*

[Thanks, W.H., for a fascinating article. You don't mention the genders of your children but I wonder whether your experience influenced you to decide to have your son(s) circumcised, if you had boys? – T.A.]

## **Childhood Curiosity**

Childhood sexual curiosity is natural and healthy. It can also be a tremendously exciting experience the first time it happens to you. I was about 13 and just embarking upon puberty when it happened to me. My friend Steve had a pretty sister, Karen, who was a year younger than we were and one day he led me with an air of secrecy to the potting shed at the end of the garden to find Karen waiting there, blushing and giggling. He came straight to the point. "Karen wants to see your cock," he said, and they both gazed at me expectantly. The thing is that, a year previously, I'd caught my foreskin in my zip and had to be circumcised. All the kids at school knew about it and I was the uncomfortable object of much curiosity, especially from Karen who was apparently dying to see what a circumcised cock looked like.

The request came as a bit of a shock, and as I stood there wondering what to do, Steve decided to provide a bit of bait. "Come on," he said, "she'll pull it for you and let you feel her up if you do, won't you, Karen?" She nodded, still giggling. Then Steve lost patience and said, "Look, there's nothing to it. She does it to me often", and under my disbelieving gaze he opened his fly and extracted his large uncircumcised organ, which by this time was in a state of semi-erection. Karen sat down on a crate next to him and, watching my face intently, started milking away at his cock, every now and then pulling his foreskin right down to uncover his wet plum-coloured knob. Steve stood there with his eyes shut, his back arched and his face as red as fire, until suddenly he let out a whoop and, knocking her hand away, rehooded his penis as he went into a wild though dry orgasm.

As he sat gasping, Karen turned to me. "Come on", she said, "don't be a spoil-sport. You can feel me till I come too if you like." She then stepped out of her knickers and, raising her skirt, thrust my hand between her legs so as to lodge my fingertips in her moist and hairless little slot. "Go on", she said, "that's lovely", and got me to slip my fingers rapidly up and down inside the lips of her twatty. I was by now in a state of disbelieving and shuddering excitement and barely noticed as she undid my fly and extracted my erection.

She examined it curiously, noting the puckered red scar that encircled the shaft and the permanently denuded knob, before she started to manipulate it like she had her brother's. This, of course, she found much less easy to do because of the lack of mobile skin, but she overcame this by wetting her hand and sliding it rapidly up and down my taut shaft. Steve watched keenly as both Karen and I got more and more excited, until finally I came with a roar of achievement. To Karen's delight and Steve's envy I produced a powerful jet of sperm which shot clear across the shed – my first ever! The trouble was, I no longer had the energy to maintain my manipulation of Karen's pretty little twatty and the poor girl was on the very threshold of her own orgasm. But Steve immediately stepped in and continued rubbing between her thighs until, with a faint shriek, she too arched her back and showed that girls can come just as well as boys.

These fumbblings and gropings had been a regular feature between Steve and Karen for a long time, and now I joined in on a regular basis until, with puberty, we found our own separate friends and went our separate ways. But it is to this childhood experience that I give the credit for my having grown up without hang-ups, and I now enjoy a happy and fulfilled sex life.

M.P. – Watford

## **Sex And The Mature Dutch 12-Year-Old**

Contrary to some newspaper reports, the Dutch have **not** lowered the age of consent to 12. But the change which they have introduced is possibly more interesting. They have lifted the fear of prosecution from children aged between 12 and 16 who engage in a sexual relationship, *provided that it is of their own free will*. Freedom of choice and lack of coercion are the crucial principles underlying the proposal, which was agreed by the lower house of the Dutch Parliament in mid-November 1990.

In the Netherlands the act of sex is still in principle forbidden to both boys and girls between the age of 12 and 16. But if there is no complaint, there is no prosecution. It is still open to a child, or its parents, or a member of the regional Council for the Protection of Children, to complain. And someone who feels they have been abused may bring a complaint via the police within 12 years after the event. The intention of changing the law is to recognise that young people under 16 who want to have sex will do so anyway, despite their parents' disapproval or the risk of prosecution, but to remove the element of guilt and secrecy: to say that it is their own choice.

Unlike Britain, the Dutch have the same age of consent for boys and girls. They also have a much more open acceptance of sexual behaviour. In newsagents, pornography is displayed at knee level, not on the top shelf. It is acceptable for the security guard at the door of a government office to say goodbye to his male friend with a frank, unselfconscious kiss. And everything

in the new Bill that applies to teenage heterosexual couples applies also to two girls or two boys.

The punishment for illegal sex with children under 16, of either sex, is six years' imprisonment, but in practice it is only expected that this procedure will be invoked where one partner is an adult and coercion has been used. In such cases consent is irrelevant and if the child is under 16 the act remains illegal.

*Based on a report in The Independent, 21.11.90*

[This seems to be an admirable liberal piece of legislation, recognising as it does the liberal principle of freedom of action provided the freedom of one is not at the expense of the freedom of the other. At the same time it seems to offer all the necessary safeguards against coercion, either explicitly, or the implicit coercion by the old and experienced of the younger and more immature partner.

It will be interesting to see whether the freedom of movement of people and goods implicit in the single European Market of 1993 will bring pressure on the British government to bring its legislation on the age of consent into line with the Dutch, and/or to reduce the heavy censorship on pornography which operates currently. The British view is based heavily on the view that pornography acts as an incitement to rape and other acts of sexually motivated violence. November 1990 also saw the publication of a Home Office report which carefully reviewed the evidence which might support or refute this view, much of it from the US, and concluded that the link was not established. Indeed, the balance of evidence seemed to point in the opposite direction: availability of pornographic material seemed to offer an outlet for sexual frustrations which reduced the incidence of sexually motivated violence.

That seems to be borne out also by Danish experience: in 1968 they removed the legislation which legalised censorship. Producers of pornography flourished, and it was widely available in newsagents and more specialised shops. But within a very few years the market was sated. A visit to Copenhagen earlier this year revealed less pornography on sale or display than pre-1968: but, if you are going there, the best place to look is Istedgade, the first few hundred yards of the long street which runs west from the side-entrance to the main railway station.]

## **Soviet Students Undergo Mass Circumcision**

Twenty-seven Soviet Jews queued up for an operation which is largely unobtainable in their native land – circumcision. On Sunday, Monday and Tuesday, the Garden Hospital in Hendon was the stage for one of the most unusual ceremonies held in this country in recent years. Six *mohelim* (qualified circumcisers), two of whom were doctors, performed the operation on the



Russian men, aged between 15 and 30. They had come to Britain as part of a learning programme organised by Rabbi Sender Dominitz of Stamford Hill. He said: "The boys did not come here for this purpose. We had to explain to them what it is all about. Now they are queuing up for it." The operations were done under local anaesthetic. A total of 32 Russians came to Britain for the programme. However, five of them were already circumcised.

*Jewish Chronicle. October 1990 (From B.H. – Leeds)*

## **Masturbation Survey Reply**

I'm now 57, and first masturbated from the age of about 4, initially pulling my foreskin back and forward to produce an erection. By the age of 5 I had discovered the wonderful feeling produced by rubbing to [dry] orgasm. From the age of 6 until I was 40, I masturbated at least once daily; in my 40s, three times a week, and currently three or four times a month. When I have a steady partner I do it less, but otherwise circumstances make no difference. I masturbate for 5-15 minutes and usually have a single orgasm.

I usually masturbate on going to bed, in bed or in a chair, nearly always naked, especially with a porno book. I find written descriptions most arousing, especially any detailed description of sex or circumcision rituals. I don't hide this material, and watch pornographic films/videos 3-5 times a week. I sometimes think of my partner. My fantasies centre on group sex and oral sex.

I use my hands or bedding to masturbate with. The parts of my penis that are most sensitive to stimulation are my frenulum and corona. I am well circumcised – the shaft skin can be drawn as far as the corona but not over it. When masturbating, I do not stimulate other areas than my penis.

I have masturbated with friends of both sexes and think of masturbation as a substitute for sex: to me a masturbating orgasm is the same as an orgasm in intercourse. I feel relaxed and tired afterwards. I wipe up my ejaculate with a tissue, or if it is on my body let it dry.

I have not talked about it with my partner, but have talked about masturbation methods with friends of my own sex. I like lying on my left side on the bed and using my right hand to wank.

*S.W. – Gwent*

## **Subscriptions**

Subscriptions to the *Acorn Newsletter* for 1991 are now due. One of our principal costs is postage, which has risen substantially since we first set our price at £10. With regret, therefore, the 1991 subscription goes up to £12.



# **ACORN**

**1990 Issue No 8**  
(Formerly Issue Z)

**Editor**  
**Tony Acorn**

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Printed & Published in England by Acorn

## **Editorial**

Here, at last, is the final issue for 1990, with apologies for the production delay. We hope you enjoy it, and keep sending in the material. We also hope that you will renew your subscription for 1991 (there's a form at the end, to make the process simple). If you have enjoyed *Acorn*, please recommend it to your friends too.

As those who have already renewed for 1991 will know, David Acorn will take over the task of editing the Newsletter, at least for the first part of 1991. This will be a great help, as my commitments have become increasingly demanding. The business arrangements remain unchanged, however. Best wishes to David, and a happy and enjoyable 1991 to all our readers.

*Tony Acorn*

## **Sex At 70**

I have always been very sex-orientated. For many years my wife and I have made love at least daily, usually averaging 11 times a week. I find it difficult to differentiate between mutual masturbation and sex play or foreplay. I am now over 70 and rely on stimulation of my penis before actual intercourse. This my wife does by sliding my foreskin up and down the shaft – the 'normal way', if there is such a thing. I have an elephant's trunk foreskin, completely covering the glans at all times except when it is deliberately moved back, and during intercourse when it slides back during penetration. Although my father was a GP I was told so little about the mechanics of sex that my foreskin was never moved back until I was in my 30s and contracted balanitis – inflammation of the foreskin due to smegma. I remember the discomfort when the doctor pulled back my foreskin for the first time! I also remember his disgust at the collection of smegma etc which he found. I had not been taught any genital hygiene and by then I had had frequent and regular intercourse.

I do not remember when I first masturbated as a child. But I certainly did so soon after sexual maturity. I used to masturbate to orgasm by rotating my foreskin and also squeezing it. I masturbated several times a day, and allowed the come to go into my underpants or wherever. They became stiff with come, and then my father talked to me but still explained nothing. Sex was constantly on my mind and I experimented with anything that would rotate my foreskin. My father had an electric motor and I would hold my foreskin to the rotating spindle. Sometimes that resulted in a bleeding foreskin, but this did not stop me. The gramophone turntable was also useful, though a bit too gentle.

We had a kitten that had been taken from its mother too early and consequently tried to suck at anything remotely suitable – usually a finger tip – and that gave me an idea: I gave it my tip to suck, and when it was reasonably clean the kitten would oblige. I couldn't understand why sometimes it would

refuse, but now I know that sometimes my urine was particularly ammoniacal. I never washed in those days, so the poor thing did not like the idea.

As an adult I masturbate three or four times a week. I am usually dressed but the penis bare, twisting and squeezing while fantasizing, or in a sex cinema. I also liked very much the spray of a hot shower in the bath, my favourite method when away on business trips and missing my wife's fond attention. I have little experience of mutual masturbation except as part of foreplay to intercourse. In school as a teenager I sat next to a boy who was into touching: our ploy was to make holes into our pockets and slide a hand into each other's pocket – even then, I was surprised when he came into my hand. We did that during lessons, and not surprisingly were moved apart by the class teacher, but again no-one actually explained anything.

I know a sex cinema in Germany which caters for homosexuals, and there, to my surprise, men openly masturbate each other. This is the archetypal 'zipless' masturbation – it is dark and you have no idea who it is who touches you. When I noticed that, I got very excited. But it took me a further two visits before I had the courage and got active. I sat there with my cock out and masturbated while watching the screen, and a man soon sat down next to me and took me in hand. Naturally I retaliated, and was amazed at the rock-hardness I encountered. I had always wanted to know what it felt and tasted like to suck cock, so I did this to my neighbour (he was evidently very clean, as it tasted of nothing in particular). He soon went with a gentle touch as thanks, to be followed at once by another man. We exchanged the same type of caresses. Then I noticed a queue of men standing in the gangway: word must have spread like wildfire! I had to get up and leave.

In my sexual heyday, when my wife and I had frequent intercourse during the average week, there was no need for me to masturbate. Sometimes on holiday we made love three times a day. I merely used to visit a sex cinema once a week and masturbate to climax. Now that I am 70 we still have intercourse five or six times a week, but I no longer masturbate to climax.

*J.D. – London NW2*

## **Survey Reply**

Now aged 78, I first masturbated before I was ten. These days I masturbate about twice a week. When I have a steady partner, I masturbate less. This does not vary much. A 'quickie' takes less than 5 minutes. If I have a video I may make it last an hour or longer. I always go to orgasm and normally do so once, but may do so twice after a gay video. I usually masturbate in the bathroom. I feel like masturbating when I feel the need for relief, or when stimulated by a magazine or video.

Fantasies, photos or magazines excite me best. My fantasies are of experiences relived, of sex with the same sex and oral sex. My fantasies

*always* centre around the uncircumcised penis, presumably because I am a roundhead. I imagine meeting two 21-year-olds in a pub; when the conversation turns to sexual matters, I take them home. After a while they will begin to fondle each other and indulge in a spell of deep kissing, proceeding to gradual undressing. I will slowly open their flies and get out their penises, both of which have long loose foreskins. I will play with each in turn for quite some time, working the foreskins up and down until they are fully erect. At this stage they will play with my cock and attempt to pull their foreskins up over my bare knob. If either is successful he will attempt to masturbate with our two knobs covered with his skin. Often I will reach orgasm as a result of fantasizing this far. If not, I imagine that I am performing oral sex on them in turn, pushing their foreskins back with my lips as they enter. When they are near to orgasm, I get them to kneel astride me so that I can finish them off, one with his foreskin forward, and the other with his back. When I get this far in my fantasy, I almost invariably come myself. While I vary detail each time I masturbate, the basic ideas are always the same.

I never think of my lover when I masturbate. I use my hands, a shower and a vibrator to masturbate with. My frenulum and the rim of my glans are the most sensitive to stimulation. When masturbating, I also stimulate my balls, anus and nipples and am usually naked, and seldom masturbate with a friend of my own sex. To me masturbation is a substitute for sex. However, a masturbating orgasm is worse than an orgasm in intercourse because it misses full stimulation of the glans. When I have masturbated I feel relaxed and pleased. I sometimes swallow my semen.

I have not talked about masturbation with my wife because she regards sex as 'dirty', but I have talked with other friends of my own sex about methods and the use of the foreskin. I like best to masturbate when I am on my own in the house watching a gay video of two or more chaps in their late teens or early 20s with uncircumcised cocks playing together and finally reaching orgasm by oral sex. While watching I play with my own cock, finally coming by rubbing with two fingers on the frenulum and my thumb just brushing the glans rim on the outward stroke; for a quickie I rub with my whole fist.

*V. – Shropshire*

## **Circumcision Available In Oslo**

Our Oslo correspondent reports an advertisement in the Oslo phone directory placed by Dr Jon Langeland's Skin Clinic. The Surgical Section offers various procedures including male sterilization, prostate evaluation, and circumcision. A telephone enquiry revealed that circumcision would be no trouble: the operation would take about 30 minutes, and the patient could go home afterwards. The cost would be 750 Norwegian kroner, or about £65 – a very reasonable price compared to the charge in Britain. Brief inspection revealed that the premises appeared first class. The address is Postboks 8764,

Youngstorget, 0028 Oslo 1, with access from Operapassasjen, oppgang 2B, 9th floor, and the telephone number is (02) 41 83 96.

G.N.S. – Oslo

## **First Wank**

I was first introduced to the noble art of wanking by being in the right place at the right time: a huge derelict bomb site (or 'debris') used by local kids as an exciting if dangerous playground just after the war. I was a plain ten year old with plaits and glasses, desperately curious about sex, but although I'd seen my elder brothers' cocks on many occasions they were a po-faced lot and didn't think the subject suitable to discuss with little sister.

So I felt a tinge of excitement the day Ronnie, a disreputable red-haired twelve-year-old whom I'd been forbidden to play with took me on a tour of the debris. We found ourselves in the secluded remains of a kitchen and Ronnie immediately voiced the thought uppermost in his mind and asked me to show him my fanny. I declined (only because I was put off by his blunt approach), whereupon he undid his flies and produced a long fat white sausage which hung dejectedly over his balls. Its appearance immediately struck me as different from my brothers' cocks: they each had a small round tomato on the end whereas Ronnie's cock tapered to a skinny white worm with a pink rosette. I told him it looked different, whereupon he told me he would show me why, but first I had to show him my fanny. So this time I stepped out of my navy blue knickers and bared my tightly closed hairless little vulva to him. He stared at it eagerly, ran his fingers up and down it, and as he did so he lifted his penis up by the loose skin on the tip for me to admire. I was fascinated to see it swell and lengthen jerkily till it stood upright pointing at his navel.

He sniggered and asked me if I knew what wanking was. I shook my head and he gave me a demonstration, claspings his erection in his fist and rubbing it up and down. I noticed that on every back stroke his spout of skin stretched open to form a ring framing a glistening bluish area with an eye in it. He then generously offered me a go and I took over with relish, captivated by the feel of this rock-hard column of flesh in its loose velvety envelope. As my strokes got more energetic I found more and more of his juicy blue plum was revealed: just like my brothers' tomatoes, only more moist and darker coloured. At the same time Ronnie shuddered into a dry climax and collapsed with a lewd grin on his face.

I thus took my first step in the male preserve of wanking. (It wasn't until much later that I found girls could enjoy similar pleasures.) At the same time I discovered that cocks came in two configurations: with foreskins and without.

Since then I must have handled dozens of both sorts of cock over the years, and have come to the conclusion that although 'peeled' ones are cleaner and

seem to appeal to your better-class or so-called 'respectable' girls, foreskins are more fun, particularly in the wanking game, and they are preferred by your unassuming and down-to earth working girl.

This harmless childish exercise in growing up which I experienced in the 'debris' led to an enthusiasm for the sport which has never faded, and even now I get a thrill out of giving my husband's gnarled old hampton the same treatment as I gave Ronnie's all those years ago. Incidentally, my husband is a lovable old reprobate called Ronnie, and he has more foreskin than sense!

*M.S. – London N11*

## **Male Multiple Orgasm**

I have just started to subscribe to *Acorn*, and I've spent the last fabulous three hours lying in bed with a dozen back numbers when I should have been weeding the garden. Both hands have been fully occupied, one turning the pages and the other under the sheets! As one of your older readers (57) and a gay medical journalist of some twenty years standing, may I congratulate everyone involved in bringing together so much fascinating material.

I suspect there are a lot of people who would find the contents of the Newsletter offensive. For them sexual matters are a very private affair. I imagine, however, that your readers are a select group who share my uninhibited need to express my sexual thoughts openly. To gain the greatest fulfilment from my homosexuality I must share my fantasies and experiences with others by recounting them in the same way as I would enjoy telling friends of a good holiday or social event. Reliving past pleasures is to savour once again the enjoyment of the day. I know already that I shall be one of your frequent future contributors but, on this occasion, I would like to concentrate on your feature in issue 4/90 on the male multiple orgasm.

The best 'student holiday job' I ever had was away back in 1951/52, when I was 18/19. During the long vacations I was 'on the game' as a rent boy. In those far-off pre-Wolfenden days I was a rare breed in a highly risky business. My services were in great demand and I could often count on nine or ten clients in an evening. I soon learnt that to ejaculate with my first 'trick' of the day was a fatal mistake. Subsequent punters weren't amused by a refractory call boy who couldn't get a hard on. Usually, therefore, I stopped myself short of orgasm and helped my partner to climax on his own.

But I enjoyed my work and it wasn't always easy to control myself. Sometimes I would go over the top – beyond the point of no return. Then it was a desperate struggle to exert mind over matter to inhibit my muscular reflexes and attempt to avoid ejaculation. Masters and Johnson hadn't told us about the 'Squeeze Technique' in those days and, anyway, I've never been able to make it work. At first I could delay the inevitability of cumming by only a few seconds but, with practice and supreme effort, the delay period became

more and more prolonged until the great day came when I achieved the total retention of my semen whilst at the same time enjoying the full pleasurable sensation of orgasm – the intense emotional uplift, the quickening heart rate, the heavy breathing, the raised blood pressure, the tightening up of all my muscles, the pelvic thrusting and the jerking penis were all there, but the spunk wasn't. I had managed to completely separate orgasm from ejaculation, and to totally suppress the latter. My cock remained erect and, as soon as the orgasmic sensation had died away, I was ready to go again without any refractory state.

To me, at the time, this was nothing more than an extremely useful yoga trick. I didn't realize that I had accidentally hit upon something which is pretty unusual in men. The more I practised, the more efficient I became and latterly was able to suppress ejaculation during about 90% of orgasms. This was excellent news when it came to combining business with pleasure.

Time passed. I qualified and began to lead a slightly less frenetic sexual existence. Gradually the need to contain myself became less imperative and I began to lose the knack. I thought nothing more of it until I read an Editorial Comment in the *British Journal of Sexual Medicine* (Feb 1980) describing work in California by Professor Gordon B. Jensen and Mina B. Robbins. They clearly identified a male multiple orgasmic response in 13 men ranging from 22 to 56 years old. My interest in the subject was rekindled and, since then, it has come up many times amongst correspondents who have written to my 'Medical Advice Column' in various gay magazines.

One thing I learnt, and should pass on to others, is that it is usually best to allow ejaculation to occur at the final orgasm of any session. If it doesn't, a rather painful testicular ache and an uncomfortable sensation of genital engorgement can ensue which may last for some hours.

Contrary to the comment in your feature (4/90), that older men may find multiple orgasms more easy to achieve than younger men, I am less good at it nowadays than I was 38 years ago. However, there are still times when it is a great advantage to employ this very useful 'trick of the trade' ... during those three happy hours I spent in bed before I commenced this communication, for example!

Ray Hamble

## **Wankers Of The World Unite**

Dear Tony: Thank you for publishing my follow-up article on 'Fucking Wankers' in issue 3/90 of *Acorn*. You will be pleased to know that it has resulted in three more contacts, one originating from Finland – which perhaps justifies the above title.

I am writing mainly to offer some feed-back from the letters I have received. First let me quote a delightful paragraph from an anonymous letter. The

writer could not fully participate in my work, but his letter was a delight and encouragement. At the age of 78 he can be a delight and encouragement to us all: "Unfortunately my wife tends to regard intercourse as an unfortunate necessity, a prelude to getting herself pregnant, so that my sex life with females has been almost non-existent. The result has been that I have been thrown back on wanking for relief. Even now, at the age of 78, I need to do it two or even three times a week." Before proceeding with further comments, may I remind readers briefly of the procedures I follow when people write to me (see also *Acorn*, 7/89, pp.22-24). There is an initial test with the simple combination of towel, plastic bag and tapes, the latter items supplied by me. If successful, this is followed up with a specially designed sponge, with plastic lining. Finally comes the double sheath. The sponge is about the size of a car sponge, so I am not sure that one will be departing for Finland! However, my respondent there is practical with his hands, and our experiments will continue.

Two specific points have arisen from *Acorn* correspondence, both from the same individual. He sent me some super close-up photos of his cock in a state of maximum erection. Its direction was perpendicular to the body. He tells me that he can bend it up to lie parallel with the stomach, but it certainly looks as though this might be uncomfortable. My research so far has shown that, for at least half my respondents, the natural direction of their cocks, is such that it is uncomfortable to bend their cocks, when firmly erect, out at a right-angle to the body. I would be interested to hear from anyone who, like this correspondent, has a natural erection that is perpendicular to the body and for whom bending the cock up, parallel with the stomach, is uncomfortable.

The other surprise was this correspondent's preference for 'dry' masturbation. He is circumcised. He uses what looks like the centre of a kitchen-paper roll; this he lines with a soft woollen lining; he then applies baby talc. I would be most interested to hear, either direct or through the pages of *Acorn*, about those who like 'dry' methods. If you wish to write to me direct, the address is:

*Andrew Ferguson, 11 Harcourt Close, Henley-on-Thames, Oxon, RG9 1UZ*

## **The Gomco Circumcision Clamp**

An example of this instrument recently reached the Editor. In the US it is said to be the most widely used circumcision instrument. Its introduction in 1935 and the development of the 'bloodless technique' by Yellen, improved by Brodie in 1939, did much to encourage neonatal circumcision. The operation became safer, the chances of infection were reduced, and the haemorrhage risk was practically eliminated.

The Gomco Clamp is made up of four parts: a bell (or cone) and stem, a plate with a hole slightly smaller than the rim of the bell, a levered arm (yoke), and a nut to tighten the clamp. The bell is introduced into the preputial



cavity and the prepuce drawn over it. The hole of the plate is placed over the bell so that the prepuce is sandwiched between them. The arm is then fitted into place. When the nut is screwed tightly it pulls bell and plate together, exerting a crushing force on the prepuce where the bell and the plate meet. The clamp is left on for five minutes to achieve haemostasis; then the prepuce is excised, using the hole in the plate as a guide. The screw is loosened, the clamp disassembled and removed. Stitches are inserted, the penis is bandaged and allowed to heal. The clamp is made in a range of different sized bells and plates to fit different patients.

It is a simple operative procedure which can be readily carried out in the office. The following items are necessary: procaine 2 per cent (with vasoconstrictor), 27 gauge needle, 4 small haemostats, scissors, knife, probe, thumb forceps, needle holder, a piece of No.25 gauge annealed copper wire, No.00 plain catgut suture with atraumatic needle, and a proper size circumcision clamp.

The action of the clamp is dependent upon pressure being exercised upon a very narrow rim of tissue, which ensures adherence of the outer skin and the inner preputial surface. With that accomplished, it permits removal of the redundant tissue and temporarily prevents retraction of the blood vessels.

With the patient on the examining table, the penis is prepared and draped. Hertzler's method of local anaesthesia has been found the most satisfactory. Usually 3 to 5 cc of procaine are sufficient. A circular subcutaneous injection is made about midshaft; 1.5 to 2.5 cc are adequate. Following this, the foreskin is retracted and a series of injections are made about the corona. The solution is forced towards the base of the glans. Considerable care should be taken to prevent distortion of the tissue. The anaesthetic ring must completely encircle the glans and the frenulum should also be infiltrated. Usually 1.5 to 2.5 cc are ample.

If the foreskin is not retractable, a line of infiltration is made dorsally and a slit, just long enough to allow complete retraction, is made; then the coronal infiltration may be done. All adhesions are freed. The redundant tissue is grasped by haemostats at the junction of the skin and mucosa and then retracted. The cone, lubricated on its inner surface with a little vaseline, is slipped over the glans. The mass of tissue is then pulled over the cone. Tension on the haemostats and counter pressure on the cone permit almost any amount of tissue to be removed. However, care in applying the cone is necessary since this prevents any injury to the frenulum. Next a piece of copper wire is twisted about the redundant foreskin to maintain its relationship to the cone. The haemostats are removed and the base plate is slipped over foreskin and cone. The top plate is then hooked under the arms of the cone and slipped into its notch in the base plate and the screw is turned down until it is tight.

At the end of five minutes, the redundant tissue is removed by holding the knife parallel to the base plate and cutting about its circumference. The

instrument is loosened and removed. This pressure has given temporary coaptation of the cut edges and haemostasis. Since neither of these is permanent, considerable care is necessary in suturing. The first step is a mattress stitch at the frenulum. Next, two interrupted sutures are placed on either side of this, to complete and maintain the triangle at the frenulum; then a mattress suture is placed dorsally. A simple running suture on either side with rather closely placed stitches completes the procedure.

Considerable care should be exercised in suturing; any large vessels that can be seen should have a mattress suture placed about them. With care in this step, the operation is practically bloodless. The sutures usually drop out on the fifth day and the wound is sealed in a week. Simple daily dressing are done. No unusual complications have been observed or reported.

It is, of course, necessary to have a cone which properly fits the glans. This can be determined by a trial fitting prior to the procedure. Following a preliminary report in 1935 of the use of his circumcision technique in 10 cases, Brodie presented a survey of 51 additional personal patients who had been operated upon, and data obtained by questionnaire on 102 more. In the cases reported, 6 required a clamp with the base diameter of 3.2 cm, 52 with a diameter of 2.9 cm; and 4 with a diameter of 2.6 cm.

The technique for using the Gomco clamp in infant circumcision was devised by Yellen (1935), who reported 500 cases. Brodie collected records of 300 additional infant circumcisions. There were no complications noted in this series of 800 cases. The method is essentially the same as in the adult, but a few precautions must be carefully noted.

All adhesions must be dissected free before applying the clamp. Ordinarily, stretching the prepuce will permit retraction for the dissection; if it does not, a dorsal slit is done. The slit should not be too long, however, since difficulty in keeping the cone in place will be encountered with a deep slit. Only a clamp of the proper size should be used. No sutures or anaesthesia are needed in the newborn. In older children a few interrupted sutures suffice.

## **Malaysian Experience**

When I was 16 or 17, living in SE Asia, we had a Malay family chauffeur, Mohammed Rahbi. He was about 30, quite handsome in a stocky frame, dark brown in body complexion, Islamic, circumcised in his early teens, with a very large and fat black glans, almost no penis shaft, and very small testicles: indeed they were the smallest I have ever seen, though his scrotum hung black and loose. Although of great girth, it measured about 2.5" flaccid. He said it erected to about 5". The glans rim is very prominent, and I never saw it covered by any surplus shaft skin. His public hair was often cropped or shaven. Though he did not tell me it was an Islamic requirement, I was told this recently by a Turkish friend.

His cock seemed to consist only of glans – and what a wonderful cock-head it was. I could pull, squeeze, and torture it beyond normal endurance, but he never complained. Strangely he never erected in my hands, though his wife became pregnant during our relationship. His small balls were similarly tortured by me and he was likewise resilient.

His attitude was totally passive. He never made the first move, but whenever I asked for his cock, he never refused. No matter how tired or how inconvenient it was for him, if there was a moment's privacy he would always open his fly or lift his sarong (depending what he was wearing) at my request. Indeed, he told me that I was the owner of his cock, while he was its custodian for my enjoyment – a custodian had no right of refusal. How I loved him for this.

One day we were alone together in a secluded part of the house, except for his baby son, aged about 3, whom he was carrying. He had just come from his bath, and they were wearing only sarongs. I jokingly asked whether his son had inherited his big glans. He smiled and without a word, removed his own and his son's sarongs. Sitting down with parted legs, he put his son on his lap and, without a word, invited me to look. He had already retracted his son's foreskin, which would be circumcised in puberty. The boy's cock was remarkably similar to his own: the same big black glans without much shaft and the small balls, although it was impossible to tell how the child's cock would develop. When he put the boy down between his legs, thinking his father's cock was some new toy, he began to play with it. Rahbi said he intended to let his son grow up familiar with his naked body, just as he frequently saw his own father's nudity when women members of the family were not around – an unusual attitude for a Muslim, but then, he was unique.

He told me his unusual circumcision experience, when he was about 14 or 15. His father took him along to the English doctor who practised in the town. The doctor, putting his patient at ease prior to getting him to undress, began to talk freely and easily about cocks and the advantages of circumcision. The conversation quickly became uninhibited. The doctor was a well-built man in his 40s, with a beard, and admitted that he was circumcised. Rahbi's father jokingly remarked that he must have a big cock, as he had heard that Europeans had big ones. The doctor said he would satisfy their curiosity, if they were discrete, and stripped off.

Neither Rahbi nor his father had seen a naked European, and the doctor's cock, large hairy pink balls and brown pubic hair proved a startling sight. When the doctor suggested that Rahbi and his father undress, they needed no further prompting. Rahbi told me that his father's cock was very similar to his own but that the glans was even larger. The doctor told Rahbi that after circumcision his penis would probably look like his father's: big, black, dry, desensitized, and good to play with. By now Rahbi had lost all his inhibitions as the doctor got to work. So Rahbi was circumcised by a naked English doctor with an 8" penis, attended by his naked father with a 4.5" penis.

Rahbi's father had been a village fisherman, spending most of his life in the water in a brief loin-cloth. When out in more remote waters he was always totally naked.

Rahbi was always with him and grew up in his father's nude company. Sometimes when out on a long trip, his father would suddenly have the sex urge, his penis erecting in full view of his son. The father would sit down quietly and masturbate, so Rahbi learnt sex young. When puberty came, Rahbi masturbated as unselfconsciously as did his father.

*H.C. – London SW6*

### **Final Call For 1991 Subscriptions**

Subscriptions to the *Acorn* Newsletter for 1991 are now due. One of our principal costs is postage, which has risen substantially since we first set our price at £10. With regret, therefore, the 1991 subscription goes up to £12. As renewing members will know, the newsletter covers topics such as the foreskin, circumcision, and related matters as masturbation, genital development, modifications such as piercing and infibulation, etc. Membership is international and is open to both individuals and couples. Back numbers and other publications may also be ordered on the form below. Please complete and return it to *Acorn*.

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# **ACORN**

**1991 Issue No 1**

**Editor  
David Acorn**

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Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

to:- TONY ACORN

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Printed & Published in England by Acorn

## **Editorial**

Welcome to the first edition of your magazine for 1991, and we hope that this year will bring as many interesting contributions as in the past. It's only as good as you make it, and you certainly have done that so far.

Tony, as he wrote a couple of editions ago, has been finding it hard to fit this work in with a busy career and has asked me to have a stab at editorialising (nice word, that). All, we hope, will go on as usual, but we have decided that I shall be known as David Acorn.

Most of the contents in this edition is a backlog of contributions that haven't been able to find their way in previously. I'm particularly glad to see contributions from the female sector; after all, they are the ones who mostly use the commodity in question. Also a long article on the ritual side.

### Confidentiality

Contributions are identified by initials and town or county, unless either you ask for greater anonymity or, conversely, you state that you would like a name and/or address published.

*David Acorn*

## **Medical Rites**

I was disturbed by the description of seeming misconduct towards the prepuce at medical inspections. Those examined must have been taken aback in both senses, but decapping was necessary for a full glans inspection. I can recall a Naval rating telling the Medical Officer, "Do that again, sir, and I'll shoot my load."

When traction was put on a decades old circumcision scar to 'test it', for no reason, to the point of redness, the misconduct would have advanced to indecency.

I was told by one who had served on wartime Merchant Navy convoy duties that sailors reaching the United States were given a compulsory 'medical'. Seamen were examined in batches, the medic greeting each one with a strongly accented, "Cocks out, skins back." Men were required to present the denuded glans which, I feel, to be more acceptable both morally and ethically. This is automatic to the Japanese to whom appearing 'Kawakamuri' (skin covered) would offend against decency. In public, the European would quickly draw his retracted foreskin forward, but the special needs of a medical examination should override normal etiquette.

My own remembered experience of medical examinations started at 10 years old at primary school. News of the lady doctor, the dropping of shorts and underpants, the curious pencil lift, and the tap if arousal should take place (naughty boy), raged like brushfire through the affected classes. Boys went

in one by one, and when it came to my turn I felt very apprehensive. Before my underpants had reached knee level the lady announced “That’s alright.” I didn’t even see the pencil, let alone feel its varnished edge. Only one boy in my class met with similar nonchalance; we felt disappointment when hearing the bravado of the others.

Works’ medicals over the years have become more thorough. My recent comment to a colleague was, “It’s so thorough, they don’t leave a stone unturned.” The five second flash for the “Drop ‘em and cough” has extended to “Everything off” before a thorough going over, with a quick cough at the end. Never has the term ‘circumcised’ arisen from the lips of the examining physician, but I have had to face the nurse acting as medical secretary. I dreaded the question “Any surgical procedures?”, and always answered “Tonsils out”. Then a pause, blood surging to my head, and a deepening blush as I continued “I, er, was circumcised”. One inquisitive sister followed that up with “When and why?”, leaving my face as ruddy as a fresh circumcision scar itself. For one ‘topped and tailed’, I had to wait some time for the reassuring comfort of a lady supervisor who remarked, “I like men who have been under the knife”.

*Anthony – North Devon*

## **Circumcision Endorsement**

### **(Letter From Another Magazine)**

I would like to add a vigorous and knowledgeable endorsement to the ongoing debate on the merits of circumcision. I had this operation at the age of 21 after a prolonged period of recurrent problems with my foreskin. I have had no problems since and have never regretted the decision. It has been 10 years since my circumcision, and I can attest that there has been no loss of sensation in my penis.

I also have an enhanced self image. Though this benefit is intangible, I consider it just as important as the medical aspects of this procedure. Being uncircumcised in this day and age for men under 40 means being different. [This is in the U.S.A. – *Editor*] During maturation ‘being different’ can cause great emotional stress. I can cite several examples in my own experience. When I was in the 9th. and 10th. grades we were required to take swimming. In the all-male classes, due to problems with suit fibres in the pool filters, the boys all swam naked. I can still remember 30 or 40 of us, all nude, standing in line or sitting along the edge of the pool with our legs dangling in the water. Being uncircumcised meant being one of only three in that group. Even if nobody made a wisecrack, I felt extremely different. It is normal to compare yourself with others, and I remember seeing eyes on me, checking me out.

I’m sure many of the boys didn’t even realise that they had been surgically altered – to them ‘cut’ was natural and I was not. Sadly, ignorant as I was about such things, I entertained the same thoughts. It was not until some

time later, about the time I was 17, that I finally understood the difference between the cut and the uncut. I was glad to know that I was not a freak, but I was still unhappy about being different.

Though I had thought about having the procedure done and had wished that it had been done at birth, ultimately it was the onset of troubles with balanitis at 20 that precipitated my surgery. Two physicians at my college clinic had recommended the procedure, then treated me for the inflammations.

I was in the hospital for 5 days for the procedure. I had excellent care and felt that my privacy was greatly respected. I was examined by my doctor, a resident, and an intern prior to the surgery. However, I was not given an enema prior to the operation and was not shaved. After the surgery I awoke to a mild pain. The nurse who changed my bandage told me that during the operation I had bled less than 20cc. I still had erections at night and were painful, for which I was given painkillers. I found that these were very effective in lowering these painful erections. I was sore for a week and was fully healed in a month. There has been no loss of pleasure since.

I feel better about my body and my genitals. I have swum in the nude during men's hours at the college pool and am not self-conscious about it. This is a liberating feeling.

I had a medical problem. Since my circumcision I have it no more. For the first time in my life I enjoy being nude in front of people. If you are considering having it done, I recommend you do it, and if you have a son I think it is the kindest thing you can do for him.

*F.K. – Michigan*

## **Shonky**

Reading R.B.W.'s lament for his lost foreskin in past issues struck an immediate chord with me and I feel he should know that he is not alone in the sense of deprivation and unhappiness caused by an unthinking act on the part of a well meaning parent.

I too lost my foreskin to trendy notions in the face of medical thinking, and although I can't claim to have suffered as a smaller child the way he did, my problems became only too apparent when I reached puberty and started getting seriously interested in sex. After the humiliating discovery that I was not acceptable to take part in a wanking game because the girl who organised it found my penis difficult to manipulate, I went on to find that I was condemned to a second class love life when I grew to maturity.

In a desire to see the world I joined the army for a 3-year stint and found myself living in an ancient barrack-block in Gibraltar. The bed next to mine was occupied by one of the most repulsive human beings I have

seen; a latterday Neanderthal, no less. He was covered from head to foot in bristles, had a receding forehead which barely separated his eyebrows from his hairline, and I swear his knuckles brushed the ground when he walked. This fellow's one redeeming feature though, was an extremely impressive and well-appointed cock, which he never stopped fingering. He would spend a lot of his spare time flopped out naked on his pit reading comics (or rather looking at the pictures) with his cock lying on his belly like a huge white slug, and the whole time he would play with the wretched thing, totally oblivious to the rude remarks he got. I was fascinated to see how he would lie there winding his hose-like foreskin round his finger and then stretching it out to an unbelievable extent, well beyond his navel, before letting it spring back into place like a length of elastic.

As the only circumcised man in the unit I was lost in wonderment to see just how different and exotic-looking his streamlined length was from my own tightly clipped prim looking prick, and, I have to say it, was consumed with envy. And not without very good reason. Of course the other fellows had all cottoned on instantly to the fact that I was circumcised and I was christened 'Shonky', despite my protestations that there wasn't a drop of Jewish blood in my veins.

What really hurt though was the fact that the small select band of WRAC girls in the camp also called me Shonky, which brings me onto the nub of this tale. Most of the girls were fairly free with their favours, and being in tremendous demand, could pick and choose at whim. But after a couple of them had been out with me once and satisfied their curiosity about my altered organ, I was dropped in favour of the other chaps in the unit. To my intense annoyance my Neanderthal roommate was the one most in demand. I can tell you, my faith in British womanhood took a devastating blow when I realised that these girls, who were all specialists with A levels, without exception, preferred a sub-human as a boyfriend to a fine chap like me! It became sadly clear that, whilst these females might have heads full of brains, their basic instincts were located between their legs, and there was absolutely no connection between the two.

From remarks during conversations, I gathered that one thing these girls liked about my ape-like friend was the dense pelt of fur that covered him. But one of them, who had overdone the lager, let the cat out of the bag when she giggled and said he was a sexy beast and had the best cock in the garrison. She then looked at me and giggled again. "Pity about yours, Shonky" she said, and I could have crawled under a stone. The thing is, those girls knew what they liked and liked what they knew. What they didn't know about was cocks like mine. Several said it was odd looking and one said that it made her teeth go on edge at the thought of having an internal organ permanently on show.

I consequently found myself excluded from the favoured group who enjoyed the goodwill of these girls: my cock was a figure of fun and disqualified me as a serious sex partner.

So I know how you feel, mate. But don't let it get you down too much. I eventually met a girl who couldn't care less about my 'alteration', and this improved my confidence to the point where I almost stopped thinking about it. But I still hanker after the intact state, and shall never forgive my father for overruling my mother and having it done.

*J.D.A. – Herts*

## **The First Rites Of Man**

**(An article by Steven Levy in *Esquire Magazine*, May 1981)**

The day is hot, but the mohel's Oldsmobile diesel station wagon is air-conditioned. The car is a concession to his comfort and, especially to his image, which had threatened to get out of hand. The sports cars and vintage motor cycles that he collects and restores in an 8-bay garage alongside his tree-shaded house are fine for many things, and they give him his second greatest pleasure, his greatest being his two children aged 6 and 8. But sports cars are no longer for working. People had come to call him the Jaguar mohel. He prefers to be known simply as the mohel (pronounce it oil with an m).

His work is sensitive, and it depends on people trusting him. He has earned respect and takes pains not to jeopardise it. But nothing he does will eliminate the jokes. They are a hazard of his rare occupation: his is a public function, yet many of his audiences are unprepared – physically, spiritually, and emotionally – to witness what he does.

What he does is this: he performs ritual circumcision. He removes the foreskins of 8 day-old Jewish males. He recites Hebrew blessings, he names the children, and he fulfills the covenant between God and Abraham: "You shall circumcise the flesh of the foreskin".

It is no insignificant pact. Abraham's circumcision of Isaac with a sharp stone marked the boy as a Jew. Though circumcision wasn't unknown then, it had been performed mostly on adolescents as a pagan coming of age ceremony. Performing this act ritually upon infants represents a blood commitment to monotheism. The officiating mohel, as circumciser, literally makes Jewish males Jews.

It is the 4th of July. Jews and gentiles alike have postponed their labours in order to celebrate America's independence. The mohel works. Jewish law holds that nothing – not the Sabbath, not even a high holiday – supercedes the obligation to perform circumcision on the eighth day of life. Exceptions are granted only in case of the infant's poor health or prematurity.

As is customary, the parents of the baby open the house to guests for the bris, or circumcision, (the word means, literally 'covenant') ceremony. In the past, mothers would maintain an all night vigil, staying by the cribside to ward off any evil that might bedevil the boy on the fatal day. Now, instructions to the parents are less exotic: have handy a box of 4 x 4 gauze pads, extra

diapers, some Betadine antiseptic ointment, a tiny bottle of formula or glucose solution, and a hungry baby.

“There is something incredible about the biblical command to circumcise on the 8th. day.” Joel Shoulson muses. “Because that day is ideal – hemostatically and dermatologically – for the operation.” Shoulson prides himself on his expertise in both the liturgical and the medical aspects of his work. In the latter, he is so proficient that he frequently acts as consultant to doctors in correcting faulty hospital circumcisions – of which there are more than the medical profession would care to admit. Though no formal medical training is required of mohels, Shoulson survived a rigorous apprenticeship with a master teacher, a man who has helped to modernise the circumcision procedure with new tools, new research, and a new compassion. The teacher was Rabbi Morris Shoulson, Joel’s father and circumciser.

Joel Shoulson was born to his role but was reluctant to assume it. For generations the Shoulsons had been rabbis and mohels. The pressure was great for Joel to follow and take his place in the hereditary mandala. As soon as the youngster was tall enough to see over the circumcision table, he would observe the rite. He would accompany his father to bris’n, setting the table with the appropriate tools. One day, at a hospital bris, the elder Shoulson made the usual announcement that no one was required to stay for the surgical part of the ceremony. Everybody left but the 16 year old Joel. Morris stepped back from the table and said to his son, “You do this one.”

“Was I nervous?” recalls Joel with a smile. “Yes.” Morris Shoulson was not. “I have trained over 115 mohels,” he later explained, “and there comes a time in the training of every one of them when they ask, “Rabbi, excuse me for being blunt – but how do you know how much to take off?” Joel was different. He was the only one to ask the right question. “Daddy,” he said to me “how do you know how much to leave on?”

But the extensive training to become one of the nation’s few full-time mohels (the vast majority are part-timers) had to wait. A spell in the army as a photographer and then rabbinical training but deciding against ordination. It was not until it looked as if Morris Shoulson would turn to another as his successor that Joel decided that he wanted to do it. After another year of learning the finer points and details he was ready to become a future craftsman.

“There are so many things to go wrong,” he says, “and the scandal is that some mohels are... butchers. People just don’t know; they take more care choosing a podiatrist. The local Board of Rabbis certifies mohels for competence, but some don’t bother to take the tests and perform anyway. It’s perfectly legal.

Joel Shoulson has tried to restore sensitivity to the rite. It is not an ingredient of many Jewish circumcisions, in which the mohel is a strange and ominous visitor, cloaked in orthodox garb, rigidly performing an archaic

ceremony. Joel himself realised that his performances were emotionally inadequate when, several years ago, "I looked over the table and realised that those people had no idea why I was there." This feeling was reinforced when he circumcised his own son and, for the first time, empathised with the fears and confusion of the parents. He resolved to contemporise the ceremony, to make it relevant to the participants – and to the mohel.

In the process, he elevated himself from a technician to a respected figure in the Philadelphia area. Since many of his clients are people who haven't been in a synagogue for years, the mohel meets a larger public than rabbis do. And in the religious community this mohel has come to be regarded as a special figure. He carries both his religious and his secular authority with distinction, and unlike many in his profession, he does not just cut and run. He explains his actions forthrightly and precisely, even as the parents watch him take a scalpel to their newborn boy.

This change was difficult, and important, because the prevalence of circumcision throughout America had created a fuzzy idea of the religious rite among American Jews. For gentiles, the procedure is similar only in a raw surgical sense. The site is a hospital and not a home. The baby is strapped – arms and legs – to a plastic form-fitting board for long minutes, waiting for a doctor. Often, hospitals will line up several babies – all males in the nursery from 3 to 5 days old – and when the doctor arrives (the wait varies from a minute to the best part of an hour) he or she performs the task mechanically, lingering over no infant. No anaesthetic is used. Parents are not present. Many obstetricians avoid performing this low-status, non-lucrative operation, and it is the interns and residents, relative novices, who have circumcised most of America. The procedure is optional, and though doctors give the impression that circumcision is as routine as cutting the umbilical cord, it is illegal to circumcise a child without his parents specific permission. Of course, the prophylactic rationale for the operation has prevailed in America, and circumcision is the norm. But some gentile doctors, knowing the haphazard quality of hospital circumcisions, choose to have experienced mohels perform the operation on their own sons.

In Philadelphia, Joel is the one the doctors usually turn to, though gentile babies form only a tiny percentage of his cases. He has conducted clinics for doctors wishing to improve their own circumcision skills. His witnesses have included an audience of several hundred in a hospital observation chamber and thousands of others attending some of the twenty bris'n he performs each week. He also performs circumcisions on adult converts to Judaism, his oldest case being 72 years old. Asked if he has ever harmed any of his 20,000 patients, he replies, "Not to my knowledge, and I would have known." He relies on keeping his record perfect: carrying insurance would mean raising his rates from the average 100 dollars he now charges. Working without a liability doesn't bother him. "I'm doing second generation circumcisions now, so I must be doing something right."



He pulls up to a split-level house in the suburbs, where a sloping lawn is dotted with people holding cocktail glasses. Some are wearing suits, others casually dressed. He enters a living room filled with people and seeks the parents. The mother is almost slim again. The father is wearing white shirt and jeans. A couple in their late twenties, they are doing well.

Apparently this is not a day that the mother has been looking forward to. Her smile is of forced bravery as Shoulson leads them into the kitchen. "Now, I'd like to warn you," the mohel says, "that several things are going to make the baby unhappy today. Not the circumcision itself, because, unlike his parents, he doesn't know what's going to happen, and he's unable to localise pain at his age. But he will be restrained and on his back, and babies don't like that. Also, the spray I use to freeze the area is cold, and he'll respond. But that's why he'll be crying – not because of what I'm going to do with the surgical tools." The mother nods with a trace of scepticism.

The circumcision area must have light and space for observers to crowd around; the surface for the baby to lie on must be firm and high. Almost always this means the kitchen or dining room table. In this case the mohel approves the kitchen table and sets out his own sort of silverware. From a small steriliser he removes two scissor-like hemostats, a scalpel, an odd-looking, squarish metal clamp, and a bottle of Cetacaine dental anaesthetic. Other tools include a can of skin-freeze, some maroon-coloured Betadine ointment squeezed on a gauze pad, and a folding board upholstered in blue. This circumcision board was designed by Joel and his father, and will allow the baby to lie down as comfortably as possible, his legs restrained by soft straps stabilised by velcro strips. A bottle of wine and a special cup are brought to the table. The mohel leaves to wash up.

In his absence there are jokes. People drift into the kitchen, amiably discussing whether they will stay in the room to watch the mohel work. As the men enter, they put on shiny black yarmulkes (skullcaps) with practiced solemnity. Some previously gregarious guests fall into a throat-clearing silence. The parents exchange distracted small-talk as the mohel returns, having replaced his sports jacket with a white smock. He nods to the guests, smiling reassuringly. A few nod back, acknowledging his command of the situation, recognising that, from this point, the stage is his.

A grandmother enters, carrying the baby. The tiny newcomer senses that something is up. His pinched hobbit-like face twitches with what seems like pained annoyance. He is handed to his mother.

"I'd like everyone to stay in the room," says the mohel, "at least for the non-surgical part of the ceremony." More guests enter until there are about thirty people in the normally roomy kitchen. There are three parts to this," says the mohel, his voice rising automatically to the level required to hold the attention of all, "and I would certainly recommend that you stay for the first. The second is the surgical part, which takes about 20 seconds, and

you're all welcome to stay for that, too." He turns to the mother. "I strongly recommend that you stay for that," he says, and she nods slowly. He repeats what he has said to the parents about what might make the baby unhappy, and after explaining that the third part of the ceremony – the naming – will require everyone's presence, he begins.

First the mohel recites blessings as the baby is passed to the godparents, to the parents, and to the sandek, a man chosen as the honoured elder patron. In the past, the sandek was responsible for holding the child on a pillow nesting in his lap during the actual circumcision. Joel Shoulson, like all but the most orthodox mohels, does not favour that custom. Instead the mohel carefully lowers the baby to the blue padded board and rests the child's head on a blanket, under which he tucks the baby's arms. He wraps the soft straps on the board around the baby's legs. The board may then be placed on the sandek's lap, but this time it is not. By now the child is whimpering.

A few faces turn grey, and one or two people leave the kitchen. Joel has seen people pass out while watching his handiwork (seldom women, almost never the parents) and can recognise a spectator in distress. Everything here is smooth though. Working without hesitation, but deliberately, the mohel removes the baby's nappy and slips a clean one round the groin, leaving the shaft of the penis exposed. "The circumcision table is the first place you see that all men aren't created equal", he has noted. He sprays the shaft with the skin-freeze, then takes a hemostat and grips the foreskin with it.

Why must the foreskin go? According to Jewish law, it is unclean, not kosher. Some uncircumcised males have problems in cleaning underneath the foreskin, and for this reason, most American males are circumcised. A controversy still stews over its necessity, even though retention of the foreskin has been linked with cancer. In Judaism, the reason is not health; it goes back to Abraham's covenant, an act of faith that has spanned centuries.

The keeper of this covenant now dips a hemostat in the maroon ointment and slips it underneath the foreskin, stretching the skin to separate any stray membranes attaching it to the head of the penis. This second hemostat, fastened opposite the first, is used to hold the foreskin away from the head. Moving fluidly, the mohel takes the metal clamp – it is called a Mogen (Hebrew for shield) clamp – and angles its open jaws to trap the foreskin. When the clamp closes, the head remains on the clamp's underside while the foreskin is pushed above. With an almost imperceptible movement of his hand, the mohel slices off the foreskin with his scalpel, quickly whisking it away. (Later it will be discarded.) As he cuts, he recites a Hebrew blessing in a low voice. It has, indeed, taken only 20 seconds.

Removing the clamp, he pulls back the skin bunched around the top of the infant's tiny shaft. Shining and red – not with blood, since the firm-closing Mogen clamp has prevented any serious bleeding – a perfect glans is exposed. There are murmurs of approval, and intense wailing from the owner. The mohel

sprays the area with Cetacaine, and in 10 seconds the anaesthetic takes effect. The baby accepts the glucose formula and the mohel holds the baby.

"You can take pictures now," he says, "but not of the table, though. In twenty years time the boy might not appreciate it." From his bag, the mohel extracts a tiny white yarmulke and places it on the newly circumcised child. He begins his spiel, an explanation of the origins of the ceremony, and then recites the prayers that will give the child its name.

Finally, the kiddush – the drinking of wine. The mohel dips a gauze pad in the wine cup and puts it to the infant's lips. The lips twist with displeasure, then take the droplets in. The mohel nods in delight and everyone laughs. "He's Jewish now", says the mohel. The mother holds her son, not hearing. Eight days old, and the baby has taken a step towards manhood.

The mohel has three more cases today, the 4th. of July 1980: the 20th. of Tammuz 5740. The day is hot and he misses his own children. But the job has its rewards.

### **That Old Circumcision Chestnut** **Letter to *Health & Efficiency Magazine*.**

Always a naturist and a regular reader of *H & E* for thirty years, I note the same three subjects cropping up again and again:-

1. Whether to shave the pubic area or not.
2. Fear of erections in public.
3. Should they circumcise their penis or not.

Lots of advice always, but never mine! So, here's my point of view.

With or without 'fur' a naturist is always beautiful on the beach. If my husband and I shave each other it's not for the aesthetics, but for the sexual pleasure caused in the course of our lovemaking.

As for erections, I have never been traumatised by the sight of an erect penis on the beach, a condition which is not an intentional happening.

'Do you have obsessions?', in the last issue, discusses again the question of circumcision. If all circumcised naturists feel that their penis is mutilated, then they should wear a G-string.

Those that arrive at the state through religion, that's a terrible inhuman practice to cut an innocent child who is unaware of it. An affront to freedom and the Rights of Man, fixed in this way for life. Some, though, do it for hygiene, with freedom of choice. Others, because of some fantasy about their body, or because they think it makes their love life better.

I'm 63 and have been a nudist for 40 years. I have had, and still have, a complete sexual life. I've had circumcised lovers, and others who were

not, but they've all given me orgasms each as good as the other. The vaginal pleasure of a woman can't be augmented in the least by circumcision, because, anyway, the skin must draw back when the penis penetrates. The pleasure for a circumcised man would be inferior, the glans being permanently without skin would rub constantly against the material of the underwear, and after some years become less sensitive (that's proven medically). Conversely, the penis that is only denuded during the game of love keeps all its sensibilities for the contact with the vagina.

Hygiene? Come now, a man knows well how to keep himself clean under his foreskin.

*Andree – Roanne, France*

## **Nature Study**

One of the myths perpetuated by the naturist press in search of respectability, is that nudism is totally separated from sexuality. According to them, unselfconsciousness reigns supreme, with no one giving their own or anyone else's willy a second thought. This totally ignores the theory that nudists are impelled by an equal measure of exhibitionism and voyeurism, which, I'm sure, is much closer to the truth.

My own experience as an unprotesting conscript (I was brought up in the tradition, both parents being keen naturists) certainly supports the less sanctimonious view. Although I was used from the earliest to seeing people naked on holiday, the rest of the year was spent in a clothed environment, so there was always an impact whenever the time came round for me to confront *winkle en masse*.

Consequently, I and all my childhood friends, were intensely conscious of what we and others had between our legs. I became a compulsive cock-watcher, and quickly discovered the astonishing variety, in particular the immediately identifiable appearance of circumcision, although only the middle-aged and elderly seemed to be affected. More of this later.

Children's natural curiosity towards sex and urge to experiment are made so much easier in a nudist environment: far from being unconscious of each other's parts, we were forever calling attention to them. There was no end of groping and touching up, quite openly if adults weren't present, with the girls more often than not taking the initiative. I used to love embarrassing the boys by teasing them to erection, either by touching, or at a distance by some unspeakably rude or provocative act – like standing over a potted geranium and giving it a prolonged watering whilst nonchalantly engaging them in conversation. Pissing games were very popular because:- a) they were 'not done' in the outside world, and b) they were so easy to perform before a selected audience.

My observations over the years brought home to me the individuality of men's cocks, and I discovered that they often have a character totally different from that of their owners. For example, I once saw a cock like a rolling pin sported by the most shocking wimp as ever had sand kicked in his face, whereas it was often the case that a fine figure of a man had a tiny little dicky such as to make a toddler blush.

To return to the subject of circumcision. My experiments with the boys in our group had instructed me in the art of pulling back the foreskin to reveal the same knob which was permanently on display on men who had been circumcised. I asked my Mum about it. She looked embarrassed and told me it was called circumcision and that it was no longer practised. She tried to change the subject when I asked why my Dad and brothers had not been done like the chap in the next chalet, and said it was a matter of personal choice, but was not done much these days as it served no useful purpose.

Another thing which tickled me and my friends was a couple of men who tried to pretend that they were circumcised by keeping their foreskins permanently retracted. It looked so funny to see the bunch of skin bulging out behind the knob. I tried to get the boys in our group to try, but they all found it uncomfortable except for one who succeeded in keeping it back the whole afternoon – until his Mum caught him and made him pull it forward again, telling him it was rude and he'd do himself a mischief. In fact the poor kid got his exposed knob sunburnt during those hours and was in agony for days.

Finally, I was able to fill in the gaps my mother had so tantalisingly left in my knowledge about circumcision when a woman with a boy who'd been circumcised moved in. We got friendly and one day I asked him why his plonk looked so different from my brothers'. His mum overheard me and gave us all a lecture on the subject, demonstrating on my brother's foreskin with a felt pen where the cut had been made, and pulling his foreskin back to show where on the lining the scar would occur – my brother of course let the side down by getting a monstrous horn on, much to our amusement. Apparently the boy had suffered from an infection after getting it caught in his trouser zip. The poor kid felt very self-conscious about it and tended to keep in the background.

My verdict? I don't think I'm qualified to say very much since the males of my age group are almost exclusively uncircumcised, and I've only had one circumcised sexual partner. But I think I go along with a woman who wrote to one of the naturist publications recently (letter above) on the subject, saying that there was no difference as far as a woman's satisfaction was concerned, but that the pleasure for a circumcised man would be inferior. She went on to say that the operation was an affront to freedom and the Rights of Man, which I think may be over the top, but I do think it should be reserved for those that need it or want it. Since the lady had 40 years of experience with

circumcised and uncircumcised men, I bow to her greater knowledge. The lady was French: is that significant, do you think?

*Ms D.C. – London*

## **You Name It**

I wonder if any other members share my feelings of irritation at being described as ‘uncircumcised’.

The word has biblical connotations of being unclean, unchristian, a Philistine, a person to be derided. Yet Christian teaching is that men need not be, arguably should not be, circumcised, though this is generally overlooked.

I see that in the U.S.A. the term non-circumcised is used for this very reason, and this is more acceptable. Alternatively, not having had our penises messed about with, could we not be described as intact.

Those of us who have foreskins represent over 80% of the world’s population and probably over 90% in Britain and Europe. I suspect we wouldn’t mind being called normal.

*M.L. – Gwent*

## **What A Lot Of Balls**

There must be a lot of girls like me around, who hear about circumcision and its benefits through *Forum* and the like, but who have little chance of satisfying any resultant curiosity, since hardly any younger men are circumcised these days.

I first became interested in the subject through being a keen supporter of a rugby club. I used to watch all their home fixtures and as a result was offered a place on the bus for away fixtures as well. These little trips proved to be a fund of information – and entertainment – on subjects I’d never otherwise given a thought to. For example, at the end of one match on a bitterly cold day, the scrum-half Dai decided for a joke to invite me into our side’s dressing room to coincide with the boys’ return from the shower. So, plucking up courage, I marched in, to be confronted by a shocked silence, as I stood there with 15 bollock-naked rugby players, and asked nervously, “Where’s the ladies, please?”, followed by a roar of scandalised amusement. After that it became standard practice for me to sit in the warmth of the changing room, pretending not to notice, as cocks of all shapes and sizes flopped about on every side, the boys growing less self-conscious and more boastful as the novelty wore off. My main impression then was how tiny their willies were from the cold until they’d warmed up in the shower. I may say that I was considered a ‘good sport’.

Although it was a tremendous giggle to join the boys at their ablutions, I did feel rather conspicuous, and to spread the load I invited Joan, one of the livlier girls from work who said she'd love to see such a sight, to join me on the next match. She came into the dressing room with me to the appreciation of the fifteen naked blokes, but had such a fit of the giggles that she wet herself. Which brings me onto the next point.

On our away trips we always retired to a local hostelry for a celebration before starting home, and the boys put away vast quantities of ale. On the way home we'd have to stop for a pee break with the lads lining up at the side of the bus to relieve themselves, whilst Joan and I had a grandstand view from our seat on the bus. One day we helped celebrate and drank a few too many G & T's in the process and as a result we found ourselves feeling merry but in extreme discomfort. When the bus stopped at the layby to let the lads drain off, instead of sitting there for the rest of the journey with our legs crossed, I thought it would be a bit of a laugh to strike a blow for sexual equality. As the last player got off, Joan and I slipped off too, and joined the end of the line of boozy tinkling players. Standing in the shadows so far unnoticed, we pulled our skirts up, tucked our knickers to the sides, and took a standing pee, almost finishing before anyone noticed. Of course, when they realised what was happening, a roar of joyous disbelief went up, but by that time we had dropped our skirts and scuttled back on the bus.

By now you'll be wondering what all this has got to do with your chosen subject. The thing is, quite a lot of the rude songs the boys sing on the coach (to the untold amusement of Joan and myself) concern circumcision, and poke fun at circumcised cocks. Since it was only too evident from our visits to the changing rooms that none of the lads were circumcised, I couldn't understand why it figured so much in the songs. Dai told me the songs dated from years ago when lots of the players were circumcised, but that nowadays the only teams likely to contain circumcised players were public school ones. By now my curiosity was well and truly whetted, but first, an observation.

Anyone who watches football has to be impressed by the amount players fiddle with their cocks. It struck me that they must all have itchy foreskins and need circumcising, but I'm sure that really it's just to remind themselves what real men they are. Anyway, from my viewpoint in the bus, I was able to ascertain that the boys played with themselves while having a pee. One or two pulled their foreskins right back to pee, but most didn't bother, but pulled and stretched them afterwards to milk out the last drops.

To continue, I was dying to know what a circumcised cock looked like, and to compare it with my boyfriend's long muscular foreskin. Joan provided the answer: she offered to introduce me to an ex-boyfriend who was circumcised. The result was that I went out with this fellow two or three times and was able to satisfy my curiosity once and for all.

Your readers might (or might not) be disappointed to hear that there was no glorious revelation – the difference between the cut and the uncut cock, as far as female satisfaction is concerned, is no big deal; and as far as I personally am concerned, whether a guy's circumcised or not has hardly any bearing on his desirability as a boyfriend or a lover. But I do have one or two personal views on the subject. Firstly, I'm not sure I'm all that happy about the ethical and the aesthetical aspects of disfiguring a boy's genitals for such a questionable benefit. Also, a plus, as far as my regular boyfriend is concerned, is the fact that on the thrust stroke his extra skin bunches up around the base of his cock, giving that extra bulk just where it's needed. This was noticeably absent with my circumcised friend. Also, I reckon that every circumcised cock should have a set of instructions with it for the benefit of a girl who likes to give a 'manual'.

*Miss S.S. – Harrow*

## **Your Sexual Status**

Current contact magazine ads sometimes start with, 'Although I consider myself a totally heterosexual male, I would be happy to meet another male to indulge in fondling, masturbation, etc...' Or words to that effect.

Where, then, does heterosexuality end, bisexuality start and finish, to end in homosexuality. Each member of *Acorn* falls somewhere within the parameters of this grouping. The middle section appears to be the grey area, no debate or article can I ever remember having defined bisexuality. Just by being members of *Acorn* shows that we are all interested to one degree or another in male genitalia. Taking that everyone is happy getting inside female knickers, where, through the following, would the consensus of opinion be for bisexuality to start?

- a) Covertly watching other men pee.
- b) Mutual masturbation.
- c) Mutual oral.
- d) Mutual anal.

Or is it not strictly confined to sex, but possibly more in the mind, confining it to the ability to fall in love with one's own sex, as well as the other.

Comments!!

*D.A.*



# ACORN

1991 Issue No 2

**Editor**  
**David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

Here is my second effort, and a nice long mixed bag it is too. I hope you enjoy it. Really it's all your work though, so keep the contributions coming in. When I have plenty of contributions I will give priority to members' letters first, then articles in answer to members' letters, then fantasies (sorry you Hertfordshire Girls!!), but please state that they are fantasies. How many noticed last year that J.H. of Helsinki had two full circumcisions, one by his own hand and one by a Turkish barber? Some of these fantasies sound so real that others might try to emulate whatever the subject is, to their possible detriment. The last priority goes to articles purloined from other magazines. Of course, if anything of red-hot interest comes up, it goes in.

Anyway, happy reading.

*D.A.*

## **Americans Find Out**

Some years ago I was on my way to join my husband in New Zealand and stopped off for a few days in Bali. I managed a bus tour and shared the back seat with three American women.

You see things abroad which would never happen in U.K. and it pays to keep your eyes open – it certainly did on this trip! The bus stopped in the town of Denpasar for half an hour and we decided to stay put. A high sided hay cart, pulled by a donkey, parked itself sideways on at the back of the bus, and, on looking over my shoulder, I found myself staring at the cart driver who was only a couple of feet away from me on the other side of the glass, sitting on top of his load of hay. He couldn't see me though, because the bus had one-way glass to cut down the tropical glare, and I was able to admire his well-proportioned brown body undetected. Suddenly he looked round, sat on his heels, and poked his hand under the scrap of cloth round his loins, producing a large and perfect specimen of masculine beauty, all brown and velvety. "Hey, look at this", I whispered, and the American girls turned round to see. The young man was cradling his sleek penis in the palm of his hand and studying it with careful and admiring attention. So were we. We were so close we could have leant out and shaken hands with it if the glass had not been there. "Gee, he's uncircumcised", said one of the Americans. He was too, with a long foreskin terminating in a rosebud, with a long and pendulous underlip. He squeezed the shaft hard, making the bulge of his glans stand out sharply through his skin, and then kneeled up and proceeded to take a powerful pee down the back of our bus. I almost burst out laughing, but the American next to me motioned me furiously to be quiet. As he peed he absently stretched his foreskin, squeezing off the tip from time to time to interrupt the flow, making his foreskin swell out round the knob. The Yankees were almost beside themselves! Finally he finished off, kneeling there under our gaze, tugged and squeezed at his foreskin to milk out the last few drops trapped

behind his glans. To make absolutely sure he then drew his foreskin right back, revealing a wet and glistening dark red knob, then shook it vigorously before rehooding it and tucking it away. Obviously a well-brought-up young man who's been trained by his mum to look after his underpants, I thought.

This scene made a huge impression on the American girls because, unbelievably, none of them had seen an uncircumcised penis before, let alone the interesting little games you could turn it to. It made rather less of an impression on me, since the men in my family had been known to perform similarly, though not in public. The Yanks, being totally uninhibited, then started a lively and embarrassing discussion on the subject of circumcision, in which I got reluctantly involved. They quickly forced the admission from me that my husband and both my sons were uncircumcised. They were deeply curious about 'how the foreskin worked' and 'cleanliness' and, although they were intrigued and attracted by its possibilities, they were all repelled by the thought of 'smegma', until I explained that it was no problem with any normal man who understood soap and water; to me sex with a foreskin was the norm – I didn't imagine it could possibly be better without. The upshot was that they all declared their wish to try one out before their return to the States, and to my knowledge, they did.

On reflection, the thing that puzzled me, and still does, is how an adult Indonesian came to be uncircumcised, since I'm told that Indonesia is a strongly Muslim country. Any ideas?

*Mrs. E.C. – Herts*

## **Turn On**

I recently sent an inquiry to the *Forum* Society and noted from the literature returned to me that there is a special interest group devoted to foreskins (or lack of them). Circumcision is a subject I have long been interested in, since the age of 5 in fact, when I saw my first circumcised cock on the boy who lived next door. I can remember being fascinated by it and wondered how his cock came to be so different from mine. It was only later that I discovered it was caused by an (often painful) operation, but my interest really manifested itself at grammar school. The open showers and changing rooms gave me the easy opportunity to examine the other boys' equipment. I discovered that 'cut dick' was more common than I thought, at least in our school. I came to feel very envious of boys who had received circumcision, especially those who had received the more radical forms of the operation, ie, permanent fully exposed knob and tight shaft skin. I found (and indeed still find), seeing circumcision scars a terrific 'turn on'.

My early attempts to emulate my circumcised classmates met with frustration as my foreskin would not stay retracted. A change to tighter underwear and trousers helped, although the resultant erection caused by

the friction on the newly exposed glans was not appreciated by the authorities in my all boys school, resulting in painful disciplinary arrangements being made. On leaving school I decided to keep my cock stripped of foreskin for at least some of the time. For the past 10 years or so I have kept it retracted all my waking hours, but have given up trying to keep it retracted at night. Frustratingly however I find my foreskin bunches against the glans rim – I personally prefer the skin stretched tightly back so the ‘neck’ behind the rim also receives friction.

I would be pleased to hear from other members of the group – it’s nice to learn that there are others with a similar interest to mine. For the record, I am 41 years old, single, 6ft. tall, weigh 11.5 stone, with an 8" uncut dick. My interests are swim/sportswear, leather, denim, and some discipline.

Hoping to hear from you all soon,

*J.B.T. – Essex*

[Join the Club, as they say, J.B.T. I know that you will find many members who have had the same childhood experiences as yourself and developed them into maturity. — D.A.]

## **Penile Development**

I have been reading *Acorn* since the beginning and have found the articles interesting and informative. There is however a concentration on roundhead/cavalier matters, although *Acorn* is intended to encompass everything about the penis and particularly ‘getting the phallus into the best possible shape’.

Could I ask you therefore to encourage more articles on, the appearance and development of the penis as a whole. Personal experiences of exercises to maximise the rigidity and size of erection, muscle control and strengthening, overall appearance and feel enhancement, would, I am sure, be of great interest to many, including not a few of the ladies.

Thanks for all your hard work in keeping *Acorn* running so successfully.

*Anon*

## **Self-Lubrication**

The letter from R.W. – Sussex in Issue T raises a number of questions that have puzzled me too.

From the onset of puberty I have always lubricated readily and copiously, and for a time assumed that all males did so. However, in years long past, I have had physical contact with a few others and was surprised that in about half the cases the penis remained quite dry although erect for long periods.

Evidently, this absence of lubrication must be more common than I and, from your comments, you also imagined. There is further evidence of this from some of the hard-core videos I have seen, where, again, in spite of long and vigorous stimulation, the penis appears to remain basically dry in about half the cases.

In my case, lubrication appears most easily as the result of thought processes, whether in expectation of intercourse, or just in anticipation of a good story when the postman delivers my copy of *Acorn*. The presence or absence of an erection does not seem to be a factor, although if the stimulus is strong enough to induce an erection, the time for the lubricant to start flowing is reduced. Merely lying in bed, snuggling up to my wife, without any thought of sex, is also enough to induce a flow after about 20 minutes or so.

I secrete quite copiously, with more than enough to coat not only the glans, but the full length of my penis when erect. Clearly I have never suffered the problems of dryness of which R.W. complains. The lubricant certainly enhances the sensitivity of the glans and whenever possible I delay starting to masturbate until I am wet. In this respect R.W. has my sympathies because dryness detracts from his performance.

I have never imagined that circumcision would reduce the ability to lubricate, and would say that I was fully circumcised at birth.

In your comments on R.W.'s letter you wonder how age affects the ability to lubricate. I am now 78 and still lubricate as readily and copiously as I ever did whenever I need relief which is normally twice a week still.

It will be interesting to see a summary of other people's experiences if you receive a meaningful number of replies.

*V. – Shropshire*

## **Masturbation Survey**

Age: 60.

When first: My first clear memory of masturbation dates from about 11, when I was teaching a younger brother how to do it.

How often: Younger, several times a day. Later on, mainly daily, although there are periods when I don't do it for 5 or 6 days – only to find that I have to do it twice a day when starting again. All the above is defining masturbation as an act leading to ejaculation. If I also count penetration without ejaculation as masturbation then my answer would read: several times a day.

More at some times than at others: See above. I have not been able to discover what phenomenon causes the periodicity. However, it is not lack of stimuli. Maybe weather or physical fitness in general. (Of course, a whisky or two heightens the interest).

How long: Also here it is a matter of definition. Even if you count from the first tactile, rubbing penetration onwards, it varies from only a few minutes (less than 5) up to certainly more than an hour. But you could also say that the 'act' starts when you, for example, pose before a mirror and initiate masturbation without handwork, and in such case the time will of course be a good bit longer. When using soap and hot water there is only one or two minutes work preceding ejaculation.

How many orgasms: Sometimes I manage to stop immediately before an orgasm, when only, say, one half of the semen comes, which I could use for drinking or for lubricating the penis for further masturbation. In lubricating cases there is usually less than a minute until the final orgasm occurs.

Where: Everywhere! Standing before a mirror, sitting in a chair, lying in the bed (especially in darkness when awakening at night), in the toilet, at the beach, in my office-room; wherever you could be alone.

What excites: Being extremely narcissistic, looking at my own body gives me the strongest feelings when masturbating. It could be looking at the penis (when dressed) or at the whole body (when naked). It could also be – and is most often – playing with my piercing jewellery in the frenulum. I often use a large – 8mm gauge – circular barbell (dangling), but at other times a couple of smaller circular barbells (one 4mm, plus two 3.5mm, plus one 2mm), and seeing them and hearing them bangle to each other gives me a heavy kick. As I have an extremely long foreskin (thanks to carrying heavy weights – up to 400g – in my piercing now and then during the years) I could easily collect the surplus skin of the flaccid penis in a bunch, more than 4cm long, above the tip. Fastening a rubber band at the lowest 'free' point, I could play with the rosette, so to speak, apart from the main penis. However, I have to loosen the rubber band rather soon for two reasons: the erection demands part of the foreskin and it could be dangerous to stop the free blood circulation for too long a time. Pushing my foreskin so tight and heavily forwards that it takes on a blackish look is exciting, and improving my glans tattoo by sticking a blackened needle into some part of it: (if you don't stick too deep it is quite delightful).

Films/videos: No

What do you use: Mainly the right hand, but I have now and then succeeded in orgasms without any handwork at all, e.g. by swinging the body in such a way that the penis swings from a position right out on the left side to right out on the right side. The barbells, weighing about 100g together, help to give speed and strength in the swinging. Also heavy swinging up and down (to the stomach and to the perineum) are often practised until orgasm, sometime combined with 'banging' the penis on the edge of a table. The long, loose foreskin gives an acoustic sensation too, a loud 'smack' when meeting the body. Other 'look no hands' varieties include, for instance, standing at an open door, one leg on each side, and frigging against the door. A most

interesting variety, also without handwork, consists of – while sitting with the legs crossed and the penis, but not the balls, up between the legs – pressing the legs so hard together that a strong erection occurs, which often results in ejaculation. When using hands, you could hold sticky things inside the palm, e.g. rolls used by ladies for hair curling, some models being very convenient if you have a masochistic leaning. (When using spit in the palm, it will go too fast in my opinion).

What parts: I have found that, when holding the penis in the ‘normal’ masturbating way – with either the right or left hand – scratching the skin with a sharp nail of the little finger at the side of the root, heightens the feeling substantially.

Use of foreskin: As I said above I have a very long and loose foreskin, so long that I can hide the top of the erect penis under it and still have more than 2cm of skin ‘free’. These 2cm could be manipulated at the masturbation, and the semen could be kept in the ‘bowl’ thus formed. By and large, playing with all this ‘surplus’ foreskin is a very rewarding activity.

Other areas: Balls of course. but also the perineum e.g. by ‘riding’ on one of the top edges of a stool or chair-back. Nipples and face – never.

Naked: If not fully dressed, either naked or wearing very minimal panties, hooked up behind the balls.

Substitute for sex: Masturbation is sex! (Nevertheless: I am married with three children).

Describe etc: The best tip I could give to heavy masturbators is: acquire a piercing! (I can only talk about frenulums, but they are mightily arousing.) They have given me hours of pleasurable experiences every day since I acquired them. You could play with the piercing jewellery, you could stretch the hole and the foreskin and also other areas, modifying the look of the penis substantially – all this being an everyday task. Certainly, you may have to wait years until the foreskin is very long (if this happens to be your ideal), but you will enjoy every second of trying to reach this goal. And – important – acquiring a piercing is not at all so dangerous or painful as would appear from seeing pictures or live. But do be careful hygienically.

Finally a comment: The article on infibulation in the Nov/Dec issue by M.D. of Oxford was really interesting and instructive (well-written too). He promised to return with more details of his own experiences. Please do! I disagree only on one point: he says that only stainless steel could be recommended. I myself often change between jewellery (rings, straight barbells, circular barbells etc.) in stainless steel, silver and 18ct. gold, and I have never experienced any problems with any of them. The central statement in his article is, however, this one: “Wearing a ring in the piercing can be quite comfortable”. Certainly!

*C.T. – Copenhagen*

## **Multi-Orgasms**

You may wish to add the following to the list of 'what's yours called':-

Bishop – as in bashing his bishop – wanking.

Mutton – as in flogging his mutton – wanking

Pennorth (of potherbs) – pennyworth of vegetables i.e. carrot, onion and turnip.

Meat – meat and two veg. – again the inference is clear.

All the above were in use in my school in North London between 1924 and 1932. Being quite 'domestic' words for the area and period they enabled us schoolkids to refer to forbidden topics within earshot of our elders, although the fact that they might have been well aware of their significance did not then occur to us.

We also had a metalwork master who referred to any pupil whose name he couldn't recall as John Thomas, much to our ill suppressed delight.

I was very interested in the information given in 'Philistine Foreskins' – it certainly takes all sorts, thank goodness. My heartfelt commiserations to H.B. of Norwich.

During my 30's to 50's I was sometimes multi-orgasmic but cannot recall the circumstances. Usually though, it was, once ejaculation occurred, the spirit might be very willing but the flesh was definitely weak. Although, according to my diary for 1939, I once achieved 3 ejaculations in succession, a feat many times essayed but never repeated, but the following year produced several double ejaculations. Now alas, once a week is an achievement.

Many thanks for an interesting and informative publication.

*H.M. – Colchester*

## **Surrogate Foreskin**

Many men, who were circumcised neonatally, wonder what it would feel like to have a foreskin. I offer the following suggestion based upon a two month experiment that I performed.

Take a piece of Saran wrap [anyone any ideas on what this is? — Editor] about 80mm wide and 400mm long and wrap it around the end of your cock to form a sleeve that extends about 10mm past the tip of your glans. It will protect your glans like a true foreskin. Your glans will become moist, and, after a time, some of its original sensitivity will return. Of course, this artificial foreskin has no nerves in it and will not provide the sensations that a true foreskin does in masturbation, but it will give your glans the sensation of being covered with a foreskin. I can confirm this because I did not get circumcised



until I was 21 years old; hence I know the sensations both with and without a foreskin.

Just as an uncircumcised man must retract his foreskin and wash his cock every day to prevent odour and irritation of the glans and sulcus, one must remove the Saran wrap every day and wash as well. Throw away the old wrapper and put on a new one; it is too difficult to wash and dry the old one. Just as an uncircumcised man does, you will notice some odour after 8 to 24 hours. I haven't however, found any smegma present when using the Saran foreskin as I used to find with my real foreskin. It must be that the glands that form smegma are in the inner layer of the foreskin (the mucosa) and are removed by circumcision.

Warren

## **Photos And Videos**

Since I last wrote an article for *Acorn* I have had replies from interested female readers wishing to see photographs of penises with and without a foreskin covering. I have quite a lot of photos of penises both covered and uncovered.

Some of these photos show a very long foreskin that will stay stretched along the shaft and looks as if the penis has been circumcised, and some where the foreskin has been pierced and has a little gold ring fitted. All of these photos I have taken myself.

If any of our female readers are interested, and are undecided about the circumcised look, I am quite willing for them to borrow them and have a good look, and who knows, it may encourage them to get their husbands/boyfriends circumcised.

Any enquiries will be treated with the strictest confidence.

As a naturist I find that most women like to talk about circumcision and compare notes on the subject, and are not afraid to show their problems to one another.

I know of a video of circumcision operations being performed on children and adult men, the problem being that it is on American format and will not play on VHS, and somehow I have to get it copied so that all of us who wish to see it being done can do so.

Many people that I have spoken to have said that if they could see what happens then they would be circumcised. Any further developments on this score and I will keep *Acorn* posted.

I had word from a clinic to say that they charge £860 for a private circumcision, which is the highest that I have heard of, the price range now in my book being between £100 and £860, London still being the cheapest area.

C.P. – Wilts.

## **Warning**

I am enclosing my subscription for 1991 with reservations. I find your publication very interesting and unique. I am pro-circumcision and enjoy reading other people's views on the subject. I am, however, increasingly disturbed by the number of articles on 'true experiences' which mention children. For instance, 'Malaysian Experience', December 1990 was quite unacceptable by mentioning a three year old child in a sexual context. I fear that if you do not practice self-censorship you may find yourselves in trouble with the law, which would spoil it for everyone else.

If you intend publishing articles of that nature in the future, I would be grateful if you would return the enclosed cheque and cancel my subscription.

N. Anthony

[I have just reread the article in question and would hesitate to call it a sexual context. I know by putting the words 'true experiences' in inverted commas you are challenging the authenticity of the account, but the editor has no entitlement to challenge it. Different cultures have different attitudes to the human body and also, if I may say so, to sex itself. I remember once reading an article on how the Polynesians once lived as a family in one room where the children were allowed to see their parents having sex, and were also instructed by their parents in masturbation. There was no incidence of suicide and very little mental illness. Cometh the white man who put them in clothes and taught them that what they had been doing was sinful. Now their suicide rate is the same as ours, as well as mental illness.

Nevertheless I feel I should warn contributors against sending in letters and articles where children are mentioned with erotic connotations. — *David Acorn*]

## **Incidence Of Circumcision**

I enclose my subscription for another year of *Acorn*. I must admit to have found recent issues a little dull, as they seemed to have concentrated on the actual operation of circumcision. Personally, I find this a less interesting topic than the incidence of circumcision and attitudes towards a circumcised cock.

I have been fascinated by the subject since my public schooldays in the late 50's. Ever since then I have been fascinated by cocks – both cut and uncut. Since then I have wanted to categorise all my friends into roundhead or cavalier camps. Even now, at the age of 48, I like to know the status of all my friends, and, particularly, whether my girlfriends (I am divorced) prefer a foreskin or not.

Contrary to general opinion, at one of the country's leading public schools in 1958, I would estimate that only half of my contemporaries had been circumcised. The very grand aristocrats were mostly circumcised, as were those whose parents were obviously trying to social climb and emulate the grand. There was a large body of upper middle class intelligentsia who were clearly unimpressed by the social advantages and decided to leave their sons' foreskins alone. I was among this group, but was very ambivalent towards my foreskin. My close friends all tended to be circumcised and I would have liked to have been like them.

My impression is that, despite medical opinion as endorsed by childcare books in the 60's, it continued to be practised (in the provinces more than London) throughout this period.

My own children were born in the 70's in London teaching hospitals, and circumcision was strongly discouraged by the consultants. My subsequent observations of my friends' sons is that, although the National Health born were left intact, those same consultants were still circumcising those in private care who wanted it. To give them their due, doctors were not encouraging mothers to have their sons circumcised, but were equally not actively dissuading them. Interestingly, again with personal observation, they were leaving their own sons intact.

Anyway, keep up the good work. I do suggest that you publish again the overall results of your penis survey. I suggest also that you enclose a questionnaire in your next issue asking all your members for the details of their cocks and the state of their foreskins. It would also be interesting if they could be asked to estimate the incidence of circumcision amongst their friends.

*Richard*

## **Contributors' Statistics**

You may well be interested to learn, Richard, that up to the last issue of this magazine, the different contributors fell into the following categories:-

Circumcised	- 57 (26 in adulthood)
Natural	- 42
Unknown	- 14 (mostly early issues)
Females (pro circumcision)	- 1

Females (pro foreskins)	- 9
Females (no preference)	- 2

With regard to the penis survey which was taken at the end of 1989, I thought it might be a good thing if, before printing the last overall results, we ask all those who didn't bother last time to have a go now and also those who have become members since. A full survey would be marvellous. I'll now print the questionnaire again:-

1. Length of penis along top from base to tip of glans, flaccid.
2. Length of penis along top from base to tip of glans, erect.
3. Circumference of penis at base, flaccid.
4. Circumference of penis at base, erect.
5. If circumcised, distance of scarline from glans rim.  
If uncircumcised, U.
6. If uncircumcised, how much ( $\frac{1}{10}$ 's) of glans covered, flaccid.
7. If uncircumcised, how much ( $\frac{1}{10}$ 's) of glans covered, erect.
8. If uncircumcised, is foreskin tight (T) or loose (L).
9. When standing against a wall with penis erect, how far from glans tip to nearest part of stomach.
10. Height.
11. Age.
12. Identification (initials and place).

## Books

The recent case concerning the saucy vicar who slipped a length to his curate's wife, not to mention a lady parishioner, brings home the change in our attitude to circumcision since I was a lad. The fact that both ladies found the defrocked vicar's defrocked ding-dong remarkable enough to proclaim the fact bears witness to the increasing rarity of the operation in the country today. It is highly unlikely that either of them had previously seen a penis without its natural covering, whereas if the incident had taken place 30 years ago chances are that both ladies would, with their peer group, have had circumcised husbands, and would have found the vicar's circumcised penis nothing out of the ordinary, and certainly not worth commenting on.

This brings me on to a couple of books for your bibliography. Martin Amis proves himself a child of the times in his book *The Rachel Papers*, since his sexually precocious teenage subject notes smugly at a posh party where he first meets Rachel, that he is probably the owner of the only foreskin present (the others all look Jewish). Later, and this should wow some of your more eager circumcisionists, he stumbles blindly into the bathroom after a drunken

sexual orgy with Rachel, and prepares to sever the teat of the condom he is still wearing so that it will flush away instead of floating. He stretches the teat as far as he can, picks up his razor blade, and then, sensing that something is wrong, looks down. To his horror he finds the condom gone and that it is his foreskin he is stretching, and realises that he has come within an ace of circumcising himself.

The Jewish writer, Howard Jacobson, describes how the subject of his novel, *The Voyeur*, gets his girlfriend to agree to a threesome with a gentile friend, and watches enviously while she expertly manipulates his foreskin, thereafter wondering indignantly as to where a good Jewish girl learned how to fondle a foreskin so felicitously.

Finally, Nancy Friday's compendium of authentic female fantasies, *The Secret Garden*, once again bears witness to the decline in the modern girl's experience of circumcised cocks, since circumcision is only mentioned once – when an incurable crotch-watcher says she is dying to find out whether the penis bulging behind someone's flies has been circumcised, declaring that she prefers uncircumcised boys, regrettably without giving a reason. On the other hand, several of the ladies who contribute, feature foreskins in their dreams. One describes entering a house, to find a huge black man, with his equally large black wife. The woman orders her to undress whilst she opens her husband's flies, extracts an enormous black cock and pulls the foreskin back and forth to harden him up before forcing her to impale herself on it. Another woman livens up her sex life by reliving an episode in her youth when she and some other fourteen year-old girls got chatting to a group of boys who forced one of their number to expose his rampant penis to them, before pairing off into a necking session. She says she can't remember whether their explorations led to actual penetration, but what really charged her sexual battery was the vision of his cherry-red tip appearing and disappearing as she worked his foreskin up and down.

Let's hear of other authors who are not afraid to feature circumcision and foreskins in their novels – they can be quite illuminating.

R.B.W. – Bedford

P.S. Although the foregoing does nothing to promote the roundhead cause, I do hope you will be able to include it, since it is genuine and should be of interest to roundheads and cavaliers alike. My continued membership will depend on the degree of balance in the last two issues outstanding for the year. But whatever the outcome, I shall always be grateful to you for the opportunity to express the unhappiness I have suffered due to circumcision, when I got it off my chest in issue Q, and wish you all the best for the future.

R.B.W.

[This surely is where our group scores. The very act of being able to uninhibitedly share your private sorrows, and also your jubilations of course, is a hugely uplifting process, knowing that there are dozens of interested people to read it and knowing also that the great majority sympathise with you. — *David Acorn*]

## Bisexuality

Between the completely male and the completely female person lies a range of psychological and/or physical possibilities known as intersex. At the middle of the range lie the anomalies arising from genetic factors or physical development. Lesser divergences from the wholly male or wholly female types are thought to be due to factors arising from social development. Bisexuals are the intersex categories closest to the typical male or female.

Social influences which may encourage a person towards an intersex category may include:-

### Female

- 1 Upbringing & conditioning
- 2 Male role envy
- 4 Masculine imprinting
- 6 Hostile father
- 7 Absent father

### Male

- Upbringing & conditioning 1
- Female role envy 3
- Feminine imprinting 5
- Hostile father 6
- Feminine clothes envy 8
- Possessive mother 9
- Weak father &/or hostile mother 10

The range of sex types includes:-

**A. Female:** physical and psychological identity is completely female; fertile, with full female gonads; XX chromosomes. Main sexual influence 1.

**B. Bisexual Female:** physically completely female; sexually attracted to members of both sexes; fertile, XX chromosomes. Main sexual influences 1 and 6.

**C. Female Homosexual:** physical identity is female; sexually attracted only to another female; fertile, XX chromosomes. Main sexual influences 1 and 6.

**D. Butch Female Homosexual:** physical identity is female; full female genitals; psychological identity is male; sexually attracted only to another female; fertile, XX chromosomes. Main sexual influences 1, 7 and 4.

**E. Trans-Sexual Female:** physically completely female, with female gonads, possibly an enlarged clitoris, with envy of male role; psychological identity is male or neutral; fertile, XX chromosomes. Main sexual influences 1, 7 and 4.

**F. Testicular Feminisation Syndrome:** has outward sexual characteristics of a female (breasts, normal clitoris) but with internal testes and male chromosomes; psychological identity is female; infertile, XY chromosomes. Main sexual influence 1.

**G. Gynandrous Female:** physically female with all female sex organs, but very masculine in appearance (facial hair, broad frame) – male secondary sexual characteristics; most likely fertile; XX chromosomes.

**H. Turner's Syndrome:** outward appearance and psychological identity more or less female, but with internal testes; Y-typical congenital malformation (short stature, webbing of neck); infertile; XO chromosomes.

**I. Klinefelter's Syndrome:** outward appearance male; penis and gonads small, and tendency to obesity; infertile; XXY chromosomes.

**J. Gynandrous Male:** fully male sex organs, but deficient in male hormones; feminine appearance (lack of facial hair, broad hips); most likely fertile; XY chromosomes.

**K. Trans-Sexual Male:** physically male, with male gonads and small penis; has envy of male role; psychological identity female or neutral; probably fertile, XY chromosomes. Main sexual influences 1 and 3.

**L. Transvestite Male:** physically completely male, but enjoys adopting a female role by wearing women's clothes; fertile, XY chromosomes. Main sexual influences 1, 8 and 5.

**M. Feminine Male Homosexual:** physical identity male; male gonads and genitals; psychological identity female; attracted only to another male; fertile, XY chromosomes. Main sexual influences 1 and 9.

**N. Butch Male Homosexual:** physical and psychological identity male; sexually attracted only to another male; fertile, XY chromosomes. Main sexual influences 1 and 10.

**O. Bisexual Male:** physically completely male; sexually attracted to members of both sexes; fertile, XY chromosomes. Main sexual influences 1 and 6.

**P. Male:** physical and psychological identity male; male gonads & genitals; fertile; XY chromosomes; main sexual influence 1.

(The foregoing information is based on *The Visual Dictionary of Sex*, editor-in-chief Eric J. Trimmer, Pan Books/Macmillan London Ltd, 1978, pp 42-43.)

It is worth mentioning that the prefix *hetero-* means 'the other of two, other, different', while *homo-* (with a short first o) means 'same'; both come from Greek, but the latter is often confused with the Latin *Homo*, (with a long first o), meaning a man. So a female homosexual is a woman who relates to someone of the same sex, another woman, *not* a woman in a relationship

with a man. Equally, a male homosexual is a man who relates sexually to another man.

Physically and chromosomally completely male individuals may be influenced during their upbringing by the various factors listed so as to develop hetero-, bi- or homo-sexual orientations. While some are oriented exclusively towards the opposite sex and others exclusively towards their own sex, most people are able to manage normal social relationships with both sexes.

A bisexual male is physically, genetically and hormonally fully male. In his gender identity or sexual orientation, however, he differs from the extreme of complete maleness by being attracted to members of both sexes, but the differences are purely in his behaviour with other people.

Normal life offers a range of possible interactions with other people. The homophobe demonstrates a morbid fear of a relationship with the same sex by sometimes extreme words or actions. The fully heterosexual will keep the more intimate interactions for relationships with the opposite sex. A bisexual male feels at home in a relationship with either male or female partners, but may well go further with one sex than with the other; he may tend to deep heterosexual relationships and shallow homosexual relationships or vice versa.

Of course sexual relationships can go through some or all of many stages: flirting and conversations with a range of sexual undertones; touching or holding hands, etc; 'petting' or fondling erogenous zones such as breasts, genitals, etc; kissing and other forms of oral interaction; mutual masturbation; mutual use of sex aids and/or toys including fancy condoms, dildoes, etc; penetrative sex – penis/vagina (heterosexual) or anal (heterosexual or homosexual).

There is also an infinite variety of intensities to any sexual relationship whether hetero-, bi-, or homo-sexual, from the deepest commitment to the superficiality of a 'love-them and leave-them' one-night stand or one-hour meeting. There is also a range of possibilities from equality between the partners to the dominance and submission of a very unequal but satisfying relationship. Again, any sexual relationship may vary from tender and placid to violent and stormy.

How individuals rate on a set of analytical categories such as those listed above may not be the same as how we perceive ourselves. *Acorn* members (almost all male) define ourselves by our shared interest in the phallus, foreskins, circumcision, etc, which clearly indicates an interest in the essential maleness of ourselves and others. A few members indicate that they see their main or only sexual orientation as homosexual. A few more think of themselves as bisexual. But most seem to think of themselves in their main orientation as wholly or predominantly heterosexual: their interest in matters phallic is either exceptional or just a small part of their wider interest in sex. Often the *Acorn* interest is clearly perceived in a heterosexual context of preferences for a phallus which should be or is in best shape for (hetero)sexual intercourse.



Many members recall their interest in *Acorn* topics originating in situations where they first became aware of their own phallus because they could compare it with others, sometimes one-to-one and sometimes in more predominantly male situations such as changing-rooms. Often the discovery comes at a transitional stage in life, when a boy is establishing his independence or going through puberty. The social influences listed at the beginning of the article are rarely mentioned in members' accounts, however. It would be interesting but is not easy to explain why *Acorn* members fix and develop their *Acorn* interest when others treat it as a passing phase.

*Tony Acorn*

## **Contact Corner**

I seek correspondence from fellow Acorns, both shiny and dry, and mini-Acorns (clitoral associates) on aspects of skin care, management, modification, statistics, sensations, secretions, art, attitudes, and aesthetics.

*Anthony – Devon*

Male, 33, thinning, circumcised, is very interested in making contacts with other *Acorn* members who are aged between 18 and 30 and are circumcised or are contemplating the operation. I can travel anywhere in the U.K. My hobbies are music, photography, and anything to do with the penis and circumcision. A frank letter with a photograph ensures a reply.

*R.M. – London*







# ACORN

1991 Issue No 3

**Editor**  
**David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

Welcome to another edition of *Acorn*, the newsletter of the *Forum* group for people interested in circumcision, foreskins and everything phallic.

This month you will find the usual mixed bag of views and news. I have tried to keep a balance of pro-foreskin and pro-circumcision material to keep everyone happy in some way.

I think it only fair that you should know something about your editor. So next month I hope to be able to do just that, and how I stand on the issues that always arise.

### Information

It must be clearly understood that any information given out, while supplied in good faith, in no way constitutes any recommendation by *Acorn* members, the Editor, or by the *Forum* Society. Anyone acting on any such information does so at their own risk, and must rely on their own judgement in doing so.

D.A.

## **Auto-Circumcision**

Many thanks for the January 1991 issue of *Acorn* and back copies, recently received, which I have read with great interest. I must say what a joy it is to find a circumcision 'fan club' at long last.

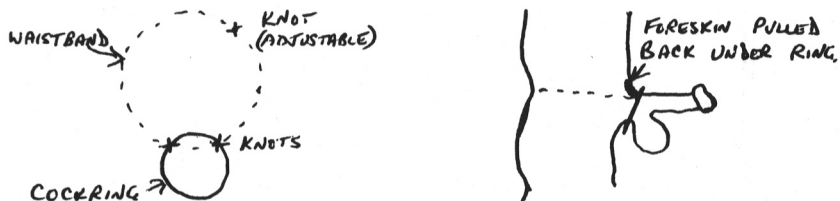
In spite of what one correspondent wrote, I found 'David and the Circumcision Master' one of the most erotic things that I have ever read, especially the part where the Master received his come(cum!)-uppance for being cocky during his own circumcision. It must have appealed to the sado-masochistic side of my nature, as I would love to be the operator prolonging the rite to the mutual enjoyment of us both and the watching participants. I sometimes wonder why some of the stricter skinhead/leather groups don't have such initiation ceremonies i.e. foreskins a compulsory entry requirement, with infibulations, partial removals as the initiate progresses up the 'tree', culminating in radical excision of the foreskin/frenulum and an invitation to carry out your own 'Prince Albert'. Now there's a thought!

I also enjoyed 'A Trip to Ankara', as the 'cut' the correspondent received is the one I would like to receive myself i.e. drumskin-tight shaft skin both slack and erect, with a very prominent circumcision scar halfway up the cock. Is it possible however to have the frenulum totally removed with a sunnet?

My own experiences with my foreskin are similar to many others i.e. saw my first 'cut' dick at 5, was fascinated by it, got my tightish foreskin retracted by the age of 8, missed the chance of a 'cut' at the age of 11 when a

prolonged bout of over-indulgence produced a very sore and inflamed glans, which took its time in healing. I really got into the subject of circumcision at my (boys') grammar school where I viewed with envy the cut shafts of some of the other boys. I found the more radically cut examples an especial 'turn-on', especially those with heavy brown scars halfway up their cocks. With others, I attempted 'auto-circumcision' (keeping the skin retracted), but this did not work well in my case as my skin was (and still is) long and loose (that's what over-indulgence at an early age does for you!!) Tighter underpants and trousers helped, but, being well hung (over 8 inches with foreskin) meant my almost constant erections were soon noticed by 'authorities', and my work suffered as my mind was on one thing all the time. 'Appropriate disciplinary arrangements' were taken, after several bouts of which, culminating in 2 beatings in 2 days, I reluctantly returned my nicely swelling glans to its usual located state.

My second bout of autocircumcision was at college, where my passion for stripped cock and tight jeans was indulged to the full. With skin-tight jeans, I found I could do away with tight underwear as the jeans provided the support required, and also meant the 'cut' shaft was nicely on display. My third and final bout was 12 years ago, since when I have kept my cock stripped all my waking hours, but have given up trying to keep it retracted at night (if anyone has any ideas on this I would be grateful). Like many others I have tried many things to keep my skin tightly retracted, but the only one that works for me with any degree of satisfaction is a cockring on an adjustable waistband i.e.



My foreskin is tucked under the cockring. With a cockring/strap alone, I found the pull of the skin down the shaft meant my foreskin still bunched at the glans rim. With my device, the pull of the waistband on the ring prevents the skin from rolling forward, ensuring a radical result is maintained. I personally wrap sticking plaster over the two knots on the ring to improve comfort, while the additional friction prevents the foreskin sliding forward due to sweat. The ring of course, provides support and maintains erection. Even when erection subsides, the foreskin being tugged back as it tries to slide forward soon leads to re-arousal. There is consequently a constant cycle of arousal/subsidence/re-arousal. A ball support allows the tightly stripped cock to swing free, while the additional friction of jeans or tracksuit (especially the old woollen ones) provides additional titillation to the swollen bared glans. With such a tight result, partners are forced to stimulate my glans and inner foreskin (my most sensitive parts) rather than rub the loose shaft skin which I personally find a 'turn-off'. I have been complimented on the result several

times, even receiving commiserations from a tightly cut guy at the misfortune at losing more than he did. He was amazed when told later that I was uncut and fascinated at how I achieved such a tight result.

With my device I am able to achieve 'circumcision' at will, but it is, of course, no substitute for the real thing. I would accordingly be interested to hear (via *Acorn*, anonymously at first) from guys who have successfully achieved drumskin tight Islamic style circumcision with removal of the frenulum. Any advice, addresses of sunnets etc, would be most welcome.

In the meantime, I look forward to receiving the next issue of *Acorn*. It's nice to know that there are others sharing the same interest in the fascinating subject of circumcision. Best wishes for a successful editorship of *Acorn*.

P.S. How do American circumcision rings fit? Does one lie in the sulcus, the other at the base of the cock? Are they spaced evenly down the shaft?

*J.B.T. – Westcliffe-On-Sea*

## **Perfection?**

Thank you for all your efforts and the knowledge you have imparted to subscribers. Whilst being heterosexual I have always been interested in the penis and its appearance.

I have come to the conclusion that for me the ideal penis should be expertly circumcised with as much of the inner foreskin removed as possible, as well as total amputation of the frenulum. The result would give the appearance of the glans permanently exposed with the scar just behind the rim, and the operation should be performed in such a manner that the glans should never be covered in any way.

I myself submitted to this operation, but the result of the operator's efforts has left my scar well down the shaft, and my frenulum still bulges down underneath. I would therefore caution prospective 'initiates' to establish carefully just what they are going to be left with when the job is done.

Do I have any regrets about being circumcised? No. I would be done again tomorrow without thinking about it, but this time I would find somebody who would leave me with just what I wanted.

It would be interesting to read other peoples views of what they considered the perfect circumcision, and also what about the ladies? Do they actually care about the state of their partners' penises or is it a matter of indifference to the majority.

*C.W.*



## **Hesitation**

I suppose every Cavalier has at one time or another considered 'the chop'. I certainly have, mainly because of recurring infections of the foreskin. But I am always hesitant because of the finality of circumcision. What happens if I don't like the sexual effect or I miss my foreskin too much? It would certainly be interesting to hear from others who are either considering circumcision or have gone through the experience in adulthood – we have had some of the latter in *Acorn* but very few of the former. I would be interested to hear from those in the same situation and compare notes on circumcision.

For me, the ideal situation would be the 'convertible' solution – keeping my foreskin, but able to keep it retracted when slack, something I can't do because of a long foreskin and a not very pronounced knob. By rolling the skin under itself, I am able to expose part of my knob, and this helps both the look and the feel.

The extra dimension of the foreskin in foreplay is still important to me, although in masturbation I am only able to enjoy it with the foreskin kept retracted, and movement over the bare knob with lubrication. Interestingly enough, when comparing sensitivity of the knob with someone who had always kept his foreskin retracted and was eventually circumcised 3 or 4 years ago, his was far the more sensitive knob of the two. This really invalidates the argument that circumcision reduces the sensitivity of the glans.

The other factor making me hesitate to go ahead with circumcision is the hassle and pain, plus the mockery of my friends when they saw me in the showers looking somewhat different.

*J.H. – Kent*

[Have a try at J.B.T's device in the first letter. Who knows, it might be just the answer for you, as well as a good reason for just 'mucking around'. — D.A.]

## **One Who Knows**

I have noticed in the newsletter over the past months that there have been a number of enquiries from members, whether or not it is better to be circumcised, and for comments from those who can remember being a cavalier before becoming a roundhead.

The main point that I would stress is that each individual must be 100% certain that they want to become a roundhead, and it can only be a personal individual decision; the more one reads, the more confusing it can become. Always if possible discuss the matter with your partner, but if in doubt do not proceed, as you may well be disappointed. Circumcision must be regarded as irreversible. Although it is only a small operation, it does take some getting used to, particularly when masturbating, as a different technique is required.

From a very early age I wanted to be circumcised. I went into a changing room and found that everyone there in the showers except me had been circumcised, and I felt different. When I subsequently asked my parents about this, they informed me that God had made me this way. I found this confusing and assumed that boys were either born a cavalier or a roundhead. It was many years before I finally decided to take the plunge and I have never regretted the decision. Although there are always many comments regarding cleanliness and appearance, I have found that the main difference is that my penis now requires considerably more stimulation before climaxing, finding this an advantage as one grows older. It is not the actual climax which is important, but the process and build-up getting there; the longer it lasts the better it becomes; reading a sexy book or magazine in bed while slowly fondling one's penis is bliss! I generally avoid vigorous rubbing to the shaft; if one does not always climax – so what. But I nearly always succeed in producing a good deal of pre-climax lubrication.

*Bill – Kingston*

### **A Naturalist's View**

Congratulations on becoming editor of *Acorn*. May I offer my thanks to Tony who did an excellent job of founding editor. Recent issues of the magazine have provided a diverse range of material, including much on masturbation as well as on circumcision. The latter remains an important interest of mine and I would like to share my observations on this theme with other readers.

In the early nineteen seventies I first realised that penises came in two forms – circumcised and uncircumcised – when I first saw most of my classmates (at an inner city comprehensive school) naked. As we had been born in the early nineteen sixties, most of us were uncircumcised. Surprisingly, in the light of this, my closest friends had been circumcised. One was Jewish, another had recently lost his foreskin after problems with balanitis, and the third had slightly old-fashioned parents who, I assume, still believed that circumcision was 'the done thing'. Nonetheless, circumcision remained the exception – I would say we had 29 foreskins between every 30 boys.

At the age of seventeen I passed the Oxbridge entrance examination and went away to college. Then, as now, former pupils of the major public schools are over represented in the student body. As a relatively keen sportsman – running and swimming – I once again saw many of my new friends naked and noted a rise in the proportion of those who had been circumcised. I would estimate that between a quarter and a fifth of us were foreskinless. One of the neatest cuts I ever saw was on a fellow member of a life-saving class; his small penis was a beautiful shade of white and ended in a neat naked rose-pink glans. At this time I first began to notice that there were variations in the way

in which circumcisions had been performed. For the first time I saw what I now know to have been an 'Islamic cut', incidentally, on a non-Muslim, but I don't know how it was acquired. In the showers after the early morning swimming sessions on Tuesdays and Thursdays I first saw a range of men of various ages naked, and once again noted that amongst certain groups – this time those over forty – circumcision was far more common than I would have anticipated. At this time I first began to realise that there was both a class and an age bias to circumcision: the older one was, and the higher up the social ladder one's background, the more likely you were to have been circumcised.

At this point an aside. These observations were possible because most men shower naked after sports and swimming. Apparently this is not the case amongst women. A recent report in *The Sunday Times* claimed that women in London were starting to take their communal showers in the nude, and predicted that they would soon start to face away from the wall. My girlfriend tells me that this is not so. We have been using our local baths regularly for almost a year now, and she (who always strips) has only once been joined by another naked woman. I would be interested if any other readers would share their observations on this. Are the women up here in the north more reticent perhaps?

After college I took a job as a teacher at a small private school in East Anglia. The pupils, all boys, ranged in age from 6 to 13. My duties included teaching swimming and being a house-master, hence, at one time or another, I saw all of my charges naked. Circumcision was very common. Approximately one boy in three had been circumcised. It was almost always possible to guarantee that if one brother had been circumcised the other would have been too. I seem to recall that the proportion of circumcised boys was higher amongst the older lads, at least one of whom had been born on a local American air base. This provided further evidence – if any was needed – that there is a link between circumcision and social standing. Since then I have worked at other schools but have rarely taught sports and never held a residential position. Hence I can offer no comparative data.

'Cock-spotting' in showers etc. is not the only way in which I have been able to observe whether and where circumcision is common. My girlfriend and I are naturists, and we have spent 2 or 3 weeks a year naked on the beaches of France for the last 7 or 8 years. The European league of likeliness-to-discard-a-swimming-costume is certainly topped by the Germans. They are followed by the Dutch, the French coming a close third, with the Scandinavians deserving an honourable mention. British naturists are few and far between. Circumcision is not common elsewhere in Europe, with one notable exception; amongst Dutchmen who are in their forties or older. If the view that circumcision was advocated as a way of ensuring cleanliness amongst potential colonial administrators is accepted, this may explain the pattern. The British and the Dutch had extensive overseas territories, unlike the other north Europeans – except the French, but then they are wonderfully perverse!

This summer we are likely to explore the naturist beaches of Denmark, and this will, I hope, provide more information to support or modify my views.

Some of the most memorable circumcisions I have seen were on naturist beaches. Two incidents come to mind. One whilst walking along the shore two men were approaching in the opposite direction, Both were tall, thin and muscular. Both had all-over tans and both were circumcised. Both looked magnificent. Pink glanses emerging proudly from bronze shafts. The other incident: a few years ago we spent a few days with a group of naturists. The men included two Americans, a Brazilian Jew, and another Briton (all of whom were circumcised) – the women (principally German, English and Scandinavian) were all keen, if somewhat furtive, ‘cockspotters’, and it soon became apparent to me whose penises were getting the most frequent and the most admiring glances. Circumcision might be rare amongst the young men of Europe today, but the young women seem to be very keen on it. This is not only true amidst the inhibitions of the naturist beaches. Only a few weeks ago one of my colleagues admitted in the staff room that she was having her baby son circumcised (her husband and other son, she admitted, already were), and two other women teachers openly stated their preference for circumcised partners, and praised the third for taking positive action on this matter.

Two points can be made in conclusion to this letter based on my own subjective observations. One: circumcision is more commonly encountered in older men and amongst those from the upper and the upper-middle classes in Britain. This age pattern is also encountered in Holland, but nowhere else in Europe. Two: a personal note. I am uncircumcised, but if anyone knows of a sympathetic surgeon working in the Manchester area then I will be displaying a bare glans in the showers and on the beach this Summer.

Anon

[If anyone knows of a surgeon or mohel in the Manchester area, or anywhere else for that matter, please let us know so that we can publish for all to see.  
— D.A.]

## Coming Up Roses

I have seen no references in *Acorn* to the novel *Coming Up Roses*, which appeared in hardback earlier last year and is now out in paperback. Since circumcision is one of its themes, I am enclosing a short review.

*Coming Up Roses* by Michael Carson, rather topically deals with the threatened invasion of one middle east country, Zibda, by another, Ras Al Surra. Of more interest to *Acorn* readers, however, may be the sub-theme of circumcision.

Abdul Wahhab Higgins is an Irish Catholic converted to Islam and now a member of the Ministry for the Suppression of Vice and the Encouragement of Virtue in Ras Al Surra. He suggests to the King that all ex-patriates should be required to undergo circumcision or leave the country.

“It is indeed a most repulsive thing, this foreskin,” he said. “I know it will be a major contribution to National Purity to eradicate them from the Holy Land of Ras Al Surra.”

Only one of the ex-patriates has been circumcised already (which readers might think a low proportion even in these times). He is not very sympathetic to the complaints of his colleagues:

“And quite right too. Everyone ought to be snipped at birth. You should be grateful for the chance to have the op on the Ras Al Surra government. No waiting lists for you like there would be in old Blighty.”

No-one else seems very keen to be cut, but since most of the Brits are there for financial reasons, they have no option but to go through with the operation. The book relates the meetings to discuss the matter, the medical inspections, and the operations themselves, although these parts are not as detailed or explicit as they might have been. Also the author appears to overestimate the severity of the operation, as he has those who have been circumcised walking with very short steps with legs wide apart, and wearing a plastic codpiece which cupped the genitalia gently as in a padded jewel box. I don't remember finding any of that necessary even on the day of my circumcision.

Eventually, war leads to revolution and all the ex-patriates are deported – so the operations were unnecessary (their opinion, not mine). But at the airport they are all strip-searched, including Abdul Wahhab Higgins, who had also been expelled. And then it is revealed that he “has a foreskin you could wrap a fish in.”

Not a great book, but it is a change to see the subject of circumcision appearing as a major theme in a mainstream novel.

*Ivan Goodhart – London*

## **Advantages?**

Tony has referred to the ‘great advantages of circumcision’ in *Acorn*. It would be interesting to know just what these advantages are!

I have a normal healthy uncircumcised penis with which I am very satisfied. My foreskin is worn forward in the natural position, completely covering the glans, and I would not want it otherwise. I don't know what is supposed to be wrong with that, or how I am at a disadvantage. If you talk about the advantages of circumcision, tell us about the disadvantages too.

You wrote in issue M about boys and parents being made aware that the foreskin must be retracted in the loo. Why 'must'? Surely it is purely optional, and the need to do so will vary.

Like many of my friends, who were not circumcised either, I didn't have the option of retracting as a lad, and grew up peeing through the hole in my foreskin. At a rough calculation I must have done so more than 25,000 times without ill-effect, so why must it be retracted?

I will admit that one can pee more accurately with the foreskin retracted, and I now do so at home. But in the public loo there is no need at all and the glans remains under the foreskin.

Having a red tip to the foreskin is not a 'problem' either. One of our sons has always had pinkness where his foreskin wrinkles together at the tip, but it doesn't bother him in the least.

Have other readers found balanitis a 'problem'?

M.L. – Gwent

[How about all fervent cavaliers and roundheads each sending in lists of the advantages and disadvantages of their own pride and joy, and of the other cause? — *Editor*]

## **Masturbation; My Use Of, And Thoughts On, Pornography**

I started using glamour photographs in *Playboy*, *Mayfair*, and occasionally other such magazines, as a basis for masturbation in my early twenties. I was somewhat astonished at how successful this material was, not only at arousing me, but also in enhancing the quality of my orgasm. I felt that I was sharing the orgasm with the lady in the photograph: a person, more real than could be created by my imagination alone. The photographs provided someone with whom to share the intense loving feelings that tend to envelope me at, and after, orgasm.

A considerable improvement in my use of this material occurred when I mounted a number of my favourite photographs on sheets of black cardboard. The use of the pictures remained essentially the same: I still knew the names of all the girls I 'fucked' and shared my orgasm with. The advantages of the new form of display were easy access to my favourite pictures, and an enhanced aesthetic pleasure from the look of the photographs standing out against a black background.

A further step forward took place when I realized how much easier it would be to view the cards if I built a small wooden stand to hold them. By this time I had so many photographs that it was not easy to remember the names of all the girls, let alone when, and in which magazine, they had appeared. I solved the problem by making an audio tape which not only reminded me of the

names of the girls, but marvelled over their erotic charms in much the way I do mentally whenever I see such photographs. I found this aural stimulus a pleasing addition to the eroticism of the photographs.

Further progress in my use of pornography occurred when I was able to get hold of some good hardcore videos. Most of them are quite awful, but a few are superb. These I find a perfect delight. They are a more powerful erotic stimulus than still photographs, and now that I am suffering from a very considerable decline in potency they are a real boon. Sometimes I use the videos by themselves, but over the past year I have taken to having a couple of cards of still photographs on view at the same time as watching the video. There are two great advantages in this :-

- 1) There are always some boring passages in the videos. During these, attention can be turned from the screen to the delights of the photographs.
- 2) More importantly, at least half the time I use the still photographs rather than the video as a centre of erotic focus when approaching and reaching climax. Not only is this erotic focus more 'controllable' than what is happening on the screen, but it is easier to form a satisfying psychological bond with the still pictures, which have become 'old friends'. Moreover, the relaxed expressions on the girls' faces are very suitable to the post orgasmic phase.

To sum up. Though I shared my life with a partner for about nine years, solo sex has provided me with  $\frac{9}{10}$ ths of the pleasure that I found in sex. Pornography has made, and continues to make, a really valuable contribution to this aspect of my life. It is just a pity that there is not more open access to good quality videos, and more admiration for both the performers and technicians who make the really good ones. Over a few months I find that I will always average out at four orgasms a week; sometimes it's 13, sometimes it's 0, but the average is always close to 4. The presence of an available partner has no influence at all on this average, and I count this as a further tribute to pornography.

*Andrew Ferguson – Henley*

## **An African Circumcision**

Perhaps the best and most detailed description of an African natural circumcision is at the same time the oldest. It was written down by a Polish physician at the beginning of this century, and it describes the circumcision of three volunteers in central Africa. The following story is written freely from it.

'When I was visiting a camp of the Kongo Army in 1906, I was chatting with the commandant, Colonel Boutse. By coincidence we began to talk about circumcision.

"When I came here four years ago," he said, "I organized a medical examination for all the men. During this, I noticed which soldiers were circumcised and which were not. At that time only two of the three hundred native soldiers were circumcised. But when I carried out a medical examination last year more than half of them were circumcised, although they were almost all the same men as before. The custom seems to be spreading from the Mohammedan north."

"I would be very interested," I said, "to photograph such an operation for anthropological survey, Colonel. Do you think that there would be some men who would allow themselves to be circumcised – in public – in the next few days, and that they would also allow me to photograph it?"

"Oh yes, I am quite sure about that. We have not given the men any leave for quite a long time, because they get themselves circumcised during it and are not fit for a couple of weeks. But I think we could make an exception for your sake. I suppose that there will be quite a lot of men who are willing to do that. Their women are just wild about it and keep on teasing their men until they get themselves circumcised. They say that after it a man can last longer in the sexual act, and both men and women say that the penis looks much more attractive and... well, more erotic. During the evening call tomorrow I shall ask if there are any volunteers. An old medicineman from a northern tribe will perform the operations. But of course, you will have to pay the men in advance..."

Naturally I was willing.

As I came to the headquarters next morning at 8 o'clock, about 150 soldiers were standing in line, maybe half of them all, and I supposed all the uncircumcised men in the camp were there. Many more than I needed.

But I soon found out that there were 37 volunteers who would allow themselves to be circumcised, the others being friends who were already circumcised, but were there to give courage during the operation. (Actually, they were there to hold the men down, as I saw a little later on.)

The commandant was a little surprised by the number of volunteers and he asked me what I wanted to do. I said that I would like to select three of them, and, because of that, I would like them to take their clothes off.

Soon all the candidates stood stark naked in front of me, in line. I picked out three muscular and good looking individuals of different ages and sizes. The first one was a fully grownup young man, an athletic type of about 20, and his penis was exceptionally long and thick. The second was a bit younger, about 18, and his penis was of the usual size and shape. The last one was a boy, perhaps about only 14, not a soldier but an errand boy on the camp. But he was strongly built and his penis was at the typical developing stage for his age.



The commandant had already sent for the circumciser, as the operations were to take place on that day. He was an elderly man, perhaps over 60. I am not sure whether I would have wanted him to be my surgeon, but the commandant assured me that he had circumcised most of the men in the camp and that all trusted him.

I must point out now that many African tribes use circumcision as a puberty rite, and as it is a part of leading a boy to manhood, it often puts the boy's courage to a severe test. Among those tribes the boys and men are not allowed to cry or to show any sign of fear on their faces. But now the commandant explained to me that the reasons why these men wanted to be circumcised was only erotic and cosmetic, so there was no need to be brave and hide away any pain. He had seen some circumcisions taking place, and many of the men made no attempt to hide that they felt severe pain. He also said that, interestingly enough, the newly circumcised lied to the uncircumcised ones that the pain was only slight, so that as many men as possible would have themselves circumcised.

He explained further, that when the wounds were in the healing process, the newly circumcised could not wear trousers or loin cloths – thus they were naked from the waist down during that time.

The old medicineman wanted very eagerly to begin. He, the three candidates, and I with my heavy camera, walked to a hut. In front of it there was a big pot, full with slowly boiling water, on a small fire. Here the two men and the boy took off their olive green short trousers, all they had on. Once again I admired their beautiful bodies and marvellous penises – and their long foreskins, so soon to be sacrificed.

The oldest soldier, who seemed to be thinking about what was going to happen, had a partial erection; the upper part of his penis was of a lighter hue than the underside. The foreskin was pushed backwards slightly and the tip of his glans showed. (At my first examination, his foreskin was very long and extended more than two centimetres beyond the glans' tip.) I could see from his face that, now that the circumcision was going to take place, he wasn't so assured as he had been an hour earlier.

The medicineman signalled to me to select the first one, and I selected the eldest. He guided him to the pot and carefully washed the total area between the knees and navel, then pushed his foreskin fully back and washed carefully underneath. When his glans came fully into view, it, and the inner layer, were to me surprisingly light and pale in colour. As soon as this was finished, one of his already circumcised friends sat down on the ground, legs wide apart. The man to be circumcised had to sit in front of him and also spread his legs and thighs as wide as possible, so that the circumciser would have totally free access to the penis.

The friend who sat behind him put one hand under the arm and round the chest to hold one hand, and with the other hand covered the soldier's eyes.

Two other friends were there too, and kept hold of his legs with their hands.

Then the medicineman bent down and examined his penis meticulously. He stretched it by pressing the glans between thumb and fingers to see how much skin should be left, after the incision, when the penis would be erected. He then rubbed the glans slightly, pulled the foreskin forwards and marked with white clay where he would make the first cut. Then he made the first incision.

The incision was long and almost circular, going from the right side of the penis, down and under, and up on the left side back to the beginning. A white line came to sight at the incision area, and a rather big portion of skin fell to the ground.

Up to this point the man had sat calmly and had shown no discomfort, but as soon as the knife began to cut he started to wriggle and tried to get free. He was very strong, the others only keeping him in place with difficulty. But the operation was not over yet.

His friends took a stronger grip on him as the next phase began. The remaining part of the inner layer, which still covered a large proportion of the glans, was then pushed up and back behind the neck of the glans, where it formed a kind of bleeding collar. It was about half as long as the glans, almost two centimetres. The medicineman then stretched it with his fingers and split it with his knife from its orifice to the point where the outer skin ended. Then he cut it away at the glans' rim on both sides. The man groaned, as this was obviously the most painful part of the operation, but the old man took care to be very quick at this stage. When he reached the frenulum and cut right through it, the man let out a very loud cry, but this was the final incision, and the circumcision was complete. I don't think it took longer than two or three minutes. Then he was helped to sit near the hut and pressed his bleeding wound with maniok leaves and his fingers.

The second circumcision was almost identical to the first one, although he could not wriggle as much because he was not as strong as the first candidate. I was surprised to see what a good end result the medicineman achieved in spite of the primitive conditions. Soon the second patient sat next to the first one, and now it was the boy's turn. I admired how brave he was – he had just witnessed two circumcisions, and now was going through the same himself. He could not wriggle much because the friends holding him were much bigger and stronger than he, and maybe he did not feel that much pain because his penis was not yet fully developed, and his foreskin was rather thin and elastic. However, when the knife went through his frenulum he just screamed. But soon he was done as well, sitting next to his other two freshly circumcised friends.

Because I could not understand their language I was not able to talk to them, but I clapped them on the shoulders and gave them some money.

About four months later I returned to the camp. Obviously my compensation for them had been valued highly, because I realised that they had been awaiting my return. A canoe took me across the small river to the camp, and the paddlers, who were all naked and uncircumcised, made me understand that they wanted to have me photograph their circumcisions too – they pulled their long foreskins forward and imitated a knife with their fingers. But as my camera had broken down during my journey I could not do that. But I explained to them with the help of an interpreter that I would pay them a little if I could watch their operations, which was happily accepted.

The three four-months-ago-circumcised greeted me at the river bank with friendly smiles. They were now all wearing trousers. I was eager to see the results now that their circumcisions would be well healed. They had no objections for me to examine their penises, so we went to a small barrack at the camp's sick station.

I would now find out how well the old medicineman had done his work. With the oldest, maybe because he had wriggled so much during the operation, the part of the inner layer which was left was quite uneven. The scar line went zig-zag round his penis, like the points of a star, behind the glans. It was beautiful though – the contrast between the lighter inner and the darker outer skin enhanced his circumcision state strangely. With the second, just the right amount of skin had been removed. The inner skin formed a clear light collar just behind the glans, and it was certainly wide enough to guarantee a good sensitivity and feel. His glans was also totally bare, but the skin was not overtight on the shaft.

With the boy, the scar was absolutely even and smooth, but I wondered whether too much skin had been removed. I thought that perhaps the skin would be so tight during erection that it would pull his scrotum forwards. (I soon had the chance to witness that this was the case.)

They then put their trousers on and left the barrack. After a minute or two the boy came back to the door, looking at me as though he wanted to say something. But as I could not speak his language I could only smile. Then he put his hand inside his trousers and clearly fingered his penis in there, while staring at me inquiringly. It was not so difficult to understand what he meant, and I nodded to him. He took his trousers down and showed to me that he wanted to masturbate in front of me. His almost fully-grown testicles were tightly lifted up against his body and his penis pointed stiffly upwards, as is often among boys and young men.

I could see already in fact a bit too much skin had been removed. The skin on his penis pulled his scrotal sac forwards quite a lot with the tension clearly stretching the scar line. This did not seem to bother him; maybe just enhancing his pleasure.

He formed a ring with his thumb and index finger and rubbed his penis the whole length again and again, up and down. After a couple of minutes

he began to concentrate on the same place, then at the area where the rest of the inner layer was, and also on the tightly stretched rim of his glans. He closed his eyes and took a deep breath. Then he spat on his fingers to spread a slippery layer all over his penis and glans. Now he worked mostly at the point where the scar was, which was now quite prominent because of the tight stretching. That all seemed to give him pleasure beyond expression. He approached orgasm, made a pause to let himself cool down, then went to the edge again and tried to stop. But now he had gone too far and could not stop. He suddenly sank to his knees and came violently with throbbing jerks. It lasted almost a minute. Then he sat tired on the floor and looked at me with shy dark eyes, as if proud of the fact that he had performed well in his new state, having had to learn a new technique. I then left him to go to my room to write all this down.'

## 1900

Students of human nature and willie watchers in general of both sexes would have been tickled pink on Saturday night 15th. December last year if they watched the first episode of the epic Italian film *1900*. In it two boys, one the son of the landowner, the other the son of a peasant, grow up together in a small rural community, and become inseparable friends. In one episode, where both boys are at the threshold of puberty, they are larking about in a barn, and the peasant's son strips himself stark naked. In a clear close-up you can see the boy's surprisingly large, plump penis, still equipped with the long pendant foreskin of childhood. Sitting on a bale of straw he starts playing with his penis, and the camera zooms in as he slowly and lasciviously stretches his foreskin before sliding it all the way back to reveal the moist purple glans. Whereupon he invites his companion to get his cock out and pull his skin back too. The landowner's son, who had been watching intently, undoes his trousers, produces another fat and well-developed penis, and struggles vainly to retract his long tight foreskin, finally complaining that it burns and gives up, looking despondent, as well he might.

Later, both boys are in a cornfield having a pee, when the rich boy tells his friend that he can pull his skin back now, and proudly does so in front of the camera. The peasant's son laughs and says, no doubt accurately, that it's only because he's started wanking, whereupon both boys start frantically rubbing their penises up and down.

As the boys grow into young men, they discover girls, and while the rich boy is masturbating his spoiled aristocratic girlfriend during a hunting expedition, we are treated to the sensual picture of the other boy being induced

by his schoolmistress girlfriend to suck her off as she sits in a chair. Having made him kneel in front of her and kiss her knees, she puts her skirt over his head and pulls his face up to her crutch. You then watch her face as it is transformed from laughter to gasps of pleasure, while his head can be seen moving rapidly up and down over her genital area.

Assuming that Italian film makers are as keen on realism as ours are, several points spring to mind. The first is that the Italian ruling classes of those days did not share the British aristocracy's predilection for circumcision, since the Briton at the turn of the century would most probably have been circumcised. Also his mother didn't take much interest in her son's development and hygiene if she let him grow up with an unretractable foreskin; or did such things not matter in those days? And lastly, one is left with the titillating thought that Italian girls in those days could not have worn knickers. I wonder if that's still the case?

*I.C. – Middx.*

[If I remember rightly, an early issue of *Acorn* stated that boys in Spain never tried to retract their foreskins until they were about seventeen. I find that a bit hard to swallow, but there might be a grain of substance in it, so that this film might not be too far from the truth. If so, it belies the idea that vile smells and diseases emanate from unretracted foreskins. — *David Acorn*]

## **Members' Meeting**

I have been asked by one or two members if we could have another meeting. Although the last one could not by any means be called a success, nevertheless if there are enough members who would enjoy meeting others, maybe we could have another try. Anyone who has any positive ideas on a format or feels that something solid could be accomplished please let us know.

*David Acorn*









# ACORN

1991 Issue No 4

**Editor**  
**David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

Time for another edition of your favourite magazine, with quite a lot to interest just about everyone I think, from lengthening the foreskin to cutting it off. Please don't be afraid of introducing any other subject which has associations with our main one.

### Contributions

Most of the letters we receive start with, "I enjoy the magazine very much", "One of the highlights of my life", "I eagerly await its arrival", and other phrases to that effect. This means that you are extremely interested in other members and their stories, and likewise they are interested in yours, the magazine being almost entirely contributions from yourselves.

So please keep items coming in; your experiences, opinions, feelings, agreements, arguments, habits, likes, dislikes etc. It doesn't matter if you think your spelling or grammar is not up to scratch, that's easily overcome. It's the ideas that are important. In the last couple of issues I have tried to start talking points but have had little response. Read back a few issues and see if you have any opinions on anything you read. I personally like short items as these give the magazine more colour and variety.

Thank you.

### Confidentiality

Contributions will be identified by initials and town or county, unless either you ask for even greater anonymity or, conversely, you state explicitly that you would like a name and/or address published. Letters may be forwarded anonymously if you wish. Obviously we gain in frankness from being able to write with these guarantees in mind. Other *Members* may be contacted by sending your letter to *Acorn* in the usual way and asking for it to be sent on to the person named. It is your decision whether to give your address, and it is their decision whether to reply or not.

*David Acorn*

## **The Editor**

I promised last month that I would let you know something about myself.

I am an ex-married, living on my own in the west country, semi-retired, in an almost idyllic state. Although not circumcised, my interest in our subject started, like most of our members, at a very early age; and again, like most members, it was more to do with the difference rather than one way or the other. It seemed to me that only poor boys were born with this length of skin, causing me to develop a lack of self-esteem which lasted through my formative years, and took a great effort to be rid of.

The syndrome, if you can call it that, in which most of us find ourselves, will apparently never leave us; the necessity to know the condition of all our fellows, and the thirst for knowing how others feel about the same subject.

Although I do feel strongly about certain aspects, which will probably surface from time to time, my general attitude is that, in the light of my early-years' trauma, all boys should be left natural, given a good education regarding circumcision without bias, and left to make up their own minds in their teens. What is certain to me is that it has no effect on anyone except the person himself. Being of the age when I can get away with asking awkward questions to anyone, I have found that, asking a good number of women about preference, all say they can't feel any difference, during intercourse, between circumcised or not, and very few worried about the look of it.

*David Acorn*

## **Love Of A Foreskin**

Thanks for allowing me to join *Acorn*, and I enjoyed all the newsletters you sent me. I liked the letter from C.T. – Copenhagen describing his beautiful long loose foreskin. He has the kind of penis I dream about, but don't expect to see let alone handle.

About myself, I'm 70 years of age, and very fit. I'm uncircumcised, my penis being 5" flaccid and 7" erect, and my foreskin covers my glans but not the peehole. It's very loose and will stay where it's put, but I keep it forward always. I would love to have a long foreskin like C.T. and have started stretching exercises.

My foreskin has given me great joy over the years and still does. I hope you and the readers like this poem:-

Foreskins are fun,  
And there's no fun without one.  
Some are cut away,  
Mine is here to stay.  
It will stretch like elastic  
and it looks fantastic.  
It's creamy and white  
and never gets tight.  
It slides back and fore  
and never gets sore.  
I get so much joy  
from my favourite toy.  
Foreskins are fun,  
I wouldn't be without one.

*H.J.M. – Glamorgan*

## **The Operation**

I have just read the latest edition of *Acorn*, which I always look forward to very much. I feel I must share with everybody my own recent experience of being circumcised. I had an appointment with the Surgical Advisory Service in London, to be circumcised on April 16th., after trying to pluck up enough courage to have it done for the past 5 years. I travelled up from Wiltshire on the train just in case I didn't feel like driving home. On the way up I certainly had butterflies in my stomach about what it would be like on the way home and how much pain I would have.

When I arrived outside the Clinic I hesitated and wondered about going in. My ladyfriend was with me and she said, "Just think how nice it will be afterwards", and gave me that last encouraging push through the door. Once inside, with the signing in having taken place, I sat in the waiting room waiting to be called. I couldn't wait to get on the operating table, all my fears vanishing once I was welcomed in. At 12.45 the surgeon's nurse called me into a little room to get undressed, everything coming off except my small T-shirt. Both she and the surgeon were very nice and I felt quite at home, and getting very interested in the operating room and its contents.

Once I was comfortable on the operating table I had the injections in the foreskin, the needle being so fine that I didn't feel a thing, and within about two minutes the top of my penis was dead, a fantastic feeling. Once he was sure that the feeling was gone he proceeded to cut away the foreskin. It was wonderful to watch that piece of skin being cut off and not able to feel it. Once it was off he began to stitch up the cut ends, about 15 stitches in all.

When I got off the table, there was my foreskin on his little operating trolley, and I thought, "Thank goodness that's gone". The surgeon put a small piece of bandage just around the cut and that was it. I left the Clinic and was back on the underground by 1:30, just three-quarters of an hour later.

It is now 6 weeks later and all is healed up, the frenulum is gone, and the skin on my penis is nice and tight with a fully exposed glans, and the feeling is wonderful. I am very pleased and my ladyfriend thinks it is a great improvement.

The only thing that I would like to say is that I would like to have it done all over again if I had another foreskin. It was a great experience and I would recommend it to anyone contemplating circumcision.

I am 58 years old, which may seem a bit late for this operation, but it is well worth it. If any genuine reader wishes to contact me through *Acorn* I am quite prepared to show anyone the finished article, be it male or female, I don't mind; anything to encourage others to be circumcised and share this great feeling. I have some video pictures of myself showing the long foreskin which I had and some pictures of the various stages of healing since my circumcision.

All I can say to people who, like myself, tried to keep the foreskin pulled back, get down to London and have it cut off – no pain – no fuss – and well worth it.

*C.P. – Wiltshire*

## **Technique**

Dear David,

Many thanks for the newsletters for 1991; all the best as you take on the editorship; you must get many interesting and amusing letters to read!! The fact that some of the letters tend to be repetitive doesn't matter; everyone has a chance to reveal their experiences and views to an interested readership. That is what is important.

With particular reference to newsletter No 1/91, I thought the contributions from the ladies were excellent, and do hope that in future more ladies will be making contributions. The comments from Miss S.S. of Harrow about the rugby changing rooms and coach journeys were quite hilarious!! I wonder if any men have yet been seen in a ladies' changing room? I very much doubt it, but perhaps that day is not too far distant.

Her final sentence, "every circumcised cock should have a set of instructions with it" set me thinking. Surely it is up to every good partner to invent instructions, and to build on this as the years progress? It is easy to wank an uncircumcised penis; the foreskin is of considerable assistance. But with a circumcised cock it is different, and this is where technique and imagination are important, and where a patient and experienced partner is invaluable; it is not the climax that is important but the slow build-up. I have yet to hear of a partner who prefers to give 'oral' to an uncircumcised cock, but perhaps the contributors to the newsletter will feel differently.

I do hope that Miss S.S. of Harrow is beginning to compile the chapters of her instruction manual, and that in due course she will be prepared to share them through the pages of the newsletter. By way of introduction I will offer one piece of advice – women very much appreciate having their appearance complimented upon by the opposite sex, but I have noticed that they are not always that keen to return the same. A few complimentary 'cock' comments can work wonders, and that doesn't require much technique!

*Bill – Kingston*

## **Saran**

Saran: I presume that you will have had other replies, but if not: this is what is in my dictionary:-

A thermoplastic copolymer of vinylidene chloride and usually small amounts of vinyl chloride or acrylonitrile: used as a fibre for packaging and for making acid-resistant pipe (formerly a trade name). I have no idea however where you would get it; perhaps a packaging specialist could help.

I have been meaning to write to you about another subject, although not specifically an *Acorn* one. This refers to the ability to ejaculate into high age. I am over 70, have had a prostatectomy, and have recently begun to take vitamins and other additives. I have not noticed much benefit, except for zinc. I did not even know that this helps, but ever since I have taken a pearl of zinc a day I find that I can come again almost daily. Vitamin E is well known to help where libido is lost, though neither I nor my wife benefited much (maybe we did not need it as we make love daily). She suffers from lack of lubrication and mussel extract helped so much that she had to stop taking the pills because the flow became embarrassing. All these supplements are available from health shops and postal suppliers. Anyone who wants an address I will gladly supply.

*J.T.D. – London*

[I understand 'Saran' to be a form of cling-film. — *Tony Acorn*]

## **Foreskin Piercing And Stretching**

I would like to respond to the requests of Tony Acorn (Issue Y), C.T. – Copenhagen (Issue 2/91) and others (who have written to me privately) to write about my experiences of foreskin piercing and stretching. I have done this before in two separate and original articles, each with a different emphasis, published in 1989, in two different magazines (*Piercing World* No 4 and *Body Art* No 7). If this article bears similarities to the other two it is not due to plagiarism (one can't be accused of plagiarising one's own work), but because I am writing about the same experiences and enthusiasms in the same personal style of expression.

Nature had endowed me with a short foreskin, the type which terminated in an exquisite rosette barely covering the glans tip. This situation changed radically with the onset of puberty. During the years of my 'adolescence spurt' I started growing quickly in all directions but one! My foreskin seemed to be growing much slower than my glans, so that in its natural flaccid state more than half the glans was permanently exposed. This gave my penis tip an 'acorn and cap' look.

This development had certain consequences. I found that various

unwelcome stimuli (such as friction with underwear when dressed, the passage of warm air when nude, or certain feelings, viz. embarrassment, anxiety, excitement etc.) would cause this short foreskin to roll back of its own accord to fully expose the glans, and sometimes cause an incipient erection. I seemed to be helpless in controlling this retraction which gave my penis a bold and brazen look, when in reality I was feeling very exposed and vulnerable, especially as I grew up in an environment of uncut males (the 'cut' ones were very rare). I had to endure this whenever I had to undress in front of a group to change, shower, etc. after P.E. and games in school, National Service in the forces, and later in college, as these institutions all had open plan locker rooms and showers. In the forces I recall several medicals (for courses, postings etc.) which involved queuing up and waiting around in the nude.

During this time I had read about infibulation in the novel *Mandingo* by Kyle Onstett, which described how slaves were 'ringed' to control their sexual activities. As you can imagine, this concept held great appeal for me, since I could apply it to solve my retraction problem – and perhaps use it to stretch my foreskin (by hanging weights). However, I had to wait several years before I discovered the excellent services of Mr. Sebastian (a professional piercer).

My first piercings were a pair (on opposite sides of the foreskin), and these remain my favourites for aesthetic and practical reasons. As soon as they healed I used a ring to 'muzzle' the glans, and enjoyed the look and sensation of this restraint. When a single ring was fitted through both holes discomfort increased with the intensity of one's erection, because of the short foreskin. I could then empathize with all those infibulated slaves. With two separate rings this was not the case, as the short foreskin could be drawn back and forth at one's pleasure. A few people have written to me about this, wondering if such rings would impede the movement.

Later I began to stretch both the holes and the foreskin by inserting a series of thicker rings and attaching weights to them. Over the next four years (during which period I had more important matters to concentrate on, like achieving a good B.A.). I gradually transformed the length and shape of my foreskin in a series of stages – the 'Peek-a-boo' look (with the stretched foreskin almost covering the glans) – the 'Rosette' look (with the foreskin puckering into a dainty rosette) – the 'Tassel' look (with a small excess of skin dangling at the tip) – and the 'Bottleneck' (with a long, narrow tube of excess foreskin at the penis tip). My elongated foreskin was now nearly 2 inches long, over the penis tip, when attached to a weight of 600 grams and over an inch without a load.

At this stage I decided to widen the circumference of the elongated foreskin and change the 'Bottleneck' look. I did this by wearing two infibulation rings, and then wearing a simple harness, improvised from a loop of broad tape, with one end worn around the neck, and the other attached to one infibulation ring, so that the opening of the foreskin was pulled apart when a weight was attached to the other infibulation ring. This was most effective for my purpose,

but I also had a second pair of piercings, this time much higher than the original pair, sited at the front against the top of the glans. I was then able to stretch the circumference of the foreskin from more angles. By suspending a series of heavier weights, and by wearing the harness for longer periods of time, I have succeeded in transforming the 'Bottleneck' look into the flared 'Bellbottom' look!

The possession of this long and loose foreskin is a source of intense satisfaction to me – versatile, practical, and pleasure-giving in its scope. I shall summarise on a few of its qualities. With a tiny ring worn through its two infibulation holes, the circumference of the foreskin is effectively halved, so that it becomes quite a squeeze to retract the foreskin and expose the glans fully. This is one solution to the problem of retraction expressed by various *Acorn* readers, because the foreskin is firmly but comfortably held back behind the glans' flange.

Another way is to wear a larger ring (which matches the circumference of the wearer's penis) so that it and the foreskin can be retracted comfortably, and firmly, to expose the glans fully, whilst the folds of the retracted foreskin conceal the rings behind the flange. Frequently I use one of these methods when I take an apres-squash or apres-swim shower, and change with non-pierced friends in the open-plan showers and changing rooms. This enables me to expose the glans for washing and to wear, yet conceal, my infibulation ring from certain people. Thus I enjoy the happy position of being able to modify my appendage to appear circumcised, fully hooded (with overhang), submissive (with ring through foreskin), or stretched (with weight attached) to suit my audience or my whim. Visual appeal enhances sex.

This type of foreskin is also pleasure-giving in the physical sense because it provides more surfaces for stimulation, as well as an extra channel for tactile pleasure for both partners. The pleasure of docking should appeal to the imaginative.

Sometimes (especially in summer, or wearing shorts on holiday abroad) I use the guiche ring connected to the foreskin ring to support my penis across the scrotum and under my crotch. I find this support of penis and testicles both comfortable and bulge-concealing, and wonder why ballet dancers, gymnasts, athletes etc. have not been advised about the practicality of such suspension. It would eliminate the need for jockstraps, etc. The use of a suitable barbell facilitates quick and convenient 'unhooking' for calls of nature. I find that the presence of the infibulation ring does not interfere with the flow or the aim, whether the foreskin is retracted or not. Weight hanging, for me, is a special pleasure – a therapeutic blend of the stimulating and the soothing. It can be indulged in when one is engaged in boring, mechanical tasks like ironing, washing-up, gardening, shopping, or even when watching TV, reading or writing (as I am now, with a 600 gram weight attached). The sensations of pulling, tugging, jerking, swinging etc. are akin to those experienced in masturbation or foreplay.



The infibulation holes have been widened to accommodate a 5mm gauge ring very easily. This means that I can safely remove and leave the ring/rings off for over a month with no problem experienced in refitting them. Thus I can also choose to go about 'ringed' or natural. Without the rings, the holes are not obvious to a viewer unless they searched for them. Thus I and my partner can enjoy penetrative sex with rings or without.

This account of my journey into the realms of piercing and stretching is much more detailed than the other two I mentioned. I do not encourage anyone else to emulate me, since such experiences are so personal, and probably have different consequences for different persons.

*A.D. – Oxford*

### **Circumcisers**

The last issue of *Acorn* asked for names of circumcisers in Manchester. Mohalim licenced via the Initiation Society for the year 5749 (1989/90) were (in alphabetical order of towns, excluding London):

Rabbi L. Benarroch, 90 Bath Hill Court, Bath Road, BOURNEMOUTH (0202-296103)

Rabbi L. Book, 66 Middle Street, BRIGHTON, BN1 1AL (0273-27785)

Dr. S.B. Bolel, 36 Ashtree Gardens, Low Fell, GATESHEAD (0632-4771176)

Rabbi A. Weiniger, 94 Whitehall Road, GATESHEAD (0632-770443)

Rabbi D.S. Ezagui, 176 Queen's Hill Avenue, LEEDS, LS17 6BR (0532-692735)

M. Fine, 15 Dixon Drive, Stoneygate, LEICESTER, LE2 1RA (0533-700130)

S. Adler, 10 Roston Road, SALFORD, M7 0HH (061-740 3071)

J. Cofnas, Flat 4, Brantwood Court, Brantwood Road, SALFORD (061-792 2123)

A.L. Cohen, 48 Singleton Road, SALFORD, M7 0EG (061-792 9284)

Dr. Z. Davis, 45 Cavendish Road, SALFORD, M7 0WP (061-792 4198)

M. Heilpern, 21 Broom Lane, SALFORD, M7 0EP (061-792 2127)

Dr. D.L. Hibbert, 11 Moorside Road, SALFORD, M7 0PJ (061-792 2470)

N.M. Halpern, 27 Waterpark Road, SALFORD, M7 0FT (061-740 1185)

Rabbi A. Hassan, 47 Stanley Road, SALFORD, M7 (061-740 0906)

C.J. Heilpern, 45 Old Hall Road, SALFORD, M7 (061-792 2468)

D. Olsberg, 22 New Hall Avenue, SALFORD, M7 (061-792 1907)

D. Katanka, 354 Carter Knowle Road, SHEFFIELD, S11 (0742-350542)

A. Dee, 5 St. Bartholomew's Gardens, SOUTHSEA, Portsmouth, Hants.  
(0705-815833)

Members should make their own discreet enquiries, making clear at the outset whether their request is religious or non-religious. Mohalim do not have a set charge, but expect grateful parents/patients to make a suitable donation and to cover travel expenses if necessary. Those with the title 'Dr' are more likely to consider circumcising adults, since the training of mohalim is, of course, mainly concerned with 8-day old patients.

Dr. Sifman, (whose details we have given in past issues) would be interested in hearing from *Acorn* members regarding circumcision or revision operations. Please write to him through the normal *Acorn* channel.

*Tony Acorn*

### **Five Minuets That Ended A Baby Boy's Life** **A Report in *The Independent*, April 30th 1991**

It was a back-street job, carried out in a council flat on a run-down housing estate in Hackney, East London. In a hospital, a doctor would have considered it an easy operation, but there were no doctors present on this occasion.

The day after the operation, the patient died. He was a healthy baby boy, only two weeks old. The operation, which was not medically necessary, was a circumcision, and it was not an isolated case. More than 100 boys, from babies to teenagers, were treated in hospital accident and emergency departments last year for life-threatening complications – such as haemorrhaging and infection – after a home circumcision.

The child who died was Boma Oruitemeka. His parents are devout members of a Nigerian Christian sect, The Brotherhood of the Cross and Star, for which circumcision is a membership requirement. The Homerton hospital where he was born, refused to circumcise him. The operation is normally done on the NHS only if there is a medical need for it. One doctor suggested the parents go to a local rabbi, who would do the operation for about £50.

Instead, Boma's parents turned to their church for help. A member of the congregation told them of a woman in North London, a member of the same sect, who would perform the operation at no charge. Though now a chef, the woman had worked as a midwife in Nigeria 25 years previously and still did circumcisions when asked.

She arrived at the third-floor flat in Hackney, carrying a little bag of instruments. A towel was spread over a coffee table in the middle of the sitting room. Then Boma was brought from his cot and laid on his back on the table. The operation was over in five minutes. Using forceps, the midwife pulled his foreskin forwards and held it tight. Then, with a pair of scissors, she cut it off. Boma's penis was bandaged but not stitched, and after a while the midwife left.

It was not apparent until next morning that something was wrong. Boma's breathing was irregular and he was pale and listless. He was taken to a GP, then rushed to hospital, but he was dead on arrival. During the night he had suffered severe haemorrhaging.

At the inquest into Boma's death, early last year, the coroner's verdict was death by misadventure.

It is not obligatory to be medically qualified to perform circumcisions in this country and the midwife was judged to have acted competently and without fault.

Yet because doctors are seeing a rapid increase in the number of post-circumcision emergency patients, questions are being asked about the legitimacy of having the operation done at home, and about the NHS's policy of refusing to perform the operation.

Ten years ago circumcision was far more freely available on the NHS. Mr. Roger Brereton, a consultant paediatric surgeon, says a shortage of money and longer waiting lists have forced the NHS virtually to abolish the service. In turn, this has forced parents, who are unwilling or who cannot afford to pay up to £90 to have the operation done privately by a GP or a trained rabbi, to go to someone with less obvious credentials. The problem has been made worse by the demand for the operation, caused by the growth of the Muslim population, which in some areas is doubling every 20 years.

Mr. Brereton says: "In the early Eighties my unit did at least 100 circumcisions a year, but now we only do a very few, restricted to boys with serious bleeding problems or some other medical need. I have no choice. Money is tight, and if I did more circumcisions I'd have to do less of something else."

Last year, Mr. Brereton treated 12 emergency cases. He says most of the boys admitted to the casualty department were Muslims from Bangladesh, Pakistan or Turkey, or Christians from Africa or the West Indies. No Jews had been admitted. "In the Jewish faith, there is a strict procedure in which a specially trained rabbi operates on the eighth day after birth. But with the other communities there is a much less standard way of doing it", he says.

With Muslim boys the age at which circumcision is done ranges from newly born to about eighteen. In older boys, circumcision is a much more

traumatic experience than for a baby. "Ten years old seems to be a very typical age for Muslim boys", he said.

The complications arising from a circumcision can be very severe. The most common problem is bleeding, but Mr. Mark Stringer, a paediatric surgeon, says he has seen boys with septicaemia, meningitis, and arthritis caused by a spread of infection. Frequently, the head of the penis is partially severed.

These are horrendous complications from a procedure that ought to be very minor. At least 100 boys every year, across the country, are now being treated in hospitals for this sort of thing, which makes it a terrible and increasing problem.

The NHS is unlikely, however, to be capable of taking responsibility for all circumcisions, in addition to all the other demands on its time.

And despite some proven medical benefits – a reduced risk of urinary tract infection and of penile cancer – Mr. Stringer believes that circumcision does not justify a greater share of the NHS budget. "The medical benefits are probably outweighed by the risks of the operation, and it would be hugely costly."

Others believe the problem should be tackled by new legislation. Emad Jumailly, an Iraqi GP in Bow, who performs 600 circumcisions a year for a private fee of between £30 and £50, says only doctors know how to give an anaesthetic and how to stitch. "There should be a law forbidding non-medical people from doing circumcisions. It is far too dangerous."

Under existing law, a boy who has been maimed in a circumcision may be able to prosecute for assault, according to Maureen O'Hara of the Children's Legal Centre in London. She says, "It is possible such a prosecution could be successful. But the best way to tackle the problem is not to confront communities that circumcise their boys, but to educate them more about the risks." In some areas with a high Muslim population, doctors will visit the local mosque to talk about the dangers of home circumcision.

Pamela Timms of the NSPCC says if the NSPCC was informed that a child was in great pain during a circumcision, they would take immediate action. "We don't want to stomp over people's traditions, but cruelty to children is our business. If it was a matter of life or death, we would send the police in."

Not stomping on people's traditions was high on the mind of the coroner who heard the case of baby Boma. He says, "If I had judged that the midwife was negligent because she didn't have all the equipment of a hospital to hand, then where would that leave all the hundreds of rabbis who do the same thing? I didn't want to stir up that hornet's nest, oh no, thank you, not at all." But until somebody does, the casualties of home circumcisions are likely to continue.

## **A Responding Letter to *The Independent*, by Tony Acorn**

Sir,

Your article points to the risks of haemorrhage or septicaemia from 'home' circumcision, but acknowledges that circumcision is widely practiced as a religious commitment by Jews, Muslims, and by many Christians from Africa or the West Indies (and you could have added the Phillipines). Indeed, at a rough estimate, one quarter of all males the world over are circumcised.

The dangers arise because the NHS has always discouraged circumcision and, as your article makes clear, has further reduced its availability under recent financial pressures. But the demand remains, and is increasing in Britain, both on the customary and religious grounds you describe, and from a significant group of men with a clear preference which cannot be justified as medical emergency, but is definite none-the-less.

In the new spirit of enterprise which is to pervade general practice, the opportunity clearly exists for GPs to use their surgeries to offer circumcision at a price which can be afforded, and to advertise this service widely enough for good practice to drive out bad. The obligation to do so lies especially with GPs from the faith communities who practice circumcision. Jews have well-trained mohalim organised through The Initiation Society. Muslims and other religious communities should likewise train and organise practitioners and make their services widely available.

*Tony Acorn*

## **Another Responding Letter to *The Independent* Muslim Rights To Safe Circumcision**

Sir,

Your report on the practice of circumcision has highlighted again our concern about the safety of this religious practice and the complications arising from it. In fact, recently this year, similar comments were made by different doctors in various issues of the *British Medical Journal*.

We in the Islamic Medical Association have been campaigning for years to organise proper and safe circumcision to satisfy the religious needs of the Muslim community.

Until now the Muslim community and others have been at a loss about where to go for, and where to perform, circumcisions. They have been neglected all these years, sometimes exploited by those who perform the operation, and sometimes the circumcision has been performed in unhygienic conditions. All this when Muslims are, after all, permanent British citizens and regular taxpayers.

We feel the time has come to organise properly and safely this religious practice, especially when we see that this minor operation is required by Muslims, Jews and Christians as your article illustrated.

There are also people who want to have the operation for medical reasons. Some facilities should be organised in clinics and hospitals for all those who want circumcision, perhaps at the weekend, using the free time of (Muslim) doctors and nurses, possibly with a small fee to be paid to the hospital. This could be done without affecting the hospital waiting list for other procedures.

*Dr. A. Majid Katme*  
(President, Islamic Medical Association)

## **Foreskin Stretching**

Both my brothers were circumcised, and it wasn't until we had a visit from my cousin that I discovered that cocks came in another variety. Cousin Stan was about my age, nine, a striking boy with fabulous black eyelashes and a pale girlish complexion. The revelation came when Our Mum paraded all four of us for a bath. The three boys were stripped down and I was curious to see that, whereas my brothers' willies were in two segments with a bare knob stuck on the end of a stalk, Stan's was a smooth banana totally enveloped in velvety white skin with a pink spout on the end like a length of fire hose. At this point Our Mum turned her attention to me and stripped me off as well. Stan's eyes bulged out of his head! Whereas my two brothers were used to seeing little sister bare on bathnights, Stan was not, and that exhibitional streak which most girls secretly have was flattered when I caught him gawping surreptitiously at my fanny. (My goodness though, he made up for any lack of experience when he grew up into the handsomest man I'd ever met – girls queuing up to get their hands on him, including me!)

The trouble was, Stan's enthusiasm at the sight of my hairless split immediately took the form of a large (for a boy of his age) erection. The chatter died to an embarrassed silence as we all stood there looking at his four-and-a-half inches of solid gristle (I took a ruler to it after so I'm sure of my facts). I watched in fascination as it jerked upwards until it was almost parallel to his belly, with the bulge and darker colour of the knob clearly visible through the distended skin. Then of course my brothers followed suit, and there was I confronted by three rigid willies all roughly the same size but so different in appearance, whilst Our Mum just stood there looking flustered.

I couldn't help it, I just collapsed giggling, quickly followed by Our Mum and the three boys. The embarrassment dissolved and horseplay started, with the three boys accusing each other of being 'rude', and trying to grab each other's erections. Our Mum soon put a stop to that and, grabbing Stan, stood him in the bath to wash him down, at which point I was in for another shock, because she knelt down beside the bath, and taking his still erect penis in

her hand, drew the skin right back to reveal his glistening purple knob. She washed and dried it before pulling the skin back over his knob.

Afterwards I asked Our Mum why Stan's dick was different from my brothers'. She explained what circumcision was, and said that Dad had wanted the boys 'done' whilst the family was abroad, but it really made no difference and was not considered necessary in England. As I grew more adventurous I discovered how true this was: my brothers' were the only circumcised cocks I ever got to see.

Afterwards we four kids had lively discussions on the different sorts of cocks, my brothers stoutly defending their knobs, and saying that foreskins were sissy. I supported poor Stan, and said I thought it was very pretty and much shinier than theirs. One of my brothers then said that it got in the way when you peed, and challenged Stan to a pissing contest. I was appointed umpire. (They wanted me to take part as well, but nice little girls don't do those sort of things. Sorely tempted though, because I'd have wiped the floor with them if I had, in both range and volume.)

So I had to draw a line and mark the furthest splash in each case with a twig. My two brothers were within a foot of each other, but when it came to Stan's turn, he pinched the tip of his foreskin and caused it to balloon out to an enormous size, letting it go under pressure by squeezing the balloon of skin to increase the range. Of course he won by a mile to the fury of my brothers, who accused him of cheating. I on the other hand was thrilled to bits – not all young ladies are privileged to witness such challenging sights.

So why should you be interested in these childish reminiscences? Perhaps a lot of you are not, but there is a spin-off which might concern some of your foreskin orientated readers.

I was so taken with this exciting balloon game that I made all my boyfriends perform it for my personal appreciation. I felt so aggrieved that my own anatomy wouldn't permit such things. Also when I got married I would often stop on the way home from the pub for a slash break, and have hubby perform the balloon trick, which always gave him a stiffy, which I would then deal with by giving him a 'wet wank'. At first his foreskin would swell up like a tennis ball, but as he grew older it went all leathery and lost its give, so he couldn't manage the same impressive swelling. At the same time his foreskin receded slightly, and instead of a half-an-inch overlap, the edge reached barely to the eye, so that it interfered with the flow when he peed, causing it to spray everywhere and giving him a chafed tip from rubbing against his pants. I instructed him to pull his foreskin back when he peed, but he's such a forgetful bugger! We talked about circumcision, but neither of us cared for the idea, and anyway it was far too drastic for the problem. So I hit on another idea. I found a huge ball-bearing and, greasing it with baby oil, I inserted it under his foreskin and taped the opening up with surgical tape, leaving a hole just big enough to pee through. Immediately his foreskin sagged down

towards his knees, bouncing gently up and down with the weight of the ball (1 inch plus), and I told him to leave it there until the tape gave way, which it did three days later. Then we started all over again.

The upshot is that six months later his foreskin has permanently stretched to a prodigious length, extending nearly two inches beyond the tip. This has cured his accuracy problem completely, plus his chafing problem, and prompted him to invent all sorts of rude party tricks.

So if any of your middle-aged members, who still have their foreskins, find trouble with foreskin recession, they should take heart. A foreskin will stretch, but it needs commitment on both your part and your partner's.

*Samantha – London*

## **More From *The Independent***

A dozen Filipino boys had a rare treat at the presidential palace in Manila on Wednesday – after meeting President Corazon Aquino they were promptly circumcised. The palace has just started offering free dental and circumcision services for needy families living in the neighbourhood.

April 12, 1991

Sir: Though removal of the foreskin is far less abominable than female 'circumcision', it is nevertheless a mutilation. If few complain openly, it is for a number of reasons besides the private nature of the loss: many years usually elapse between the deed and adult awareness of it: hardly anyone can compare before and after: nothing can undo the damage: and it is not often clear who to blame – though responsibility is often pinned on God. To deal with this last difficulty, circumcisers should be legally obliged to endorse the birth certificate with the name of the person who demanded the operation. We might see some interesting court cases in 20 to 30 years time.

*Philip Stewart – Oxford*

[Not being a reader of *The Independent*, I am beginning to wonder if it ever has any space for the rest of the news. Should we have a merger? — *David Acorn*]

## **Pissing Survey**

I do this with the foreskin fully retracted when outside the home environment. Within the home environment, I indulge in a variety of styles (like Dick S. of Southampton, Issue M, 1989), with the glans bared or hooded, sometimes rolling back and forth whilst pissing. I always rinse the glans after



a pee (at home), and give it a good clean during my daily shower, and whenever I wash and dress to go out.

I am not an exhibitionist, but I do not bother to conceal my dick if strangers look whilst I use a public urinal. I tend to hold it with thumb on top and fingers curled underneath it (with right hand).

P.S. In answer to query of E.C. Herts. in issue 2/91. Before the Muslim conversion, Indonesia was Hindu (colonised by Indian imperialists in ancient times). Bali remained Hindu (just as Timor became Portuguese and R.C.). By accidents of history this is why the males of these two islands are uncut Indonesians.

A.D. – Oxford

## Penis Survey

There was a very disappointing response to my request for members, who hadn't done so before, to take part in the penis survey. Come on everyone, it's anonymous, should be lots of fun to do, and where else could anyone get statistics such as these? You could be part of posterity.

Herewith the one and only response:-

1	2	3	4	5	6	7	8	9	10	11
4.5	6.3	4.3	5	U	12	11	V.L.		5'7"	45 AD Oxford

## Home Circumcision

I wonder how many members saw a few weeks ago on television the film, *Drowning by Numbers*. A black comedy, one of its sub-stories started where a girl of about thirteen asked her boy friend of the same age if he was circumcised. He didn't know what that meant, so she told him it was where part of a boy's willy was cut off, and her mother had said it was the right thing to do.

The boy went home to his father and asked him about it, and what it looked like, so his father showed him his own circumcised penis. The boy was later found in bed with the sheets covered in blood where he had done a do-it-yourself job on himself. He was then rushed off to hospital to repair the damage, and appeared afterwards to have suffered no ill effects.

David Acorn







# **ACORN**

**1991 Issue No 5**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

With the summer almost over you all might find time to read your next edition of *Acorn*, and possibly find some contentious point of view that you don't agree with, to move you to pick up a pen. I have to say that I don't agree with all the viewpoints, but firstly, I'm sure no-one wants my interjections all over the place like a journalistic dictator, and secondly, I'll defend everyone's right to have printed what they think and feel.

I would like to thank all of our contributors and must congratulate them on their efforts. My work is made very easy inasmuch as editing is very minimal. I feel that if anyone takes a lot of time to write, then it is not for me to muck it about.

Anyway I enjoy reading everything as much as everyone else, and for some reason the topic never flags. Can we call our regard for the penis a fetish? I've just looked at my mini dictionary, and it describes a fetish as:-

- a. An object worshipped by primitive people.
- b. A thing given foolishly excessive respect.

I'm sure we would all agree on the word fetish if they cut out the words 'primitive' and 'foolishly excessive'.

As usual, happy reading.

*D.A.*

## **An Interview**

I have a friend who is a very frank and open person, and also has some firm ideas on male appurtenances and associated subjects. She stresses that these are all purely personal and other women might have the completely opposite point of view on some of the subjects.

Thinking that her views would be of some interest to our members, I asked her if she would agree to a form of interview. In this way I thought that I could put myself in the place of members and ask those questions, pertinent and impertinent, which might be relevant.

Q. What age are you?

A. 47.

Q. Are you single, married, or divorced?

A. Divorced.

Q. And how long were you married?

A. 19 years.

- Q. How many children do you have?
- A. Three boys and a girl, aged 27,26,21, and 19.
- Q. How old is your ex-husband now?
- A. 63.
- Q. Would you describe your ex-husband's penis?
- A. Ah, yes. Well. He was rather well endowed as they say nowadays. About 9 inches long, with a very big helmet. He'd been circumcised, with a very, very deep cut, and there wasn't any loose skin left on the shaft, but there were very prominent veins on it.
- Q. Did these veins become more prominent with age?
- A. Yes.
- Q. You didn't mention his frenulum. Did he still have that?
- A. Yes. I remember it wasn't very sensitive though. The knob was very, very hard and also wasn't sensitive. I know that I've read that when grown men have their foreskin removed they tend to say that they have an increase in sensitivity, but surely this can only be on the scar, as nothing should be more sensitive than a knob always covered with a foreskin.
- Q. More to the point. Did he satisfy you?
- A. In the early years, yes. Later he took me for granted, I was always available to him, and I then felt I was only a vessel for dirty water. As long as he was satisfied it didn't matter about me.
- Q. What were your feelings about his penis? I mean, as a penis.
- A. I was young when I first met him. I'd seen a few penises of course, but only seen. And when I saw that, I thought, "Ooh lovely", but later, especially after my hysterectomy, and his treatment of me, his knob used to hurt at the end of the inward stroke.
- Q. Can you describe your ideal penis?
- A. Well first, one that's got a foreskin. Not too tight and not too loose, so that there's a satisfaction in pulling it back and forward. With a knob that's soft and smooth, you know, satiny. About 7 inches long and medium thickness. I like the feel of a longish foreskin bunched up behind the knob during intercourse. This to me is better than a large rigid rim of a hard knob, and is soft and moves. Mind you, no sort of prick is any good without a caring attitude, that's of utmost importance.
- Q. Right, now let's move onto your sons. Were they circumcised?
- A. No.

- Q. What were your husband's feelings about them not being circumcised?
- A. He didn't appear to have any opinions on it. He was done as a baby, took it as a matter of fact, as it was so common in those days, and thought no more about it one way or the other. I don't think he had any interest in what other people had or what they looked like, only where he was going to put his next.
- Q. Did you have any problems with your boys' foreskins when they were babies?
- A. Only with the eldest. His foreskin was a bit tight, but the doctor eased it back and told me to do it during bathing just with soap. This I did and there was no trouble after that.
- Q. At what age was this?
- A. As soon as they were born. I know that nowadays they say to leave it alone until they are about 4 years old, but it didn't seem to harm mine. It was part of the post-natal education given by the maternity unit that I attended.
- Q. Was there any adhering of the inner foreskins to the knobs?
- A. No, they went back completely.
- Q. As babies, were their foreskins very long?
- A. Two of them were and one of them wasn't. The two youngest had about half an inch hanging over, but the eldest only came to the end of his knob.
- Q. Have you seen them since puberty?
- A. I think I last saw the two younger ones when they were about 16. The eldest I've seen as a grown man.
- Q. Would you say that they were all built alike.
- A. No. The books say, 'like father, like son', but in this case I don't think it worked, (yes, they all had the same father), as I think the range is from 9 inches down to 6.
- Q. Have they ever discussed circumcision?
- A. Not with me, but I've heard them between themselves. It seemed just curiosity, they didn't know much about it, it's so uncommon now. I wouldn't have objected if one of them had wanted it. After all, it's up to him to be the way he wants.
- Q. What was your attitude to masturbation?
- A. I knew they all did it. I never said anything as it might have embarrassed them. I used to find their books, read them, and put them back. Nowadays, the two youngest sons are away most of the time, but the eldest is around,



and we talk quite frankly with each other about all aspects of sex.

- Q. You've had other relationships since your divorce. How have you found them?
- A. Mixed. There'll always be men who just want a quick leg over, which isn't my cup of tea. I can now indulge my tastes, so now I want a man who has a nice foreskin, and likes soft touching as part of a long foreplay (my husband didn't like touching). Present company is fine.
- Q. You like foreskins. Have you ever suffered bad smells or deposits under any foreskins?
- A. Just once. I ran. A dirty person in one way is a dirty person in others. A dirty circumcised person has to be found out in another way, I suppose.
- Q. Last question for the record. Did you find any difference in the tightness of your vagina before and after having four children?
- A. Yes. There was much less feeling afterwards due to slackness. Then funnily enough, after my hysterectomy it all tightened up again.

If any readers have any other questions, I'm sure I can get the answers.

*David Acorn*

## **The Opposite View**

Two brief items which might be of interest to Acornists. One is a typically whimsical item from *The Guardian's* diary column. The other is from *Health and Efficiency*. Mrs. B. Moore's lucidly expressed and quite understandable preference (it's my own 49 year old lady's too) made me question something.

Is anything known about women's age and preference for/against circumcision? Do women in their forties and fifties, whose partners/brothers etc. are more likely to have been circumcised, have different views to women in their teens and twenties, whose experience of 'the snip' is likely to be much more limited.

*Anon – Derby*

[The above interview is one. Let's have some more. — D.A.]

*The Guardian – June 12, 1991*

Sand in anything is a nuisance, but sand in your pants is something else. The Royal Army Medical Corps enjoyed a swift trade in circumcisions during the Gulf War. Operation Desert Storm caused troops to complain of

inflammation of the important parts, on account of having half the desert down their trousers. Any urologist will tell you that this can lead to the infection balanitis. The quick snip cure is nothing new. It was used during the second world war when the Desert Rats came under the knife to protect themselves from the ravages of the evil grain. It is a little known fact that German troops also adopted circumcision as a preventative measure, but Rommel was less inclined to shout about it.

H & E Vol. 92 No 6.

I can never understand why circumcision causes so much controversy. As a woman I have always felt that circumcision is a sensible thing to do.

The foreskin serves no useful purpose and should be removed, preferably at an early age. The circumcised penis is easier to keep clean and therefore more hygienic; this is important to me personally. My husband is circumcised, for which I am thankful.

I also think that the penis is more attractive to look at when the glans is permanently revealed by circumcision. It is neater and, frankly, more sexy that way. Men who feel 'incomplete' because they are circumcised should stop worrying and go on a nudist holiday.

There are plenty of nice women who appreciate a well-circumcised penis. I met my husband on a nudist holiday and the fact that he was circumcised was one of the things which attracted me from the outset.

*Mrs. B Moore, Avon*

## **Before And After**

I am responding to several points raised by both yourself and other contributors in the last issue of *Acorn*.

I am 40 years old and was circumcised two years ago under a local anaesthetic at the Surgical Advisory Service in London, and, like C.P. of Wiltshire, I could not fault the reception or treatment I received. The operation was carried out entirely without pain or embarrassment, and I have had no regrets or misgivings since.

I disagree with Phillip Stewart of Oxford's anti-circumcision comments for the simple reason that it is impossible to generalise. Every penis is different, and what may suit one man, or woman, will not suit another. However, as one who has experienced both states, I can say without hesitation that my sex life has been improved since the operation. Not only has my glans become more enlarged than before, freed from the restrictions of a rolled-back, hair-trapping foreskin when erect, but I now also enjoy a much deeper sensation during foreplay, and a greater satisfaction after ejaculation, which I previously did not know existed.

It is often said by pro-foreskin writers that circumcision desensitizes the glans and restricts masturbation. On the contrary, several months after the operation my glans became smooth and silky, making it much easier to stroke without the need for lubrication. The pleasure too of being able to feel the rim of the glans during foreplay, creating a very different and protracted orgasm, has to be experienced to be fully appreciated.

As far as I am concerned my foreskin was an appendage inherited from a distant ancestor who went around naked and vulnerable, and valuing its protection against the rigours of rough living. In these modern times I no longer need this natural sheath, and personally I am delighted to be rid of it.

Like the majority of other men who have been cut in later life my only regret is that I waited so long.

Unlike you, David Acorn, I would advocate routine male circumcision on the grounds that no matter how good a job the surgeon does with the adult member, the end result is never as good as that performed when young.

Finally, what about *Acorn* producing ties and small lapel badges with the acorn motif for its members? Who knows what interesting conversations might spring up from them!

*J.C.S.T. – Argyll*

## **The Necessary Operation**

I would like to offer some advice to any readers who suffer from unretractable foreskins (phimosis). I am sure you will have heard it before, but the message is – don't delay – get yourself circumcised now. I endured my phimosis for twenty years before having the op., and because of the delay results are less than perfect.

My problems began at about the age of 11, when my foreskin, which had previously been fully retractable, became progressively tighter, until I was unable to uncover even the tip of my glans. A tight, inflexible collar of skin seemed to have formed around the opening of the prepuce, just in front of the glans. At first I was not too worried about this. I had not yet discovered masturbation and I did not know much about sex, so I did not realise the importance of being able to expose the glans. And in any case I knew that some of my schoolfriends were unable to pull their skins back, without any apparent problems.

Later in my teenage years I began to realise the loss of pleasure I would suffer during sex if my knob remained covered, and by then I had learnt that the cure for the condition was circumcision. However, I was too embarrassed to tell anyone about it, and, dreading it being discovered at a medical, I started making attempts to stretch the opening. One method was to insert the end of a pair of long-nosed pliers under the foreskin and opening them out. The

skin would hardly stretch at all, and the attempts usually caused minor tears in the skin, which meant that I would have to leave off the treatment until the soreness went down. Even when I managed to stretch the skin a little it would tighten up again if it was left for only a few days. What I didn't realise at the time was that, when the tears in the skin healed, scar tissue formed which made the skin even less flexible than before.

These efforts at retraction continued on and off during my twenties without any success, and I began to accept the fact that I would never see my glans again. I even wrote to *Forum* Adviser asking if there was any means of stretching the skin, but their answer was no – the only option was to face the dreaded knife. I was still reluctant to submit to circumcision, due to a combination of fear, uncertainty as to whether it would really be an improvement, and the persistent faint hope that I might one day succeed in my efforts at retraction. I never suffered from any discomfort during erections, nor did I suffer from any infections.

Two factors eventually made me decide to undergo the relieving cut. First was joining *Acorn* and reading the accounts of readers who had taken the plunge and had been delighted with the results. Second was the fact that the opening in my foreskin seemed to be 'migrating' upwards, and was no longer in line with the slit in my glans. The skin had become so hard and inflexible that it would not move or stretch, and when urinating it was extremely difficult to avoid spraying in all directions.

I made the decision to be cut last year, and had it done by The Surgical Advisory Service in January of this year. The surgeon was quite horrified at the state of my penis, although he said that he had seen worse. After twenty years of being tightly pressed together, the glans and prepuce had more or less fused together in some places, especially around the rim and the frenulum, and he had great difficulty in separating them. He eventually managed, but had to remove all the inner foreskin as it was so badly damaged. The shaft skin then had to be attached directly to the rim of the glans, which has resulted in a rather unusual final appearance, especially on the underside where the shaft skin seems to merge into the glans gradually with no trace of the frenulum, and not even a 'dip' where it should be. Also the areas of the glans where the foreskin had adhered are still redder than the remainder of the glans, six months after the operation.

Even though the outcome has not been as I had wished in terms of appearance, I do not regret having had the op. My penis still functions perfectly of course, and it really was a great joy to be able to pee with a nice neat jet. I must add though that, like some of your correspondents, I have found masturbation less pleasurable without a foreskin, even though it wasn't retractable. It is nice to have the semen squirting out, though, instead of just oozing out of my foreskin.

Although there have been accounts in *Acorn* from readers who have

successfully managed to free a previously unretractable foreskin, I think that in my case circumcision was the only option, and I would urge any other readers who suffer from severe phimosis to get themselves cut as soon as possible. It really is just as simple and painless as everyone says, and I am sure you are only storing up trouble for later if you leave things as they are. And this is advice from someone who is basically anti-circumcision (I would dearly love to have a foreskin back, provided it wasn't tight), but who has accepted that there are situations where it is necessary.

I would be interested to hear accounts from any other readers who have suffered from phimosis, especially if they managed to overcome the problem, and finally achieved full retraction.

*J.A. – York*

[It's great to know that we can be of positive help to one another with our contributions to our magazine. — *D.A.*]

## **Yearnings**

I have read several of the *Acorn* magazines sent to me by a pen-friend who is a member, and now that I am a member I thought I should write and thereby make a contribution to the magazine.

I suspect my story will read much the same as everyone else's who has ever gone through the burning desire to be circumcised, and to take eventually what I consider the ultimate and inevitable step, of finally submitting to the surgeon's knife.

I suppose my awareness of cocks and their different styles first came to my knowledge at about the age of ten when at primary school. My best mate Alan and another classmate, Rodney, both had, I noticed when changing for swimming lessons, no skin covering the end of their equipment; unlike mine which was well and truly covered with ample to spare. I didn't know then that they were circumcised, but upon inquiry Alan told me that "It has always been like it!" I was immediately envious of the look of the naked helmet and spent hours trying to keep my rather long, loose and bulky foreskin permanently retracted behind the glans rim. Looking back now, I'm surprised that at the age of 10 I was not able to effect some sort of permanent retraction, but no matter what I did it would not stay back. I tried everything; elastic bands, sellotape, string and thread, all of which achieved nothing but discomfort and pain.

From then onwards my interest in circumcision took on monumental proportions. By the age of 12 I could be seen looking through books on baby care or health matters in the local library etc., and it was as a result of this research that I discovered the word circumcision, and from then on there

was no stopping me – even dictionaries were read to discover more about the whole fascinating topic.

Also at this age my Father began to supervise our bathtime (I have three brothers – all younger), and he would regularly ask, “Does that skin push back? Let me have a look”, and I would have to pull my foreskin back for inspection. I suppose he was just checking to see that the skin was retractable, and that there was no hint of phimosis or any other related problems.

On one occasion he had me and my three brothers line up naked in the bathroom, and some comment was made to my Mother, though what the comment was I never found out. But shortly after that night the village doctor called and inspected each of our cocks, and checked the degree of foreskin retraction, though I quite clearly remember he did not push the skin back to behind the corona. He seemed to study the meatus for some time, gently squeezing the glans as he did so. I wonder now, does my Father share the same curiosity for the exposed glans as I do? He himself is not circumcised, but prefers to keep the skin fully retracted all of the time.

On joining secondary school and taking part in PE and games, the necessary showers began to reveal that about one in every ten boys were circumcised. It was at this stage that I began to realise that all was obviously not quite right with me, as I was beginning to find boys a sexual turn-on, and especially so if they were circumcised or had a retracted foreskin.

As I progressed through the school and went through the year groups it was interesting to note the different rates of growth and apparent masculine development that was occurring with my mates – several of them were beginning to develop hairy stomachs, some the beginnings of chest hair, and some were beginning to acquire well-proportioned cocks. My own cock at this time was already quite a lot bigger than the others, and I was constantly referred to as “the guy whose dick’s too big”. There was one other boy who was bigger than me who took great pride in displaying it for all to see.

By the age of about 16 or so I began to explore my sexual feelings with a close friend, and we would run naked through the woods etc. He was lucky; he could pull his foreskin back and it would stay back without any help on his part as he ran around. Mine, however, would only remain back if I held it firmly in place, and I became increasingly unhappy about the fact that I was not circumcised.

An incident then occurred which spurred me on even more to have myself circumcised. Whilst on holiday, my parents bought for me a new pair of swimming trunks with a zip fly. One afternoon, in my haste to get changed into ordinary clothes, I tugged the zip down and literally ran my foreskin through it. The pain was unbearable and there was nothing I could do to relieve the situation. I called my Father who, with the aid of a pair of scissors, managed to extricate my now very sore and swollen foreskin, adding the comment as he went about the job, “You’d be far better off without this, you know”. How

true I thought, and how near I came to needing to have it done anyway at that point in time. I was quite disappointed that Dad did not take me to Colchester General Hospital to check that everything was still in proper working order – secretly hoping that it wasn't and that I'd have to be circumcised.

The *Forum* magazine was just coming to my notice by now, and whenever I was at home in the family business transport yard, I would go through the cabs of the vans in search of the magazine, which was being regularly bought by one of the drivers. It was in the magazine that I discovered that it was possible to be circumcised at any age provided that you had the money. I couldn't do what some of the members do, ie a self-circumcision.

By the age of 18 things were getting quite frustrating! I did have a girlfriend – only because my younger brother had one, and I thought it would be the done thing if I had one too – though the thought of having sex with her was not an appealing one. Whereas having sex with a circumcised guy, just the thought of it did, and still does, appeal very much. Meanwhile my foreskin had developed to an incredible size, and it was quite possible, whilst in the bath, to slip a complete tablet of bath soap into it. When in a flaccid state my foreskin would dangle a good inch and a half beyond the glans, and when erect the skin remained completely covering it. To me my foreskin was the most inconvenient and unnecessary part of me, though I do suspect that many *Acorn* readers will be appalled at my sentiments, so I do apologize. My cock had developed to a bigger than average size too, which now caused embarrassment, and was therefore kept firmly tucked inside my trousers. As a result of this reservation etc. I probably missed a great many sexual adventures; but there we are!

By the time I was 19 years old I had gathered enough conviction to set about finding out how to get a circumcision. I wrote to *Forum*, who replied very swiftly enclosing the name of Dr. R. Newell, a name familiar to many of you.

So in the May of 1974 I found myself taking the afternoon off work to visit Dr. Newell in Wimpole St., London. I wasn't too sure whether the doctor was going to circumcise me that day or not, but it turned out to be for consultation only. We had a pleasant chat and discussed the advantages of the circumcised state, though not once did he ask to see my cock, or even why I wanted the operation anyway. I can only assume that he felt such questions were irrelevant.

He gave me a prescription for anti-erection tablets, and sent me home saying he would see me in 14 days time.

I went back to him on the prescribed day and he expressed surprise that I had in fact turned up. It seemed that many people had requested him to circumcise them and then on the actual day not turned up, usually proffering some lame excuse or other.

He asked me if I had had any erections in the past week, which I hadn't, and then told me to strip from the waist down. Well, this was it, I was to become a roundhead for once and for all. I won't go into the details of the circumcision, as similar reports have been written by other people who underwent the same procedure as myself.

The operation was all over and done with in about 45 minutes, including the instructions on how to dress the wound etc.

The train journey back to Milton Keynes was one of great intrigue. For some strange reason I felt like telling everyone on the train that I'd just been circumcised; and I also found myself wondering who else on the train was like me – a roundhead.

The excitement was so great that the first stirrings of an erection began despite the pills that I'd been on for a week. The panic of burst stitches soon settled things down however, and I vowed not to think about circumcision and such thoughts until the stitches were dissolved and gone. However, one has no control over dreams, and the following few nights were disturbed by raging erections which refused to go down. I didn't dare wank through fear of ruptured blood vessels etc., so just had to divert my thoughts away. When everything had finally settled down – about 10 days in all – I had my first wank with my newly circumcised cock. The result was the most powerful, fulfilling and memorable wank that I have ever had, and was one that has never been repeated to quite the same ecstatic extent since. It was absolutely shattering and incredibly forceful too.

The sense of elation that my circumcision caused was beyond words, and still is. Why this should be so I have no idea. Can any of the readers answer it? In my opinion, my circumcision is an expert job, though I'd like verification of this. The glans is completely exposed with the shaft skin perfectly tensioned, not too tight but not too loose either. There is no bunching of redundant skin or raw patches of stretched skin sometimes referred to by readers with unsatisfactory circumcisions, and aesthetically the end result is very pleasing.

For years I have felt guilty that I should be so aroused by the subject of circumcision, and you can imagine what a relief it is to know that I am by no means the only one to have such a fetish.

Being gay, and there really is no doubt (the bisexual bit came and went years ago), has at least allowed me to indulge in my yearning for a relationship with a circumcised guy. This has happened only on a handful of occasions though, as cut guys don't seem to live in the Bucks/Beds area. Heaven knows where they all are.

With the above comments in mind could I please place the following contact ad.



Tall, slim, good-looking, professional, 36 years old, VWE, cut, gay guy seeks contact with others interested in circumcision and related topics. Beds/Bucks/Herts/Northants areas preferred.

P.H. – Milton Keynes

[P.H.'s entry, both fore and after (if you'll pardon the pun), in the penis survey appears at the end of the magazine. — D.A.]

## Thoughts

I am glad that the *Forum* Society mentioned the *Acorn* group, as I feel it fulfills a worthwhile function for people like myself, where we can communicate with like-minded members and, in doing so, exchange points of view and experiences etc.

I have a very strong fetish about foreskins, they are very erotic and sexually stimulating. From a purely artistic point of view I have always found the circumcised state to be very attractive to look at and admire very much.

At both primary and secondary schools, I remember that the majority (90%) of boys had no bother in pulling back their foreskins long before sexual maturity and the start of puberty. I always indulge in cock-spotting in male changing rooms etc.; it has always been one of my favourite pastimes. I used to take a note of the number of circumcised and uncircumcised cocks, but I cannot recall ever coming across uncircumcised men with their foreskins pulled back and kept that way.

Anon – Dundee

## Technique And Tradition

I would like to render a tripartite contribution on this occasion, hoping that it is not a too heavy-handed introduction. Before I start, may I wish that your editorial reign be one of measured satisfaction rather than penile servitude.

### 1. The Gomco Clamp

In a recent issue of *Acorn*, the Gomco clamp was most effectively described, but I would like to correct one detail. It was not invented by Dr. Hiram S. Yellen, but by Aaron Goldstein in 1934. The pioneering Yellen trials of the instrument on over 500 newborns, and his report, led to the clamp being wrongly ascribed to him, even in medical literature. His article from *The American Journal of Obstetrics and Gynaecology* in July 1935, 'Bloodless Circumcision of the Newborn,' was paired with Dr. Ernest L. Brodie's 'Office Technic of Adult Circumcision,' as promotional material by the manufacturer, Gomco.

The Gomco Catalogue places the circumcision clamp as the final item after a formidable array of pumps and aspiration units for medical, dental, surgical and maternity use. The chrome plated clamp comes in 9 sizes to accommodate glans sizes from small newborn babies to large adult, ( $\frac{7}{16}$ " to  $1\frac{3}{8}$ " )

Though the clamp prevents accidental damage to the infant glans during cutting, over-zealous use by an inexperienced operator could lead to excessive removal of skin, and shaft denudation. Even when correctly used on the newborn, one complication observed by Dr. John Graves of Iowa, was the tendency toward pinpoint urinary meatus. Circumcision using traditional techniques left the slit-shaped opening in the glans.

## 2. Non-ritual Circumcision – From Wholesale to Continuing Decline.

My graphs comparing the incidence of circumcision in the U.S.A. and U.K. up to 1980 (in the very early issues of *Acorn*), showed a U.S.A. maximum of 92% falling to 78%, and a U.K. decline from 35% to 5% over 30 years. Wherever the roundhead status has been of social significance, the non-ritual circumcising of babies has been falling off. Even in Canada, where circumcision was never a majority condition, the rate was reduced from 40% to a current 25%, well above the Mother Country's figure of less than 1% of babies non-ritually circumcised.

Against this background of general attenuation, it came as a surprise to come across figures from Australia. In that land where junior doctors had long emulated the Jewish technique by substituting the split-shield with bone-cutting forceps, the majority of newborn Australian males were clipped into conformity. Over the last decade however, the change 'down under' proved quite startling, with the circumcision rate plummeting from over 70% to a minority of 30%. Whether this rate is uniform to both the air-conditioned city environment and the outback is uncertain; I doubt if the Royal Flying Doctor Service extends to that of an airborne Mohel! Nevertheless, among the reducing number of Aboriginal people, circumcision still continues, but with the use of the white man's safety razor blade.

## 3. Tradition & Reform

Thank you for printing Steve Levy's sympathetic account of the dedication of Joel Shoulson, the American full-time mohel and veteran of over 2000 circumcisions. His use of the mogen clamp and cetacaine anaesthetic is enlightening when compared to the practice of the orthodox mohel in Britain, and his more humane approach akin to that of the Reform Movement. There are several differences between the approach to ritual circumcision of Orthodox and Reform Judaism, of which I propose to highlight three.

(i) In Orthodox Judaism a circumcision is 'invalid' if performed before the 8th day, or by a non-Jewish doctor, necessitating the operation of 'Drawing drops of blood of the Covenant' to correct the situation. Even where the time and operator are suitable, should the 'end' result deviate from strict criteria,

offending remnants of foreskin are excised to ensure compliance, even on the Sabbath. Further pain is inflicted should the glans be covered for more than half its height, even at one point, or the ridge of the corona is more than half covered. Where a child is properly circumcised, any fleshy overhang occurring later is subject to scrutiny of the penis during an erection. If a third of the glans is not visible the overhang is vigorously clipped back until the glans is entirely exposed. In the least favourable instance the baby would be subjected to three cutting sessions without anaesthesia.

The Reform Movement have no concept of an invalid circumcision, so the baby is spared any additional pain or ceremony. His Jewish status remains unaffected.

(ii) Most Orthodox Mohalim in Britain are not medically qualified, to the extent that only 9% were doctors in year 5737. Only qualified medical practitioners, further trained in religious and ceremonial aspects, and practising members of an appropriate synagogue are used by the Reform Movement. This qualified attention ensures greater safety, proficiency that reduces pain, and ensures parental confidence without any loss of religiosity or sense of occasion.

(iii) Up to the 17th century, all Jewish circumcisions were performed free-handed, but the split shield introduced at that time gave a degree of glans protection, but no control of bleeding. This split metal plate is still used by the Orthodox mohel today, and recently developed circumcision clamps that ensure haemostasis are strictly taboo.

Because of a more reasoned approach to changes in technique, the Reform mohel can use instruments such as the mogen clamp, thus refining a time-honoured operation in terms of speed, safety, and final appearance. (The makers of the mogen clamp claim it is possible to perform circumcision in under a minute.)

In Britain the number of Reform Mohalim is small, comprising 10 practising doctor mohalim, with 5 in training, including one lady 'mohelet', the very first to be accepted for that office. A female approach, though controversial, will be unique, innovative, and possibly lead to subtle changes in the performance or the physical result of circumcision.

All mohelim are encouraged to make video recordings of their performing the Brit Milah for the purposes of comparing techniques and training. Together with consultations with each other, and mohalim in other countries, notably U.S.A. and France, the Reform procedure will become swifter, neater, and certainly less painful than the unchanged Orthodox technique.

*Anthony – Devon*

## Short Foreskin

I was surprised to learn in Issue 4/91 that you'd had a disappointing response to your request for members to take part in your penis survey. I sent my details in some time ago and I can only think that my letter has gone missing. Anyway, I've just measured myself again and I list my details below.

A couple of points that might be of interest: firstly, I'm one of the small minority who has a foreskin but as a teenager decided to keep it retracted; secondly, I've got an appointment to be circumcised in the Autumn.

At the age of 14 I discovered that if I pulled back my foreskin it would tend to stay back of its own accord for several hours at a time. I enjoyed the look of my uncovered glans, considering it to be very attractive, with its 'always ready for action' look. I suppose that I thought it looked rather 'rude' and it excited me and gave me great pleasure to know that inside my trousers my skin was back and my glans bare – I was always envious of men who are circumcised. Initially, the rubbing of my sensitive glans against my underwear was a great turn-on, and I had an almost permanent semi-erection. Over the years my glans has dried and toughened, and has the appearance of that of a circumcised man. I find the reduced sensitivity no problem at all. I have increased 'staying powers' and can tolerate (and indeed enjoy) direct stimulation to my glans which I would have found uncomfortable had I kept my glans soft and sensitive.

My foreskin never fully covered my glans anyway. The tip protruded even as a child. After a few months of trying to keep my foreskin retracted it would tend to stay where I put it. Mostly, though, I preferred to keep it back, and over the years it seems to have shrunk in length while the opening has become very loose, with no tendency to contract at the tip. Its normal resting place nowadays when my penis is flaccid, is wrinkled up in the sulcus behind my glans corona. It appears to prefer it there, and if I grasp it and pull it forward it seems to resist. The inner layer doesn't slip naturally over my glans any more, and to get it to fit I have to tug it by hand. This done, it covers the glans rim and little more, about  $\frac{3}{10}$  in all. Very soon after letting go my foreskin slips back of its own accord – it's quite interesting to watch – until once again my glans is fully bared and the foreskin nestling in folds behind the rim. If I'm cold or anxious, and my penis is particularly shrunk, I find that it does retreat under the folds of skin to some extent. That's not to say that the foreskin comes forward in the normal sense, but it tends to cover the glans inside out. By that I mean tht the inner layer of foreskin stays wrinkled up behind the corona, while the outer skin sags down and partially covers the glans.

Because I still have all my inner foreskin, and because it spends most of the time wrinkled up, it hasn't dried up like my glans. It therefore continues to produce moisture which I dislike and wash away several times a day. The narrow band of skin at the point where the inner and outer layers meet is, in

my case, very thin, and prone to becoming sore, and even bleeding if I handle it roughly. With these things to consider, I've decided that I would like to be circumcised, and I've made an appointment with a clinic in London for a day in the Autumn.

I've enjoyed my retracted state for a number of years, and I consider it a vast improvement on keeping the foreskin forward. If any cavalier out there hasn't tried it, I heartily recommend it. It looks good and the sensations are pleasant. The time is fast approaching for me to say goodbye to my foreskin. I don't think I'll miss it. I'll write again after my operation and describe my new look, and my feelings and experience on the operating table. If anyone wants to contact me, they can do so via the normal *Acorn* channel, and any letters will be carefully read and promptly answered.

*J.M. – Middx.*

**Penis Survey**

1	2	3	4	5	6	7	8	9	10	11	
6.0	7.5	6.0	7.7	U	20/10	10/10	V/L	5	6'1"	35	(P.H.
6.0	7.5	6.0	7.7	0.6	-	-	-	5	6'1"	36	(Milton
4.2	6.1	4.3	5.0	U	0	0	V/L	6	6'4"	31	(Keynes
											J.M.Middx

[More contributions gratefully received. — *D.A.*]

**Hawaiian Habits**

Firstly, let me say how much I enjoyed No 4/91. Samantha's letter was very good, getting her husband's penis back into shape. It reminded me of an American magazine I read about 30 years ago.

On a Hawaiian island the boys, when they reached puberty, were told by their elders to pinch the tip of their foreskins when urinating causing ballooning. This resulted in 4 things:-

- 1. Flushing of the inside of the foreskin.
- 2. Getting rid of adhesions.
- 3. Making the pocket of the foreskin larger.
- 4. Making the tip of the foreskin loose.

This, they said, prepared the boys for sex in a few years time. It was noted by visitors that all the males, even the elderly, had foreskins which covered

their glans completely. When asked about this, they were told it gave them the 'virgin look'.

Hope this has been of some interest to members.

*H.J.M. – Glamorgan*







# **ACORN**

**1991 Issue No 6**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## Editorial

The editorial of *Forum* magazine Vol. 24, No 10 goes as follows:-

“Just what is all the fuss about circumcision? Ever since I started work on *Forum* I have been constantly baffled by the amount of fuss made over a couple of square inches of skin. Some men are sensible enough to have joined the Forum Society’s *Acorn* group, which caters to those who want to discuss foreskins in any depth. But each morning my mailbox is still full of letters from men who want it chopped off, men who want it sewn back on, and men who want a whole issue devoted to the subject.

I’m not the only one to find the whole issue tedious. When Roger Baker was editor he became so tired with the incessant wrangling over the pros and cons that he declared a moratorium on the subject, a move I’m seriously thinking of following.

This may all sound very much against the *Forum* ethos of free and frank discussion, but circumcision is a matter that veers dangerously close to obsession in some people. Circumcision for religious reasons is one matter. It’s when otherwise rational men spend all their time thinking up excuses for why the state of their penis is preferable to the state of another man’s penis that it all becomes a little wearing. Strong claims have been made that circumcision is more hygienic, and cuts down on the transmission of STD’s. For the former it’s a simple matter of washing – and if a man doesn’t wash, do you really want to go to bed with him? As for the latter, wearing a condom has the same effect. I can never understand why one of the supposed pluses of circumcision is that it makes the head of the penis less sensitive and thus allows intercourse to last longer, when that same effect has always been seen as one of the minuses of a condom.

The sad thing is that so many men seem to be completely screwed up by whether or not they have had it done. There are frequent tales of locker-room abuse for being ‘different’, and occasional outbursts of bitter hatred towards the parent who allowed a supposed ‘mutilation’. Like women who pin their hopes of attracting a partner, or getting a better job, on a nose job or breast enlargements, some men focus all their fears and inadequacies on their penis, and long for the operation which will cure all their ills.

Extravagant claims are made that many women will only fellate a circumcised penis and scorn a partner who has not been cut. The truth is closer to an American survey which revealed that 50% of women did not know whether their partners had been circumcised or not, presumably because most of them never saw the organ in a limp state. Some women are never going to put a cock in their mouth, whether snipped or not, and arguments about hygiene, sensitivity and the like will not sway them. Personally, I don’t give a damn whether or not a man’s circumcised: it only matters to me that he knows how to use it, and that he is aware that a penis, cut or not, isn’t the sun around which the sexual universe revolves.

I'm sure I'm letting myself in for sackfuls of mail: if anyone has anything intelligent to add to the debate, instead of the usual self-obsessed ramblings, please feel free to comment. If not, can we please call a ceasefire in this protracted, unnecessary war between the cavaliers and roundheads.

*Elizabeth Caldwell*

I have written to Elizabeth, asking her if she would post on to us all her unwanted circumcision mail, so that we in turn can inform the writers of our existence and aims.

At the same time I am hoping that she might give us a small write-up in the 'Forefront' section of *Forum*, which is a good advertising medium.

*David Acorn*

## **Afterwards**

I have been fascinated to the point of obsession by the subject of circumcision ever since, as a small boy, I noticed that all 5 sons of friends of my parents looked different (I later discovered that all were born in the U.S.A.). When I was about 8 I remember at a prep school medical not being able to pull back my foreskin, and the doctor discussing it with my father who was present. What he said I don't know but it didn't lead to my being circumcised, nor was anything said or done about easing it back at bathtime or anything like that. As I became more mature I became interested in all cut cocks at school (most boys of my generation – I'm 40 – at public schools were roundheads as I recall) to the point of jealousy and a sense of inadequacy on my part. Whilst at university I entertained the idea of being done but never had the courage. But after years of fantasising about the operation and trying to keep my rather long foreskin permanently back, I decided about 6 months ago, as it was becoming tight and hurting just at the moment when it should have felt best, to have it removed. I was very nervous and had to force myself through the door of the Surgical Advisory Service Clinic. C.P. of Wiltshire, in issue 4, was lucky if he didn't feel the needle at all – for me it was the most painful part – though obviously bearable. I wanted to, but didn't dare watch as I am rather squeamish – read a book instead – and it was all very quick and painless really. The greatest discomfort afterwards was the stitches catching on my underpants, and being woken with the pain of nightly erections. About the third night, presumably I was dreaming about the op. and my new look cock, I had a wet dream more intense than I've had before or since. I was terrified that this would tear the stitches but they were quite unmoved.

I noticed during the first tentative wank after 2 to 3 weeks, that just before orgasm, there was an incredible feeling of pins and needles in the area where the two skin layers had been cut and joined. This has now gone I am

glad to say. I would have preferred that my cock, even when flaccid, had a completely smooth shaft with the scar ring half way down, but on good advice I requested the surgeon to leave some skin. This way there is movement of the penile skin during wanking. With so many men who were circumcised as infants, when no one can know how the penis will develop, too much skin was taken and it leaves their cocks taut like a drum, especially in erection. I am left with a few small bumps and wrinkles, but these pull out and disappear when I am erect.

One thing I would recommend to those going to get themselves cut is that they have the frenulum removed. Interestingly, when I had to make a return visit to the clinic, because a small area on the underside was not healing, I asked the surgeon why he had removed the frenulum (as in the blurb given before the op. it said you had to specially request this) and he denied doing so, thinking perhaps I was going to sue him, when in fact I was very happy that he'd been so thorough. I have noticed in men obviously circumcised in adulthood a great bunch of skin around the frenulum, and this not only looks unattractive but I think must feel so, as my cock has this lovely feeling of a dip on the underside, where, before I was done, it was always tight, bulky, and painful to the touch. To my eye it had certainly been removed, for not only is there only a vestige left of what was there before, but also why was there a stitch put into my glans at the very place where the frenulum once joined it and then the gut wound round at several thicknesses back down and stitched into the shaft just where previously the bottom end of the frenulum had run into the inner skin. Maybe the surgeon had to remove my frenulum to accommodate my request to have more skin left along the shaft, or I would have been left with a sagging bulk of skin around the frenulum, which I have described above and which looks so nasty.

But what being circumcised as an adult has taught me most is that, because my cock hasn't had years of being desensitised by rubbing against clothing, as it must be in men cut as babies, the head of my dick is still soft and sensitive, and the feeling of it being stroked, sucked, rubbed or whatever, is infinitely pleasurable.

Before being done I had believed that all boys should be circumcised as babies, for, as there will always be some who have to be for medical reasons, it is better that all are done, so that none are made to feel different, deprived or whatever. But now I feel very strongly that it should be done by law when boys reach the age of 16 to 18, and certainly before marriage, so that they have greater pleasure as well as all the other benefits that the operation affords.

Another thing that I have noticed is that sometimes when I pee I have two streams – one lesser one dropping vertically – the other main stream shooting out diagonally – then before one finishes they always join. Do others cut in infancy or later experience this.

I enjoyed the piece called 'African Circumcision', but surely no adult

male can be circumcised, especially if the frenulum is cut, without bleeding profusely, unless there are stitches. Pressing the wound with leaves when a major vein is cut is surely useless.

Happily a roundhead.

*R.H. – London SW8*

[I would imagine R.H., that due to your newish state you tend to become sexually excited more often, causing you to lubricate at odd times. It is probably this lubrication, becoming a little blob just under the opening, that causes you to pee in two streams which join up later. I'm sure that most members have experienced this at one time or another. — D.A.]

## **Amah**

[In the Far East, the amah (sometimes pronounced 'armah') was usually a nanny. Very often, though, she was also the major-domo, the cook, the parlourmaid, the housemaid and the laundress. A definitive history of these remarkable women, *Superior Servants: The Legendary Cantonese Amahs of the Far East*, has been written by Kenneth Gaw (published in November 1991 by Oxford University Press; 200 pages, 56 illustrations, 2 maps, 0-19-588555-4, £15).

In addition to the duties already listed, an amah could have an important influence on the upbringing of a child in her charge, as is well illustrated by the following account by one of our members:-]

As a little boy I lived in Burma. My mother died when I was an infant. My father worked away most of the time. I was looked after by an old amah, who only saw to my basic needs as far as food and clothing were concerned. In the mornings a man would come to teach me reading, writing and so on. After lunch I was free to play as I wanted, until called in by the amah.

I remember getting ill, and a new amah came. She was younger, and I liked her. I was about 9 or 10 when she came. I remember on her first day she was cross because I had wet my bed – I did every night. That evening she ran a bath for me, but didn't just let me get on with it myself: she washed me, paying particular attention to my penis, gently pulling the foreskin back and splashing it with water. It soon got hard, and she pulled the skin, saying now she knew why I wet the bed and peed so often.

Later, when I was in bed, the amah came into the room and sat near my bed. She told me to go to sleep and not pay any attention to what she would do. She poured some oil into her hand and slid it under the sheet. Her other hand gently stroked my hair and neck, all the time telling me to sleep. With the oil she began to massage my penis. I could feel her pulling and tugging it.

It was very hard and felt nice. Every now and then I felt a slight discomfort, but I was tired and it felt nice. Suddenly I felt that I needed a pee. I told the amah; she smiled and carried on. After a second or two I felt a tremor and pleasure – my first orgasm. Amah slowed down but carried on pulling and stroking; she wouldn't let me see what she was doing. A few minutes later she stopped and left the room. I slept. Later on I woke to find her there again: this time the cover was back; she was using both hands; my penis was very stiff; she was holding the foreskin back and rubbing oil into the tip.

I awoke early in the morning and crept to the loo. My cock was very red and a bit uncomfortable. I had a pee. This time the tip didn't swell up as usual and the pee came out fast. On the way back to my room the amah met me and asked if I was OK. I said yes. I didn't have any clothes on. "Let me look." She knelt down and gently pulled the skin back and declared it was better.

Each night for a week or ten days, after my bath, she would come into my room and repeat the exercise. On some nights I had two or three orgasms. She must have spent an hour each night stretching my foreskin; for all that time I was very aware of my cock; it didn't hurt but it was sensitive. The amah never let me see what she was doing, until one night she said, "There, look." She pulled the sheet back and let me see her with two fingers slip the foreskin back behind the glans rim. When she let go, it slowly rolled back up. She then told me to pull it back every time I had a wee, and when I went to bed to gently hold the skin back until I fell asleep. When she stopped coming to my room I couldn't sleep. She said she'd come. A minute later she came into my room, started to stroke my hair and squeezed my cock. I very soon had an orgasm and slept. The amah stayed with us for several months. She told me that when I couldn't sleep I should make myself come, and that as I got older there would be more of the wet stuff that beaded at the tip, and that was the way that babies were started. I'll always be grateful to her for removing what could have been the need for adolescent circumcision, and for gentle and kind instruction into the finer art of growing up.

I soon made a good friend in Burma that I was to go to school with in Singapore, and quite often I stayed with him. One night Charles and I were engaged in some horseplay after we had been sent to bed. Charles' amah came into the room and told us to get into bed. Then she did more or less the same as my amah had done, first to Charles and then to me. I was quite surprised. Later on we talked about it. Ever since Charles could remember his amah had helped him sleep in that way. What a pity that the English are so hung up about this sort of comfort: I suppose it would be deemed 'child sexual abuse'.

*C.D. – Wales*

## **Women's Points Of View**

I have just read the latest *Acorn*, for which many thanks. Your appeal for contributions has touched my conscience, so I am making time to write – I think for the third time.

I very much enjoyed Samantha's contribution, and it made me think about the attitudes of women I have known towards foreskins and circumcision. I grew up with a long loose foreskin, having been subjected to several painful stretching sessions by the family G.P., and, having been to boarding school where about 80% were circumcised, I had developed a keen interest in the subject.

When I met my ex-wife, she had a friend who used to insist that all her boyfriends had been circumcised. This gave us a basis for interest, and for 5 years we struggled with my foreskin, which used to stay motionless in her vagina whilst my penis slid in and out of it. Eventually I was circumcised and both of us were delighted with the improvement. When our son was born she was insistent that he be circumcised, and of course in 1966 she had quite a row in the hospital to get it done.

Since she left I have had several partners. The first was fairly keen on circumcision and used to enjoy examining my scar. She had a small nephew who had a very short foreskin which eventually rolled itself back permanently.

The second was particularly interested in foreskins because she had left her husband, and part of the reason turned out to be that he had a totally unretractable foreskin, so much so that he found it painful to attempt intercourse. Quite why he didn't go and have himself circumcised I never found out, but as I subsequently heard that he had remarried to an American lady I think that maybe he eventually did.

The third didn't really mind whether her men had foreskins or not – it eventually turned out that her husband was as keen on retaining his foreskin (which he did) as I was on getting rid of mine. She had a ten-year-old son when I met her, and it turned out that she had never been able to retract his foreskin at all. Her husband had told her to leave it alone and it would eventually sort itself out. I suggested that she really ought to take him to the doctor, so she had one more try at retracting his foreskin, but couldn't even expose the tip of his glans. The doctor took one look at him and declared that it was a clear case for circumcision, which he had at the age of 11. She used to tell me that it was quite neatly done except for a fair bunch of skin around the frenulum, but she and he were very pleased to have had it done.

The current lady in my life is a nurse, so when I met her I thought she would know more about the subject than I did. No Way! All the previous men in her life, and there had been several, all had foreskins, but I have a feeling that she never pulled their foreskins back. However, I am educating her.

Finally, I don't think you have ever mentioned the short film *Dick*, which was shown at last year's Edinburgh Festival, and consists of shots of hundreds of varied penises, with and without foreskins, including one with a large ring through the foreskin. It is available on video from:-

Island Visual Arts, P.O. Box 1477, London. W6 9ND.

J.R. – Diss

## **Rites**

Firstly I must congratulate you on continuing the excellent work with the *Acorn* newsletter.

I am uncut, but regularly fantasize about having my foreskin removed. I intend to put these down on paper in the near future so that you can use them in the newsletter if you think fit.

I enclose a review from the *Weekend Telegraph* of a book called *Rites: A Childhood in Guatemala*, by Victor Perera, which you might find of interest.

C.L. – Penrith

'The book is an account of a family of Sephardic Jews in exile, as seen through the eyes of a child, and deals mainly with the unimaginable poverty of the people. Included in this is the author's personal problems. The first being that, back in Jerusalem, perhaps to save on rabbinical costs, he had been circumcised by a Gentile doctor. Now, six years later, a troubled family conscience demanded a repetition of the operation in proper ritual fashion, and a Rabbi newly arrived from Turkey called in with the clippers.

Anaesthetics were out of order, and the Rabbi, humpbacked, virtually a dwarf, and with a hooked nose from which "wiry hairs radiated like an insect's antennae", leaned over him whispering unintelligible comfort in 15th. century Spanish. "The rest was howls, astonishing pain, and the bitter sinking knowledge that I would never again be whole." The experience damaged Victor's sexual development, and, as a result, he was 17 before he could achieve an erection.

It was a predicament that severely harmed his prestige in a boyhood environment in which one of his Guatemalan schoolchums could be initiated into sex by his aunt by way of an 11th birthday present. Shortly afterwards, he was stripped by his playmates in search of the tail which Jews were supposed to possess, the organ so brutally ravaged by the Rabbi's clippers being loudly derided. He struggled through to social acceptance and his share in the misery of the poor. He eventually married a Hindu girl (a religiously foreskinned people).'



## **We Know What You Mean, Harry**

Your plea for contributions goes not unheeded. Another addition to the 'What's yours called' list that you kindly published in Issue 2, 1991.

Some of my schoolfellows referred to willie as 'gonga' or 'gonger' (as in longer gonger), the g being hard. No pun intended.

As the penis survey shows, I am circumcised and now 76. Over the years the skin of the penis stem has stretched, and I can now pull it forward and push the glans into it. This forms a very short stubby prick covered by skin as though a cavalier: something I have long desired.

After reading the information on piercing in Issue 4, I'm wondering whether my slack skin could be pierced and held forward over the glans at will. The difficulty as I see it would be that the holes would be in skin lining the stem. Any ideas, anyone please?

There is enough slack on my flaccid penis to protrude some  $\frac{1}{2}$ " (doubled) over the top of the glans, and this overhang can be pinned with wooden clothes pegs or pulled through a  $\frac{3}{4}$ " diameter metal ring to hold the cavalier look against an erection. In fact, I often wear it ringed for several hours at a time both naked at home or when outdoors dressed.

*Harry M. – Colchester*

## **What's Wrong With My Willy? by Ray Hamble**

The author writes the medical advice column in *Him* magazine, and in the past has written similar columns for a series of other gay men's magazines. Medically qualified and in his late 50's, he has spent most of his career in the administrative side of the medical profession. This book is the fruit of his long journalistic experience. He uses a selection of letters he has received to lead into his, sometimes quite full, comments and advice. He comes over as tolerant, wise, and willing to smile with his correspondents at some of the oddities of a wide range of male sexual behaviour. But he is also quick with a well explained warning where an activity is dangerous, especially if it is illegal or likely to encourage the spread of infection.

The first chapter, headed 'Wankers World', includes letters and comments on earliest orgasms, wanking ways and woes. A 'Cockerama' chapter, with several items about foreskins and circumcision is of special interest to *Acorn* members. While giving a sympathetic hearing to both pro-foreskin and pro-circumcision perspectives, his sympathies are with the latter. This chapter also covers size (bigger and smaller than average – again he prefers the latter) and the problems of having a bent cock (if severe, this can be cured surgically).

Another chapter deals with problems in homosexual relationships. This is one of the strongest in the book, with sensible advice to correspondents

facing various dilemmas. Many of these could arise in any kind of sexual relationship, but are posed with extra acuteness for gay men because of the legal and social prejudices they face. The advice is often to opt for the lesser evil, or to meet trouble half-way. But some dilemmas cannot be resolved, or conflicting loyalties makes a choice essential: then Ray helps to clarify the options.

There is a chapter which begins "We all have our funny little ways" – some of them funny ha-ha and some of them funny-very-peculiar. This one is guaranteed to include "something old something new" to any reader. Cock piercing is covered quite fully. There is advice to avoid truly dangerous bondage situations, and to seek broadly based relationships rather than indulge introverted narcissism. Other fetishes also covered include hirsutism, depilation, cockstraps and transvestism, plus the comparative virtues of boxer shorts and briefs. Another chapter continues the fetish and fantasy theme, but points out the need for safe limits, and encourages readers not to allow a fantasy to become more important than reality. There is also a cautious, realistic and sensible chapter on AIDS and other sexually transmitted diseases, which draws on the author's experience of running the AIDS advisory service in a large British city.

The title of the book gives a narrower impression of the contents than turns out to be the case. Gay readers will find that it has much to tell them which relates directly to their condition, but the book is a mine of information both sensible and bizarre, and it holds much to interest straight readers too. The book is available from GMP Publishers Ltd., P.O. Box 247, London N17 9QR, £5.95 plus £1.50 p & p (any number of copies); or from Gay Times Book Service, 283, Camden High St., London, NW1 7BX, allowing 65p per copy for UK p & p, £1.20 overseas.

T.A.

## **American Women's Views**

Congratulations on the fine job you are doing. Tony did such a fine job that I am sure it is no easy task to follow in his footsteps. I have a complete set starting from Issue A and enjoy going back over them. Old issues of *Acorn* are never out of date.

I have seen requests for the woman's viewpoint on circumcision, so I am enclosing a few clippings from American magazines expressing women's views on the subject. It would seem that in countries where circumcision is the norm, women prefer a circumcised penis. They think it looks sexier, is cleaner, safer and more stimulating in coitus. In countries where circumcision is practised more infrequently, women either don't care, or prefer the uncircumcised penis. They like playing with the foreskin.

Warren – U.S.A.

[Thanks very much Warren, for your kind remarks. I have to say here that most of these letters are forcefully written, with opinions given as facts (eg. Men with foreskins don't enjoy sex as much as circumcised men), sweeping statements (eg. It is difficult enough to persuade a male of any age to wash properly, therefore all foreskins are filthy), and an ignorance of history (eg. circumcision is the modern look).

Since the beginning of *Acorn* I have made a point of asking the right people, ladies in particular (see the last issue), about the incidence of dirty and smelly foreskins. Most of them wonder what I am talking about. Well, I'd never heard of them before *Acorn* either. I would imagine that men who don't wash, don't get sex. Also if it was the case, with almost all men under 40 being intact, there would be such an outcry in the women's and medical magazines that circumcisions would be an NHS priority, with governments falling on the issue. You can guess that I own a sweet smelling foreskin, and that this is a topic that I do get incensed about, as it gives me an undeserved bad name in our circles.

The bigotry is not by any means confined to the pro-circumcisionists. Nevertheless, read on, and make of them what you will. — D.A.]

### It Looks Nicer

My husband is circumcised and I wouldn't have married him if he wasn't. My two boys are too, as I made sure of that when they were born. All of my friends had their babies circumcised. In our crowd, when we meet any new friend who's pregnant, we make sure they hear our side and have their babies circumcised, if it's a boy.

We think it looks nicer, that's all.

We know that the main reason isn't medical, but for looks, because it's sexier to be cut. I can often tell when a man or boy has been circumcised, because I can see the rim of the head through the clothing, especially if he's wearing a bathing suit. This turns me on. With tight pants in style, many men show off their manhood this way, and this gives us a lot to watch, especially around the swimming pool. Unless the man's wearing loose trunks we can always tell if he's got the modern look.

The reason that it looks nicer is that there's a fat head and thick rim, sticking out proudly, instead of hidden under a tight shroud. It's nice to see a man's most sensitive part permanently exposed.

When we take showers together, I always soap up my husband's penis, rubbing him until he comes. He likes it, and so do I, because there's not any extra skin to get in the way. I also taught my boys to wash themselves carefully, and sometimes I see them soaping themselves there when they take showers. I don't say anything because they enjoy it. I told them why I had them circumcised, and they're very happy about it, especially as they don't want to be different from other boys or their father.

I think it's best to do it when born, because it hurts, and sometimes bleeds for a while. The boy doesn't remember though, and when he grows older he only remembers the pleasure of super sex.

### What Nurses Think

As nurses, we may be able to offer well-balanced views on this topic, based on our experience on the wards, and also the more intimate moments with our boyfriends.

First it must be said that the majority of smart, well-groomed men show a complete disregard for hygiene where the penis is concerned.

This is only noticeable when the man or boy is uncircumcised, and obviously many are unaware that the sticky secretions beneath the foreskin are foul-smelling and objectionable. When a man complains that his girl or wife will not take his penis into her mouth, he should perhaps take a minute to examine his penis with his foreskin drawn right back, and judge for himself whether he has the right to expect his partner to suck him.

We consider that a man with a long intact foreskin has an advantage when he is being masturbated. It is a pleasure to roll the skin back and ease it forward again and watch the shiny blue tip emerge in all its glory and disappear again, especially so if he has a slightly tight foreskin, and it has to stretch a little to allow the knob to be uncovered.

It is surprising the number of males, not all boys or teenagers by any means, who have difficulty in retracting their foreskin behind the tip without considerable pain. No girl should enter into any sex-play until she has completely uncovered the glans and satisfied herself that it is clean and healthy underneath and behind the knob.

We have found that a penis without a foreskin is more satisfying inside the vagina. This may be due to the greater friction caused when the loose skin slides back and forth over the tip. It is noticeable that when a penis is circumcised the glans grows larger, being unrestricted by a sleeve of skin.

Opinion generally is divided on whether a penis looks prettier with its tapering foreskin or without. Either looks attractive to most girls, but I believe many of us love to see the tip with the skin cut well back to show it off all the time. Two of my friends agree with me, but the other believes that it is better looking with a long tapering foreskin gathered in front of the tip.

To summarise: we cannot agree on aesthetic qualities. We consider the long foreskin superior for masturbating and fondling. We agree that only the most fastidious of uncircumcised men are a joy to suck – the circumcised cock really comes into favour where fellatio is concerned, and we know most females agree on this point.

On balance, we are convinced that a man is cleaner, healthier and sexier without a foreskin.

## I Am All For Circumcision

I am all for circumcision. Some men say that before they were circumcised they were far more sensitive and reached orgasm faster; but most of them are happier after the operation. It is pretty painful for adults, and in most countries nowadays it is automatically performed right after birth. [Well, I never!! — *Ed.*]. Today the vogue for circumcision is based on hygienic reasons. It almost certainly prevents cancer of the penis, and cancer of the cervix is rare among wives of men who were circumcised at birth.

As for lovemaking, the taste and smell of leftover urine, sperm and perspiration behind the foreskin can be a complete turn-off for any woman who might consider going down on her husband. If a man is not circumcised he should keep as clean as possible. In particular, pull the skin back and wash the head of the penis thoroughly.

## Women's Ignorance About Circumcision

I never cease to be astonished by the incredible ignorance of the American women – and men – about the subject of circumcision. Having had a liberal upbringing in Denmark, an American education, and travelled extensively during my 10 years of swinging marriage to an American Air Force officer, I have encountered no less than 300 penises during my life – about half of which were uncircumcised. I feel more than qualified to enlighten your readers on some of the most common misconceptions concerning uncircumcised males.

I first became aware of how naive American women were about circumcision during my freshman year at an American university. My roommate and I were dating the same guy, and I made the comment to her that I “dug Ron the most because he was uncircumcised like my Danish boyfriends back home.” There ensued a heated argument because my roommate insisted that Ron was circumcised. It seems that she had only seen his penis in the erect state, when the foreskin was quite naturally retracted, and assumed that, because the head of his penis was exposed, he must be circumcised.

It's not surprising, in a country where more than 90% of all males are circumcised shortly after birth, that such naiveté exists. Since the explanations usually offered by magazine editors to such questions only further mystify the inquirer, I'd like to share my observations as a way to clarify the matter once and for all.

First of all, all normal uncircumcised penises have a foreskin that is capable of being completely retracted. While length and tautness of foreskin varies widely among males, the overwhelming majority fall within a narrow mean. Since my uncircumcised husband falls well within this mean, I will use his penis to illustrate what I am talking about.

When comfortably flaccid, his foreskin covers all but the tip of his glans penis. Only during extreme cold or physical exertion does the foreskin cover his penis entirely. During various stages of semi-erection, his foreskin covers

anywhere from three-quarters of the head to just the corona of the glans. During normal full erection, the head is completely exposed, with the foreskin gathered in loose folds behind the rim of the glans. During extreme erection, the foreskin is stretched back so tautly that there are no folds of skin at all. So much for the natural positioning of the foreskin. When my husband manually retracts his foreskin (in the flaccid state), it will normally remain retracted – unless he sits down, or jumps into the swimming pool (water has strange effects on the penis, I've noticed) – and look as though circumcised.

I find it a crime that so many American males are mutilated by circumcision. True, from an aesthetic point of view the completely exposed head of the penis is a work of art, but, as I have already pointed out, the uncircumcised male can achieve the same look by merely retracting his foreskin.

At the same time the uncircumcised penis has a 'cuteness' and personality of its own, and has much more potential in foreplay than the relatively inflexible circumcised penis. The head retains a smooth satiny texture and an extreme sensitivity to touch throughout one's life. Another little known fact is that the leading one inch or so of foreskin, which is the part removed in circumcision, is richly endowed with erectile tissue, which responds to oral and manual stimulation in the same way as a female nipple.

The most common argument for circumcision is cleanliness, but it doesn't take much to keep a penis clean. Ironically, the hormonal secretions that create smegma, when fresh, are the source of the deliciously musky, salty penis taste that many women adore. Circumcised penises are virtually tasteless and nowhere near as much fun to suck.

Adult circumcisions that I have seen, very seldom seem satisfactory, often leaving an ugly scar that is neither pleasing to the eye nor the tongue.

### An Exposed Glans Is Pornographic

First let me say that I consider the human body beautiful. There is nothing pornographic about the male or female body shown 'au naturel', provided that the body is indeed natural, or as nature made it.

But I disagree with your reader in the last issue who finds the circumcised penis very attractive to view. I consider the exposed glans of a circumcised adult male repulsive and pornographic. It is like showing a man with an erection. Both excite feelings that are proper only in a marriage relationship.

When Michelangelo carved his famous sculpture of the Biblical David, he modestly added a foreskin to cover David's bare circumcised glans. Other artists have used the fig leaf. We would do well to follow their example.

### Problem Page

My problem is that I can't have sexual relations with an uncircumcised man. I have never heard of this problem before, but my doctor seemed familiar with it.

Three years ago I got venereal warts. The doctor said I probably got them from an uncircumcised man, and, since I had been with one a month before, that seemed logical. All the men I slept with for the next two years were circumcised. It wasn't until 8 months ago that I had any trouble again, when I met the guy I'm still seeing. At first I didn't even realise he was uncircumcised as he was always very clean and his foreskin was usually retracted. After about 3 weeks however, I got a terrible itch in my genital region. It didn't feel like an infection, just irritation, and seemed to get worse the day after I was with my boyfriend.

I talked with the doctor and he said that many uncircumcised men have a virus which they carry naturally. This virus can be irritating to a woman's tissues, particularly if she is fair skinned like myself. Condoms seem to alleviate the problem, but I went on the pill simply because I don't like condoms.

If I ever saw an argument for guys being circumcised, I think this is it. It is really embarrassing for me to have to ask a guy if he is circumcised before we get intimate, but then that's better than itching to death. Obviously I could never marry someone who was uncircumcised.

I presume the viruses elude soap and water. Have you ever heard of this before?

#### Answer

There is no scientific evidence for your belief that uncircumcised men have more viruses than do circumcised men. Nor is there any scientific support that you contracted a wart producing virus because you had relations with a man who was uncircumcised.

It is believed that uncircumcised men have cancer of the penis more often than do the circumcised. However, not all data support this hypothesis. Cancer of the penis is certainly not limited to men with foreskins; cases are reported in circumcised men as well. It should be stated also, that this is a rare cancer anyway.

Incidentally, the possibility of a virus being removed with soap and water is remote. Viruses tend to live within cells. They pass from cell to cell and would therefore be unaffected by washing.

Millions of women marry uncircumcised men and are not adversely affected. In fact, the majority of the world population is uncircumcised, and the problems you complain of are not common. This in itself is an indication that the fact that your symptoms followed experiences with uncircumcised men may be an unusual coincidence. For this reason I don't think it very wise to determine in advance that you would not marry an uncircumcised man.

There is a possibility that you might be allergic to the secretions found under the foreskin, but the study of allergies is still in its infancy. There's also the possibility that your problem with uncircumcised men has an emotional

basis. If so, it can be dealt with. If your problem is sufficiently severe in this regard, and if the man you were involved with felt it would help your relationship, he might be willing to undergo a circumcision for your sake.

## **Contact Corner**

### **Circumcision Video Now Available**

Have you ever wondered what happens when a Jewish baby is circumcised? Send for details with S.A.E. included to:-

Barry Griffiths 582A, Lordship Lane, Wood Green, London, N22 5BY

\* \* \* \*

Male, 33, thinning, circumcised, is very interested in making contacts with other *Acorn* members who are aged between 18 and 30, who are circumcised or who are seriously contemplating the operation. I can travel anywhere in the U.K. My hobbies are music, photography, and anything to do with the penis and circumcision. A frank letter with a photograph ensures a reply.

*R.M. – London E17*

\* \* \* \*

I would like to share with other males and females my fetish of the lack of foreskin.

I am Neil, 46, working in London. My ladyfriend, Elaine, 43, lives near Chesterfield, Derbyshire. Both of us are clean, discreet, reliable, down to earth, mixing well in any company. Both have a sense of humour, and enjoy the company of likeminded genuine sexually experienced people who also value fun and friendship.

*N.L. – London NW10*

[If you wish to write to any contributor of the newsletter, please send the letter, enclosed, to our box number, giving the initial and town of the contributor.  
— D.A.]



# **ACORN**

**1991 Issue No 7**

**Editor  
David Acorn**

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to:- DAVID ACORN

**Membership, Fees, Advice,  
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Printed & Published in England by Acorn

## **Editorial**

From now on the address to write to will always be at the bottom of the front page, so that you won't have to look up a back copy each time you feverishly pick up a pen and send me a letter.

In this newsletter you will find two leaflets. The first is to tell you that it's subscription time again. The subscription remains the same for the second year running, and I'm sure that next year's issues will be as interesting as in the past. The second leaflet is the final exhortation to send in your vital statistics. As I said before, this is a chance to go down in posterity, quite anonymously. The two leaflets should fit snugly in one envelope.

All the issues this year have been bigger than in previous years and we hope to keep this up. This issue is bigger still, forming two issues to make up for the gap in the summer when it was found impossible to get one out.

It doesn't seem a year since I first started my stint with you. I've really enjoyed it and hope to keep on in the same way. If you have any suggestions with regard to the format please let us know.

*David Acorn*

## **Arabian Rites**

Having seen a copy of your newsletter which was sent to me from England, I thought that I would drop you a line concerning my thoughts and experiences of circumcision.

From the age of five I lived in Qatar, so consequently I grew up in close proximity to a number of Arab children. One of our neighbouring families, who spoke excellent English, had two boys with whom I was particularly friendly. Ahmed, who was my age, and Ali, who was two years older.

We used to go swimming at the beach quite regularly, and it was on one of these trips that I noticed that Ali's willy looked different to mine or Ahmed's. When I got home that evening I asked my father about it. He explained to me about circumcisions and how all little Arab boys had to have this small operation done at a special ceremony "because they believed in it."

A few months later my father came to have a talk with me as I was getting ready for bed, in the course of which he asked me if I would like to be circumcised. I said I wasn't sure. However, when he told me that Ahmed was to be 'done', and that I could be 'done' at the same time, my mind was made up. (Some years later my parents told me that they had been concerned about my tight foreskin for some time and the opportunity was too good to be missed).

The following morning I dashed round to see Ahmed to let him know

that I was going to be going through the same ceremony with him. We were both wildly excited.

The following Friday evening Ahmed's parents gave a big party at their house, the circumcision itself being scheduled for the following day. Ahmed and I had on our best clothes and were the stars of the evening, being spoilt by all the guests who gave us money and sweets.

Late in the evening Ahmed and I were packed off to bed (I was to sleep in his room so that the grownups could carry on with the party). As we undressed for bed Ali came in and started to talk to us. He asked us if we were scared, to which of course we said not. "It does hurt, you know", he said, but Ahmed and I were not bothered, we were too excited. I did however ask to take a close look at Ali's willy to know exactly what I was letting myself in for. He obligingly took off his shorts and let me handle his willy. It was the first time that I had had a really close look at a circumcised penis, and I ran my finger along the smooth line which ran around the shaft about halfway down, and examined his permanently exposed knob. Ali's little penis stiffened as I tried to move the skin backwards and forwards on the shaft. Ali asked to look at my willy which I willingly let him do. He pulled back my foreskin gently but he could not expose the tip to make my penis look like his as my foreskin was too tight. He then pulled my foreskin forwards holding the tip of my long soft tassel of skin between his thumb and forefinger. He said, "They will do this to you tomorrow, and then they will make the cut, so you will be like me." I could not wait. Both Ahmed and I slept fitfully that night, our curiosity and excitement keeping us talking half the night.

We were woken early and told to take a thorough bath. We scrubbed together in the same tub of water, slightly too cold for comfort, Ahmed's mother saying that this was to make us ready. After our baths we got dressed in a pair of white dis-das gowns which had been given to us the evening before.

When we came downstairs the grownups were already gathered in the yard of the house, where a trestle table had been placed covered with a sheet. Ahmed's father made a brief speech and then called me forward – as guest it seemed that I was to be first.

I was helped onto the table and my white gown was pulled up to my waist exposing my all to the watching crowd. My arms and legs were held gently but securely by a couple of the guests. A man whom I'd never seen before bent over me and said, "Don't worry, I will do it quickly." The man then gently started to examine my willy, pulling my long thin foreskin backwards and forwards until I was stiff. By lifting my head I could watch everything. Once I had erected, the operator took a thin metal probe which he ran inside my foreskin. I felt the cold metal move around past my glans, a sensation that excited me even more, and sent tingling sensations all over my body. Surprisingly I did not feel in the slightest bit scared, or even embarrassed that my privates were on display to all. My father, standing beside me, smiled and said, "Look at

me.” As he said this I felt the operator pull hard on my foreskin, followed by a crushing sensation. I looked down and saw a wooden clamp a bit like a thin wooden clothes peg being placed on my foreskin. My father said, “No, look up at me,” but I could not bring myself to take my eyes off what was being done to my body. The operator pulled hard with his left hand on the very tip of my tassel of foreskin, now stretched out a good inch and a half beyond the wooden clamp which he was pushing on with his right hand. It started to hurt a lot and I remember crying out. Suddenly I was aware of a quick movement by my privates, and I felt a warm glowing sensation in my willy. The painful pulling feeling vanished and was replaced by a sharp stinging sensation. I looked down again and saw the acorn shaped tip of my glans for the first time ever. The operator gently pushed back the remains of the thin inner skin, which did not hurt at all, and then wrapped the shaft of my penis in a gauze bandage, leaving my freshly-exposed moist, purple-coloured glans protruding for all to see. It was over. I was helped down from the table and my gown was replaced.

My place was taken by Ahmed, who received the same treatment. I could not see what was going on, however, as I was led away by my father. He took me up to Ahmed’s room and got me onto my bed of the night before. In minutes, Ahmed was brought up by his father and put onto his bed.

Well-wishers came and told us how brave we had been, and were brought drinks. After everybody had gone except our parents and Ali, our gowns were pulled up again and the bandages checked. My bandages had a little blood on them but obviously not enough to cause concern. I could see that Ahmed’s penis was bandaged just like mine with the tip free from the bandage.

Both of us were then left to rest, which we did, the lack of sleep the previous night catching up with us.

I spent the next couple of days convalescing at Ahmed’s house, as our parents thought that we would like to be together. On the third morning after the ceremony we were both taken for a bath and the bandages were removed by Ahmed’s mother as we soaked. I remember being a little frightened by the appearance of my willy, which looked bruised and battered with a scab running round it like a ring. However, Ahmed’s looked just like it so I stopped worrying.

Over the next couple of days we rapidly returned to our normal energetic little selves, running around and generally causing mayhem. I think that Ahmed’s parents were quite glad to see me go back to my house after that.

Over the next couple of weeks both our wounds healed rapidly so that all that was left was a smooth red ring around the shaft (we compared our wounds as frequently as we could). Both our knobs changed from being shiny purple acorns, very sensitive to the touch, to being pinker and less sensitive.

Neither of us had any loose skin at all, the scar being halfway down the

shaft with the glans rim being completely free from overhanging tissue. During our comparisons we would both often get erections, which made us even more proud of our new status. I am still proud of my circumcision, which I consider to be very neatly done. I also remember the day of my circumcision with pleasure, and not as having been an ordeal; evidence that circumcision in childhood does not necessarily damage the psyche.

When I was ten years old I was sent back to England to go to boarding school. The school was an all-boys school in an old country house in Yorkshire, pupils being accommodated five to a bedroom rather than in large dormitories. I quickly made friends with the other four boys in my room, who all knew each other from prep school. David, who had the next bed to mine was particularly friendly and welcoming, and I sensed that we would become good chums.

The first evening at bedtime we all undressed very shy of the fact that we were exposing our bodies in front of others, but at the same time sneaking little glances at everyone else. Up to that time all of my friends had been circumcised like myself, but my rapid inspection of my room-mates that evening revealed that all of them were in possession of foreskins. The fact that I was different from them did not escape their attentions either, although nobody passed comment; we were all too shy. Whilst in Qatar I was proud of my circumcision because I was one of the gang, but all of a sudden I felt different.

The following evening we were told that we all had to take a bath before bed, and to my surprise and horror it turned out that we had to share tubs in one large room fitted with several large baths. This was to be the moment of reckoning. We all undressed and climbed into the tubs and I felt that everyone's eyes were on me. I tried to ignore the stares but my embarrassment was plain for all to see. No-one said anything until we were back in our room and preparing ourselves for bed; then Richard, the most outspoken of my room-mates said, "I hope you don't mind me asking, but what happened to your dick?" I coloured bright red, and then mustering my courage to overcome my embarrassment, told my friends about circumcision. They all eagerly asked questions and seemed shocked when I told them how the operation had been done. "Didn't it hurt," asked John. "No," I replied, "not at the time, and only a little bit afterwards." My friends seemed impressed which made me feel much better about being different.

Richard asked to look at my willy, to which I replied, "Yes, if I can look at yours." I sat on my bed and pulled my pyjama trousers down, exposing what had become the centre of attention. Richard looked closely and then felt my penis with his fingers, running his fingertips around the smooth scar which encircled my shaft. The others I could see were no less interested than Richard. Being the centre made my penis stiffen to erection, making my permanently exposed little knob stand proudly out from my groin.

"Let's have a look at yours then", and pulled Richard's pyjamas down for him. Richard's penis was already firmly erect as I uncovered it, and his

short foreskin had withdrawn just enough to expose the tip of his glans. I examined his penis and, to my surprise, discovered that his foreskin could be pulled back to expose his purple knob. I expressed surprise, and said, "I didn't know you could do that", which made all the others laugh. Richard said, "Come on you lot, let Ian have a look at yours as well, then." John and Paul enthusiastically exposed their willies for examination, as did David, who had been rather quiet throughout. John and Paul both had penises like Richard's, with short thin, easily retractable foreskins, which both of them pulled back exposing their moist shiny little knobs. David's penis by comparison was completely different, much smaller than any of the others, and endowed with a long tapering tassel of foreskin, which even in his erect state protruded a good quarter of an inch beyond the end of his knob, the outline of which could be clearly seen underneath his thin pale foreskin.

David, obviously embarrassed, said, "Mine won't pull back, and I have got to be circumcised like Ian. I went to the hospital last week and they are going to do it for me." As he said this we heard the steps of the duty master coming up the stairs to turn off the lights, so we all quickly jumped under the covers and made like nothing had happened.

After the lights went out and the master had gone, I leant across to David and said, "Don't worry about it, you'll be ever so pleased after it's done." I had forgotten completely about being different.

That evening was the start of a process which saw the five of us become very close friends. David and I became particularly close, and he frequently quizzed me about circumcision, obviously very nervous about what lay ahead for him.

On the first day after the Xmas holiday, David came up to me, and in a half whisper, said "I have had it done. It isn't too bad, is it." That evening at bedtime, with obvious pride, he exposed his restyled willy as he was getting undressed for bed. I said, "Now there's two of us then", which got everyone else's attention. We all gathered round David who happily let us examine the surgeon's handiwork.

David's circumcision was quite different to mine, his scar being right behind his small acorn shaped knob, with very little of the pink inner skin remaining. As the others looked at his willy he grinned happily at me, obviously happy to be circumcised.

P.S. Out of my class of twenty boys aged 11 in 1970, eight were circumcised. One boy had what I now know to be a Jewish type of circumcision, with a very tight result on top, and a small bunch of inner foreskin remaining by the frenulum. Three boys had loosely trimmed foreskins, which covered the glans rim, and three boys (including David) had tight results with no loose skin, and with the scar close to the glans rim. I was the only possessor of an Arab type circumcision.

Having told you about my circumcision and of my school experiences, I thought that I would complete the tale by writing about the circumcision of my children.

After I left university, I obtained a job in Dubai. Whilst there I met and married an American lady, and a year later became the father of twin boys. There was no doubt in either of our minds that they should be circumcised, my being happy with my own, and Jackie, being American, had only ever seen circumcised boys. What we were not keen on, however, was the prospect of our boys being circumcised just after birth in the maternity hospital, the results that we had seen on some of our friends' children being far from neat, with ragged collars of inner foreskin remaining around the glans (out here most little boys are circumcised within the first couple of days of life, Muslim and non-Muslim alike).

I asked the advice of one of my Muslim colleagues at work, who recommended me to a traditional Arab barber surgeon in the next Emirate. So when the boys were about 6 months old we arranged an appointment to see Ekrem the barber to have the boys 'done'.

Ekrem turned out to be a delightful chap, Turkish in origin. He agreed to operate on the boys there and then, delighted that an English father should wish his boys to have a Muslim circumcision.

I undressed the boys and lifted them onto the padded couch which was in the room. Ekrem said that he wished me to hold Paul for the operation, whilst Jackie looked after Thomas. We laid Paul flat on the couch with me at the foot end, holding my son's legs apart at an angle of about 33 degrees.

Ekrem prepared his instruments and then washed Paul's groin with a disinfectant solution. He then took Paul's little willy gently between the finger and thumb of one hand and massaged it until it became erect. He then took a thin metal probe and inserted it under the foreskin, sweeping it from side to side to separate the skin from the underlying glans. Having done this he made a little scratch with his thumbnail at the point where the edge of the glans could be seen through the thin underlying foreskin. Next he gripped the tip of the foreskin with the finger and thumb of his left hand and pulled upwards, stretching the mobile skin to its full extent. Paul let out a whimper at this stage, which turned to a cry as Ekrem placed a clamp on the foreskin. The clamp was a thin metal disc with a V-shaped notch cut into it, into which the foreskin was slid. Using his right hand to slide the clamp down the foreskin so that the glans remained protected, he pulled as firmly as possible on the protruding tassel of skin with his left hand. Having placed the clamp in position, he took a razor in his right hand, and with a quick movement cut the foreskin along the upper face of the metal disc. The clamp fell away and the cut outer shaft skin flicked back to a point about halfway down Paul's still erect penis. Ekrem pushed back the delicate layer of inner skin from the shiny plum-coloured glans so that it met the cut edge of the shaft skin, and

then applied a paraffin gauze dressing which he covered with a lint bandage. There was only the smallest amount of blood spilt which was quickly soaked up by the lint. Paul's cries were quickly comforted by a cuddle before Thomas was dealt with in exactly the same way.

After a cup of tea we paid Ekrem the princely sum of 20 dirhams (two pounds) for his services and took the boys home. Both boys slept for most of the ride home, following which they acted as if nothing out of the ordinary had occurred. Following Ekrem's instructions we left the bandages for two days before soaking them off in the bath. When they came off, healing was already starting to take place, although they both had slightly bruised shafts. After about two weeks the final scabs fell away leaving a clean smooth result. Both boys had an identical result with no loose skin remaining. The red coloured scar which lay almost exactly halfway down the shaft of their penises rapidly turned into a thin white line, separating the slightly darker skin of the shaft from the paler remains of the inner foreskin.

They are now six years of age and we have had discussions with them about circumcision. They are both happy that they have been done as most (about 75% by their account) of their friends at school are circumcised too.

Since our experience we have referred several other parents to Ekrem, all of whom have been equally happy with his handiwork. I am firmly convinced that the Arab circumcision is by far the neatest. Done expertly in childhood, it leaves a smooth scar with no loose skin, even when flaccid. The glans is permanently bare and is clean and dry. On erection the glans becomes well defined, with its rim standing proud from the tight skin of the shaft, a situation which leads to delightful sensations on intercourse. The only disadvantage of the tight Muslim circumcision is that there is no loose skin on the shaft for masturbation. However, I get around this by stimulating my glans rim with my index finger and thumb in a ring. Ideally I think that the operation should be done in the first year of life, although if delayed until later in childhood it is quite tolerable even without an anaesthetic.

Have any of your readers had experience of traditional Muslim style circumcisions in Britain?

*I.J. – Dubai*

[Thanks, Ian, for a very educational lucid account. It's nice to know that we are read around the world. — D.A.]



## **Pornographic!!**

I was quite interested to read in *Acorn* 6/91 the small article entitled 'An Exposed Glans is Pornographic'.

I must say that the writer obviously doesn't know the true definition of the word 'pornographic', which is, 'Explicit presentation of sexual activity in literature and films'. I can only assume that she must have been watching a circumcised penis being waved around in a provocative manner for someone to film.

Well, whatever turns you on, so be it. I'm sure that most of us who are circumcised do not find that looking at our glans is in any way sexually stimulating. Also an erection is surely a healthy normal occurrence.

I have been a naturist now for many years and have never yet seen any male in public with an erection. At the various clubs there are many circumcised men and boys around with many naked women, and the effect is quite normal.

I personally am very proud of the fact that I am circumcised, and it has improved my penis to quite an extent. In my case circumcision was necessary and to know that my ladyfriend is not so likely to get cervical cancer is quite satisfying. I had trouble for many years with my foreskin and therefore had to have it removed, exactly the same as an appendix or any other part of the body if it is causing discomfort. Keeping the body natural doesn't mean letting it run wild, but keeping it in trim; clean and tidy. If this means circumcision in some cases, then I can hardly see that this can be called pornography. In my book it is just healthy good sense.

*C.P. – Wiltshire*

[Well, I did say at the time that there were some very odd views in those letters. — *D.A.*]

## **Bath Times**

I was brought up in the historical city of Bath, and in the fifties, at the age of 15, I and my school chum Terry joined an archaeological working party to sort out the famous hot Roman Baths which had been neglected since before the war. One glorious summer's afternoon, Terry and I were working clearing rubble under the supervision of a lady archaeologist, a thinnish scholarly lady in her thirties, called Rosemary. We continued working at our task until long after everyone else had gone, until eventually Rosemary called a halt. We were all hot, sweaty and dusty, and Rosemary suggested we all take a dip in the warm bath to clean up. It seemed a fabulous idea, but as I pointed out, neither of us had a swimsuit. "So what?" said Rosemary, and told us that lots of them had previously gone skinny-dipping. "Anyway," she said, "I'm going in

even if you're not", and before our delighted gaze she stripped off and jumped straight in the pool whilst Terry and I sat there aghast. "For heaven's sake," she said, "what are you afraid of? Come on in and stop being silly." Terry and I looked at each other, quickly undressed, and sheepishly dived in, modestly covering our genitals with our hands.

The sensation of the hot water was so delightful that we instantly forgot our embarrassment and revelled in this new experience. After twenty minutes or so of hilarity, Rosemary got out of the pool and stood at the edge watching us, nonchalantly combing her hair, and incidentally giving us our first clear view of her wiry but shapely body. I had never before seen an adult woman naked, and was excited beyond description to see in the clear light her prominent mons with a sort of pubic crewcut, so that the deep incision of her sexual slot was clearly visible. She laughed. "Come on," she said, "you've had your treat. Now let's see what you've got to offer." By this time I had jacked up a fabulous hard-on, but, realising there was no escape, brazened it out, and, emerging, stood there in front of her drying myself furiously with my erection wobbling about, to Rosemary's enormous amusement. Terry in the meantime also got out, quickly dried himself, and we all got dressed and went.

Next weekend we went to continue our rubble clearing, once again staying late, but this time Terry had to go early, which left only Rosemary and I. This time when Rosemary suggested a swim I didn't hesitate, and once more we enjoyed a romp in the hot steaming water, before emerging to stand on the smooth stones at the pool's edge. Once again I got a hard-on I could have cracked a safe with, at the unrestricted view of Rosemary's fleshy, tightly compressed vulva. She looked at my prong curiously and then, to my embarrassment, asked me how I'd managed to avoid the rite of circumcision. A majority of the males of our peer group were circumcised in those days, including Terry, and she had noticed the difference immediately. There then occurred an event which was the most exciting I had till then experienced; or for that matter, till now if I'm honest. She reached out and grabbing the sprig of excess foreskin quivering about on the end of my erection, started rolling it between her thumb and forefinger. "As a classicist I approve," she said, "you would have gone down well with the Romans. They admired a good long foreskin, and the Roman matrons used to have their slaves' foreskins stretched to a considerable length. Look at this." She then produced from her bag a small statuette of a placentarius or tray-bearing slave she had unearthed. It was a beautifully sculpted naked man with a beard and a large phallus which terminated in a narrow foreskin extending nearly a third of its total length, and belling out to a blunderbuss-like opening at the end. Then, continuing her fondling of the loose tip of my skin, she told me how the Greeks and Romans, besides venerating a long foreskin, had no time for circumcision, which they associated with the Jews, who were a despised nation even in those days. "Your friend Terry would not have been well received", she said, and told me about the rude epigram written by a Roman poet, in which a lady was pilloried when her slave, who was attending her in a bath, probably very

similar to the one we were beside, lost his penile sheath and was seen by all her friends to be circumcised.

It was considered a terrible disgrace for a Roman woman of breeding to consort with a circumcised man, and the unfortunate woman could look forward to universal condemnation.

Rosemary continued, "The boot's on the other foot these days. Most educated men are circumcised, and a lot of girls are worried about hygiene and therefore prefer the men that way." This was not good news as far as I was concerned, and Rosemary must have noticed it in my face. She laughed. "Don't worry," she said, "as long as you keep this clean the girls will find you irresistible. Let's check." With that she stretched my foreskin back over my shaft so as to expose the dark shiny plum. She examined it closely, expressed herself satisfied, and rehooded my willy. She giggled. "Have you started wanking yet?" she asked. "No", I lied. Whereupon she told me I could console myself with the knowledge that a willy with a foreskin was much nicer to wank than one without, and, swearing me to secrecy, proceeded to rub my skin to and fro fast over the underlying knob until, with a moan, my knees sagged, and a stream of sperm shot into the steaming bath.

There were many future occasions when Rosemary, Terry and I went skinny-dipping in the baths thereafter, but unfortunately there was no repetition of Rosemary's handling of my prick, since she refused to do any such thing whilst Terry was there.

I didn't forget Rosemary's little lecture, and for a time was a bit concerned about my uncircumcised state. But as she predicted, I had no trouble at all. I'm curious to know if I have missed anything by not being circumcised, but on balance I think I am better off as I am. I've nothing against circumcision though, but I reckon it's best to let people make their own decision on such a personal matter.

*R.L. – Barnett*

## **The Carracula Therme At Baden Baden**

Baden Baden at the northern end of the Black Forest in West Germany has been a spa town since Roman times, and a highly fashionable resort for a century or more. The Carracula baths are a modern construction which provides for people to 'take the waters' in luxurious surroundings. The feature of these waters is their temperature, a naturally occurring 28 degrees C. There are some children among the clientele, but, because of their therapeutic emphasis, the baths mainly attract older bathers.

Changing arrangements are in beautifully clean individual cubicles, so the main opportunities for cock-spotting are in the showers and, best of all, the sauna; in both, a nudity rule applies. Visiting there in August 1991, the

most interesting observation was that, instead of the expectation that almost all users would be cavaliers, the contrary was the case; most of the men seen were bare-glansed. Indeed, of about twenty, only two had foreskins in evidence, and both these were loose ones reaching just as far as the glans tip.

Most of the men seen were aged 40-60, and most of their cocks were shortish and flaccid. One micro-short cock raised some smiles behind the owner's back. It was impossible, in the circumstances, to tell whether the men with bare glans were circumcised, or simply kept their foreskins retracted: the latter presumably.

There were two men there with their sons aged 10 or 11. A bearded Frenchman in his 40's was well-hung and well-circumcised. His son's cock was short and circumcised, with the small glans nestling in a thick collar of shaft skin which still left most of the glans exposed. The other pair were German-speaking. The father's average endowment showed little hint of foreskin. The son's cock was above average for a pre-pubertal lad, and had been clearly and neatly circumcised in Islamic style, with a clear band of old inner foreskin covering about one-third the length of the shaft.

*Tony Acorn*

## **Ecstasy**

I would like to congratulate you as you come up to your first year as editor. You have given us a fair and balanced view of the letters you get. I enjoyed the letter from C.D. – Wales on the 'Amah'. The many advantages of having a foreskin are too numerous to mention in this letter, but one of importance I find are the nerve endings in the lips. When these are mashed together over the tip, they give the owner complete ecstasy. Foreskins are fun.

*H.J.M. – Glamorgan*

[Thank you for your kind words. — D.A.]

## **Hang-Ups**

As a working class girl brought up in South London, the word circumcision meant nothing to me. My brothers and father were uncircumcised and so were all my male schoolfriends. To me a foreskin was a favourite plaything for little boys and big girls, but otherwise had no significance.

*How wrong I was!* In later life I was to discover that the foreskin is the seat for untold fears for so many men, and the source of much superstition concerning class and religion.

After training as a nurse and learning that circumcision was a rare treatment for penile malfunctions, but once had been quite widely practised in

this country, I then joined the medical staff of an oil company, and during my many postings, mostly overseas, I was in heavy demand socially as one of the few presentable girls around. As a result I had the pick of all the handsomest men, and discovered in myself a talent for the enjoyment of sex which was much greater than was perhaps good for me. I must have had well over 20 sexual partners during my fabulous 10 years with the oil company. The trouble is, the handsomest are not often the best, and I found myself knocking on thirty without having met anyone I'd want to marry.

I then met Mike, an engineer with a large neighbouring company, who was different from my normal run of boyfriends, being only average in height, appearance and conversation. But I soon found out that I'd far more in common with him on a deeper plane, and I fell in love – this guy was definitely wedding fodder. He was also different in another way from my previous boyfriends inasmuch as he was circumcised. I'd only had one previous circumcised boyfriend, who was Jewish, and totally unselfconscious about the odd (to me) appearance of his cock. Poor Mike on the other hand had the most ferocious hang-up about it, and used to really curse his father for having him 'done' against his mother's wishes. I did my best to tell him not to worry, since I was more than happy with him as he was, but this only made it worse. Sexually he was a considerate and highly competent lover: he would bring me slowly to a peak of excitement with his fingers and penis, and when I was absolutely frantic he would take me over the top, usually with his tongue, and used to marvel at the power of my response. But I usually had to finish him off manually since he could not, or would not, come inside me. Then, when the contentment had worn off, he would start. He'd insist on quizzing me about my attitude to his 'mutilated cock', not believing me when I assured him that it meant nothing to me at all. He hit rock bottom in despair and depression when, in questioning me about my sex life, I revealed that all my previous boyfriends except one had been intact, being certain that I'd make detrimental comparisons, and not being mollified in the least when I reassured him that he more than made up for his altered penis with his imaginative and inspired lovemaking.

Occasionally we would have a chap in for relief of phimosis or balanitis, and Mike would want to know all about the treatment, including all the gory detail of circumcision when it was necessary, since I would have to nurse the guy afterwards. Trying to make a joke of it, I told him about the time I'd once asked the doctor if a fellow with a long foreskin needed circumcising. The doctor had replied that there was no such thing as a too long foreskin; the longer it was the better. I suppose it was a bit tactless but it really put him down. He wanted to know if any of my previous boyfriends had had tight foreskins (they hadn't), and wasn't I put off by lack of personal hygiene (never encountered any).

I got so concerned about Mike's hang-up that I asked my boss, the camp M.O. about circumcision and its effects. He said that Mike was suffering from

a neurosis which was fairly common among men who were circumcised in infancy, although usually less severe. It was one reason why the op was ceased in this country. He suggested that Mike needed psychiatric help, but doubted whether he would ever be completely free of his neurosis.

So with deepest regrets on both sides I gave him up, kissed him farewell, and returned to U.K. to start a new life. The last thing that he said to me through his tears was, "When you have kids, Pat, don't even think about having them circumcised, will you." He was preaching to the converted.

However, that is not all of the story. Firstly, I don't think that all circumcised men feel as bad about it as Mike did – my Jewish friend for example couldn't have cared less and was quite proud of his circumcised cock. Likewise I've since met men who had had it done as adults and most claimed that their love life had gained as a result. But this is to be expected if the foreskin was removed to relieve a malfunction.

As far as appearance is concerned, I marginally prefer the more familiar smooth look of a longish foreskin, but it would be entirely wrong to give this slight preference too much significance: a man's character and general looks are far more important than the shape of his cock.

Ms. P.H. – Herts

## **Young Naturists**

Any of your readers who reads *Health and Efficiency* will know that circumcision is a subject of abiding interest for those who go in for communal nudity; in nearly every edition there is an article or a letter on the subject.

The thing about nudists is that, amongst the older generation, there is a defensive attitude which gives rise to a lot of hypocrisy. Because of previous condemnation and derision, they find it necessary to link nudism with puritanical concepts such as no smoking, vegetarianism, compulsory 'miniten' and laughably, a denial that there is any correlation between nudism and sex. The truth of the matter is that most nudists are driven by voyeurism and exhibitionism in equal measure, both of which are sexual in origin.

This puritanism and self-denial amongst the older generation also manifests itself in their attitude to circumcision; most of those who espouse the roundhead cause are now senior citizens, whilst younger nudists who nowadays have virtually no experience of the operation look upon it merely as an interesting oddity.

My parents were self-described 'bohemians', and were keen naturists, so I was brought up in the tradition. They too subscribed to the fads of vegetarianism etc., but when it came to circumcision they differed sharply. My father was circumcised and a keen supporter whilst my mother was fanatically pro-foreskin. Why, I can only guess. But she used to pull his leg unmercifully

about his 'sawn-off cock', and I know they had an unhappy sexual relationship. Their views were purely hypothetical as far as I was concerned since I and most of my companions were not eligible for the operation unless there was a medical need. Anyway, my mother viewed my foreskin with satisfaction, whereas my father was disappointed in his wish to have me circumcised.

Although my parents subscribed to the denial of sexuality in nudism, I and all my young friends found that whenever holiday time came around, and we changed from a clothed environment to a nude one, the initial impact was one of extreme sexual excitement. It still is. I certainly don't take the puritanical view, and readily admit that I get a terrific buzz to go on holiday, and to see attractive females with their tits and fannies on show. As a kid, I and my friends of both sexes found ourselves in a sexually charged atmosphere and took full advantage of it. The opportunities for kids to indulge in sexual games in a nudist environment are boundless, and all inhibitions disappear when you have no clothes on. The girls, if anything, were worse than the boys in taking sexual initiatives. Demure young ladies would try to get you sexually aroused by sitting in front of you with their legs splayed to display their crack, or by surreptitiously handling someone's penis. One girl used to stir us up by challenging us to a pissing contest which she always won. I and my friends were taught the noble art of wanking by an older girl who had an obsession for the male genital, and organised half a dozen of us into a wanking circle.

As far as circumcision was concerned, our interest was initially restricted to 'knob-spotting'. We would set off down the beach in different directions, making a note each time we spotted a roundhead. One of the funniest sights I remember seeing was a group of Americans on holiday in Yugoslavia. The three men were grotesquely obese and, of course, circumcised. But what caused the hilarity was the fact that they avoided sunburn by liberally daubing, not only their noses and lips with white zinc ointment, but also their bare knobs. For this reason if for no other, circumcision is not a good idea for naturists. My dad used to get very painful sunburn on his denuded glans, and precious little sympathy from my mother.

Once a circumcised boy was invited into our wanking circle and was temporarily the centre of attention. But it soon became clear that the young lady who did the honours preferred the more varied repertoire in handling uncircumcised cocks.

I've never had any urge to dispose of my foreskin, but I think I can understand the feelings of those who do. As far as I am concerned my foreskin has given me nothing but pleasure, and I thank my lucky stars that I wasn't born into the previous generation.

*H.J. – London*

## Excerpts From Books

The following excerpts are taken from Allen Edwardes: *The Cradle of Erotica* and *The Jewel in the Lotus* – and Bruno Bettelheim: *Symbolic Wounds*. I hope they are of interest.

J.H. – Helsinki

In Arabia, masturbation 'has been almost the custom of the land'. Indeed, the first sexual trauma of the male infant, or small boy, occurs when his little penis is rubbed to erection, his foreskin forcibly retracted, drawn tightly forwards again, clamped and cut off. Parents who do not have their sons circumcised soon after birth, but who wait to possibly three to six years, make a custom of repeatedly pulling down the long prepuce, thereby denuding the glans, which the boys then do when they are old enough. Both the act of circumcision and that of preputial retraction seem to cause an intense concentration of erotic sensitivity in the penis, resulting in repeated erections and arousing the child to genital handling. Almost without exception, all Muslim and Jewish boys masturbate in one form or another from earliest infancy. During erections occurring spontaneously (without external or imagistic erotic stimulus), or due to chance of rubbing, the delicate and sensitive glans of the circumcised infant or boy is wholly denuded, and fondling produces such sensations of titillation that frequent masturbatory activity is almost inevitable.

During the circumcision ceremonies, little Arab boys awaiting their turn will allay their fear of the operation by pulling down their pants and each playing with the other's penis. Before circumcising a boy, the surgeon systematically examines his penis by retracting, manipulating or stretching the prepuce, looking for adhesions and cleaning away any smegma. To facilitate this procedure an erection is induced. Thus, since tumescence is necessary for pre-circumcisional examination, striplings do not hesitate to stimulate themselves, and one another, just before the operation.

The Muslim and Jewish methods of circumcision are essentially the same throughout North Africa and the Middle East; age is the only difference worthy of note. All Jewish males are circumcised in early infancy, within a week after birth. Many Muslim males are, also, especially if they are born in hospitals and their parents are westernized.

Among the Jews, the Mohel, or circumciser, takes the infant's penis by his thumb and forefinger, and gently rubs it several times to produce an erection; then he proceeds with the examination and operation. The Muslim Khettan, or circumciser, fingers the little child's penis until it is erect. Then he pulls the prepuce all the way down, completely exposing the glans, which he examines, and removes any sebaceous matter. There are several ways of clamping, tying or compressing the foreskin, after it is drawn tightly forward; then it is removed with an expert flick of the blade. Now comes the delicate procedure. When the clamp is removed, the integumental skin, or outer layer



of the prepuce, retracts often well far beyond the rim of the glans. The sheath of the penis is thus shortened by the removal of its forward fold, which is now a mere remnant, the so-called preputial root. The thin inner layer of foreskin, which still is partly covering the glans, is then lacerated and split on the upper side and turned back over the corona to join the thick outer skin, and form a kind of cicatricial ring, or narrow band of scar tissue, around the glans. The wound is now anointed and bandaged, healing in a week's time.

The little Muslim boy looks forward to circumcision with great anticipation, because it means that masturbation will then be more pleasurable to him. The foreskin is an interference, frequently too long and too tight, and the orgasm is hastened by its friction against the glans. This rubbing irritates, and often inflames, the delicate and sensitive corona, especially if the opening of the prepuce is very narrow, or if there are adhesions. Within two or three weeks after the operation the little fellow is masturbating regularly again, this time with his 'new' penis. The skin is now tense during erection, resisting friction of the glans, and making the manipulation more pleasantly vigorous and prolonged. All previous discomfort is replaced by continuous titillation.

Jacobus observed that in Arab circumcision 'the skin of the sheath of the penis and the mucous membrane are cut at the same level, and after the operation is completed there is absolutely no prepuce'. This is the desired result. The penis is literally strained to stiffness when erect, for the skin is stretched tight; and the entire glans, including the corona and the 'neck' of the corona, are fully exposed by the retraction. The ring of cicatrice, which is formed at the junction of the inner and outer flesh, now forming the preputial root, is the principal target of stimulation in the circumcised, necessarily taking place of the glans in the uncircumcised.

El-hhemameh (the dove) is the nickname bestowed on the penis of the Semitic Arab or Jew, which measures from three to four inches in quiescence, and from five to six inches in erection. This clever comparison becomes apparent when we note that in the circumcised penis the root of the prepuce encircles the neck of the glans like a fleshy collar, thus giving the male organ, when it retracts to the level of the scrotum, the appearance of a ring-necked dove resting upon two eggs. Baydz (eggs) or baydzetan (two eggs) are colloquial for testicles.

\* \* \* \*

Not as essential nor practical in northern climates, and amongst civilized people, the virtues of prepubescent circumcision were many in the squalid East. Accurate circumcision facilitated cleanliness, the supreme prophylactic, and in many cases stayed the individual from intemperate excesses.

But the original design of circumcision, that of blood covenant, was soon forgotten, and the motive of cleanliness was replaced by apathy or sensual gratification. "Inshallah-Te'auleh, yah Khwaudjeh," exclaimed an 18th. century Egyptian to a young French convert in Napoleon's army, "how does

it feel to have the precious hood removed? Wehhyah-en-Nebee! One cannot fully appreciate The Cut, adore the glories of El-Islam, unless he has been initiated at a later moment in life. How can an innocent boy, circumcised ere pubescence, know the full value of natural prolongation of pleasure if he has not at first endured the frustrating hypersensitivity that plagues the uncircumcised?"

Prior to circumcision, the young motahir (one who is without stain) was dressed as a girl and, in great honour, mounted upon a richly trapped donkey. Were he to be circumcised on the same day as a prince or the son of an official, his esteem would be even greater and his gifts more lavish. So disposed, he was paraded through the narrow streets, accompanied by a raucous procession of family, friends, and musicians. All the while, for protection against the evil eye, and so that harmful jinn might not enter his body and defile the consecrated ritual, he scrupulously covered his mouth, nose, ears, and all other bodily orifices with heavy shawls. The omnipresent Eye also accounted for his feminine attire.

Arriving at the establishment of the barber (mezeyyin) or physician (hhekeem), he was taken down from the donkey and borne upstairs by his male relatives. All females were barred from the hallowed ceremony. Stripped naked, he – sweating profusely – was laid upon a divan spread with white sheets; and, when ready, the surgeon came forward to amputate.

A bit of stick is used as a probe, and carried round and round between the glans and prepuce to ascertain the exact extent of the frenulum, and that no unnatural adhesions exist. The foreskin is then drawn forwards, and a pair of forceps – consisting of a couple of pieces of split bamboo, five or six inches long and a quarter of an inch thick, tied firmly at one end with string – applied from above in an oblique direction, so as to exclude about an inch and a half of the prepuce above, and three-quarters of an inch below. The forceps severely grasping it causes a good deal of pain; but this state of suffering does not continue long, since the next thing to be done is the removal, which is done by one stroke of the razor drawn directly forwards. The haemorrhage which follows is inconsiderable, and easily stopped by the application of burnt rags and ashes.

\* \* \* \*

### Male reactions to circumcision

The wish to possess a circumcised penis is very different from these boys' obsessive interest in female sex characteristics and functions.

At the Orthogenic school, a ten-year-old uncircumcised boy, living with a group of boys who had been circumcised in infancy, wanted the operation very badly.

Eventually we had to arrange for circumcision due to adhesions. When told about it he was happy but anxious, as was to be expected. He spoke at great length about his fear of the pain of the operation.

But powerful as were his fears, still more impressive were, his wish for, and, after the operation, his pride in what he called his 'new penis'. As soon as the wound was healed he proudly displayed his penis to everybody, whereas before he had always tried to hide it. As soon as the bandage was taken off he declared, "I think my penis is now very handsome and elegant." With great pride he told how much better his penis functioned. Now he could fully enjoy masturbation, which previously, because of adhesions, had been partly painful. He summed up his feeling by saying, "Boy, I can do anything now." Circumcision demonstrated to him the organ's importance. The freed glans represented a newly won masculinity. Circumcision had indeed provided him with a better penis, and with sexual pleasure previously not available.

Similar observations were made by Nunberg during the analysis of an adult. The patient had experienced circumcision as a reassertion in general, and of the importance of the penis in particular. "The painful sensation around the glans after the operation drew narcissistic libido to the penis. As a consequence, the patient became more aware of his genital than before. The experience of circumcision increased penis consciousness as if it were a demonstration of the organ's importance."

If not inhibited, boys liked to show off their penises with what might be called 'phallic pride'. Competition to determine who has the biggest or best penis becomes a matter of great importance. They demonstrate a desire to know who is further ahead in development; who is more manly and less childish. Exhibiting the glans freed of the foreskin is part of such efforts to assert manliness, and in this the circumcised boy is at a definite advantage; his glans always shows, and this is often taken as a sign of greater masculinity. In this respect, too, Nunberg's observations corroborate those made on our children. He says, "By the circumcision the glans penis is freed... a new penis is born which looks like a phallus in erection with retracted foreskin."

## **Christmas Greetings**

Finally, we, Tony Acorn and David Acorn, wish all our members a Merry Christmas and a Prosperous New Year, with all your penises feeling just as you like them.



# **ACORN**

**1992 Issue No 1**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

First of all, I feel that I must apologise for the quality of the last issue, several members having sent their copy back. I obtained a new ribbon for the master, but it had gaps of no ink on it. I obtained another one which was O.K. Unfortunately, the master I sent to Tony, who does the copying and distributing, was the bad copy. Hence, that is what you received. A good copy has been sent to Tony and I am sure he will try to make amends for me. I will make sure that it never happens again.

Also, due to his rushing around, Tony omitted the statistical form in the last issue. It will be with this one, and I hope everyone will fill it in. Many thanks in advance.

If any member is contemplating being circumcised in the future by the Surgical Advisory Service, or by anyone else for that matter, and would give, and get from the circumciser, permission to have the operation made into a video, I would be much obliged. The camera is a semi-professional one and would be edited into a proper film for the edification of members.

Not so much of a mixed bag this time. I try not to include more than one contribution on the actual circumcision operation, but with a lack of general contributions I have had to succumb this issue. I know that most people feel that what they have to say, or have experienced, would be of no interest to others, but as you know from what you read, this isn't really true. Everyone must have something to say about the following mostly negative statements:-

1. Masturbation can only be achieved with a fantasy.
2. Masturbation fantasies lose their potency after a time.
3. How can one keep erection retention as one ages.
4. It is common during penetration for the penis to go flaccid. Removing it and masturbating for a short time restores the erection. Masturbation is therefore more sexually potent than intercourse.
5. There is a fine line between using a cockring tight enough to sustain an erection and doing yourself damage.
6. Rings through foreskins and frenulums are not erotic.
7. Everyone should shave their genitals.
8. Prostatitis finishes your sex life.
9. It is always the right testicle which hangs lowest.
10. Women always prefer the very well endowed.
11. It is impossible to have an orgasm in sex with a foreskin that cannot be retracted.
12. It is impossible to masturbate properly when circumcised.

I have heard nearly all these statements in my time. How about some replies to them?

I have a copy of the film *Dick*, which is obtainable by order from any video retailer (Smith's, etc) for, I believe, about £6. It is only about a quarter of an hour long and shows nothing except fast, still shots of penises (about a thousand in all). The soundtrack is of a lot of women making comments and answering questions about their opinions on penises. I think all of the penises are American, only a minority having foreskins, although there looks to be quite a few more with foreskins pulled back. What is amazing are the number of different types of circumcisions, some of which appear to have mutilated the poor owners. There are also, of course, a huge variety of different natural shapes and sizes.

David Acorn

### **Circumcision In Islamic Society**

The edition of *Schofield's Europe* on November 14th 1991 took this travelogue programme to Turkey. Its disc-jockey presenter visited a 'hamam' or Turkish bath-house, and we saw him (decently wrapped in a bath-cloth) having an extensive and vigorous massage. He also took viewers to the 'Sunnet Serai', the circumcision palace in Istanbul. Boys were brought along by their families, dressed in their best: suit, white shirt, and many of them with paper hats or other decorations symbolic of the future career which their parents hoped they would follow. The Sunnetci (circumciser) had taken great trouble to create a party atmosphere. A very well-known and revered individual, he has a large statue erected to him at the entrance. Inside, tables were laden with food and drink for the accompanying families. There was a specially designed circular revolving settee with places for about eight boys. The operator had his own chair, and turned the settee until the next boy was in front of him. The boy's trousers were pulled down to his knees, he pulled up his shirt, and watched while he was circumcised. There were clowns to chant songs and blessing, and to distract the boys' attention. In the old days their job was to make sure that the volume was loud enough to cover any cry that a boy might make. A local anaesthetic was used, and the operation was done by laser. Mostly it was the mothers who showed the greatest anxiety. The first boy shown was quite looking forward to it, and only grimaced slightly as the cut was made. The second was quite tearful, and an assistant held his arms to stop him wriggling – he looked only about four. A third, awaiting his turn, was about seven or eight, looking apprehensive. As each boy was done he stood up and put his arms around the circumciser's neck and received a great big cuddle. The Sunnetci was a burly man, probably in his fifties, and had performed some 68,000 circumcisions – obviously an expert and a serious rival to hospital circumcisers. Young though the boys were, they could consider themselves men after their circumcision.

The previous week the late night film was *Halfaouine*, a Tunisian classic banned in its country of origin because of its relatively liberal attitude to relationships between the sexes. In Arabic, with subtitles in English, it centred on the life of a lad of about eleven – young enough to still spend much of his time in the women's quarters and to go with them to the hamam, but old enough to run messages between his aunt and the men trying to catch her attention. His younger brother of about five was to be circumcised, and a long passage in the film centred on the preparations, the family party of the male relations in the courtyard, while the women met inside, the parade through the streets with the band, and the young candidate carried at the front of the procession. He was carried inside, and we saw him lying at the end of the bed, while the circumciser held up and then used a large pair of scissors. His older brother, meanwhile, lay curled up on his bed wincing at the memory of his own circumcision. Then the newly circumcised boy, calm and quiet, was laid on the bed beside his mother, while relatives filed past with congratulations and gifts of money. The whole passage was impressive for the inevitability and centrality of circumcision to the family and social structure, and for the way it marked out the difference between the men and the women.

*Tony Acorn*

[This is the first ever mention in our group of a circumcision being carried out with a laser. If anyone has any further information on this method we will be only too pleased to hear about it. — *D. A.*]

## **Docking**

I wonder if any members have any experience of 'Docking'. If they have, would they tell us? I have only read about this subject twice and would like to hear more.

The first article was about two men talking in a pub, and one said that he lamented the fact that he was circumcised as an infant and often wondered what it would be like to masturbate with a foreskin. His friend said that he had enough foreskin for two. The outcome was that the man with the long foreskin covered the glans of the other quite easily, and he was able to wank with a foreskin to fulfil a dream.

The second article was about the Ancient Egyptians, who admired long foreskins. They would stretch, powder, and oil each other's foreskins and then perform 'Docking Exercises' which meant two foreskins covering each other's glans (their own and their partner's). Perhaps you, David, could find more data or articles on this very interesting subject.

*H.J.M. – Glamorgan*

[I have never heard of the expression before or read about the subject, but I



have seen it in an American film. — D.A.]

## **Argentine Treatment Of Phimosis**

### **Central Military Hospital Dept. Of Surgery, Argentina.**

'At the Children's Surgical Unit of this hospital, a surgical technique has been developed to improve circumcision in children who suffer from phimosis.

#### Operation Technique

The genitals should be washed with soap and water prior to the operation. With the child lying on the operating table, asepsis of the area is carried out with methylated iodine. The area is then prepared with compresses. Anaesthesia may be general or local with Novocaine or Xylocaine at 0.5% without epinephrine. The procedure is continued as follows:-

With a piece of cotton around the penis, mark the position of the corona of the glans by making the cotton taut. If the glans is not visible locate it by touch. Mark the glans crown with bright green visible ink. With a set of Koch clamps, pinch the mid-point of the dorsal semicircle of the prepuce. With another pair of Koch clamps, hold the prepuce near the frenulum and pull the two forceps apart to show the small orifice amongst the foreskin folds. Put a pair of closed forceps through this opening with care as far as they will go, then open them to stretch and release the constriction. This achieved, retract the foreskin down the shaft, remove the balanopreputial adhesions, and clean up the wound. The foreskin must retract completely to show a complete glans. Return the foreskin over the glans, and using forceps, draw the prepuce forward over the glans until the line of excision is past the tip of the glans. This must be confirmed by touch. Put a pair of Koch forceps across this line to act as a haemostat. With a scalpel, cut off the foreskin, following the line of the forceps. Retract the foreskin down the shaft, leaving the mucous membrane covering part of the glans. This should be removed, the frenulum being excised at the same time, having previously used 00 catgut to put a stitch in the base of the frenulum nearest the meatus and at the opposite end nearest the shaft. This will ensure that there is no bleeding from the small artery. You are now left with the bloody triangle, as it has been named, underneath the glans, where the frenulum has been removed, and the whole area is not stitched. If any continuous bleeding does occur from the foreskin or remnant mucosa, electro-coagulation can be carried out, but this is best left for about ten minutes before being used, as natural coagulation will occur in the majority of cases. The healing process will occur, and a soft epidermal tissue will grow over the bloody triangle, and all tissues will join up to leave a smooth cosmetically good circumcision.

Post-operative care is straightforward and simple, no bandage or dressing being applied to the wound. If some protection is needed for the wound, to prevent the patient touching his penis, then you can use vaseline gauze. A small strip put on the dorsal side of the penis is covered by a larger strip held in place with surgical tape. However, in most cases, we leave the wound completely uncovered and allow it to breathe, which occasions rapid healing. To prevent the bedding touching or disturbing the wound a cage is used to keep the area clear. It is necessary to prevent or tell the child not to scratch the wound. Urinating can continue with no trouble. The patient can leave the hospital after 24 hours. The parents must be told not to attempt to bandage the wound, wash it, or use disinfectant on it. It must be allowed to heal in the air with no interference.

The end result. No part of the frenulum, prepuce, or folds of skin in the ventral area are left. The glans remains totally free. It is a complete circumcision. The results of 250 children circumcised between 1963 and 1965 were successful without exception. This method is continued to be used in this hospital.'

I enclose this translation of the method of circumcision in the Argentina Central Military Hospital. It was translated and sent to me by a pen-friend who lives in the U.S.A. It certainly is a different style, and is very closely aligned to that method used by the Mohel in the Jewish Rite of Brit Milah, except that it encourages the excising of the frenulum which doesn't occur in the Jewish Circumcision. Having had my frenulum excised because of excessive tightness, I can recommend anyone having a circumcision to have their frenulum removed at the same time.

I know that a number of people have written in to *Acorn* and mentioned that they know of doctors who will do circumcisions, but we don't get the details published. How are we to encourage those who wish to be circumcised, or wish to have a revision to correct a bad circumcision, if we hide the lights under a bushel. [Sorry, we do publish all knowledge. See Issue No 4 1991, page 7. – Ed.] Let all readers of *Acorn* keep the information coming in, especially with various surgeries now opting out, and plugging their wares.

I have an addition to the addresses where a circumciser may be found. However, anyone contacting the address, be advised that not all are doctors, and will only do babies, and also the fee varies.

The Reform and Liberal Association Mohalim,  
Sternberg Centre for Judaism,  
The Manor House,  
80, East End Road,  
London, N3.

I hope that this is of some use to someone.

*B.H. – Leeds*

## Mary

As a nation I do sometimes question our values compared to mainland Europe, being quite prepared to put up with drunken, loutish behaviour, but any hint of sexuality is swiftly suppressed. Perhaps it's this that causes us alone in Europe to hanker after circumcision: a way of atoning for sin by mortification of the flesh, or a way of preventing (or punishing) the old bogey of masturbation, perhaps. But let me tell you about Mary.

Mary was an old friend of my Mum from repertory days, exuberant in mind and body, always ready with a salty ribald wit, and prepared to shock others than suppress her personality. When I was sent to stay with her for a couple of months I had a feeling that it would be a memorable event; and so it turned out. In retrospect I'm sure that Mum realised it too, and sent me to stay with Mary to remedy my painful shyness and lack of self-confidence. I was small for my age, delicate looking with a pale complexion. At the age of 16 I was worried that my girlish appearance might make me unattractive to women, despite possessing a rampant sexuality backed up by a large and unruly member, which was only kept in check by assiduous wanking.

The first thing you noticed about Mary was her lack of concern for convention. Although she'd dress up to the nines to go out, she usually flopped around the house in a shorty nighty with a housecoat thrown loosely over it. She was totally unselfconscious, and my sensibilities were constantly shocked by momentary glimpses of her large rose-tipped breasts swinging into view through a carelessly buttoned nighty; or a large expanse of creamy white thigh, with the occasional tantalising flash of her red-gold pubic hair when she hoisted herself onto a high stool. This resulted in a rising tide of lust which manifested itself in a continuous and monstrous erection which I desperately tried to hide, and a severe attack of balls-ache which only a rapid and violent wank would relieve. I wasn't the only one. Mary had a huge floppy alsatian barely out of puppyhood, which would frequently thrust its snout under her clothes and into her crotch, whilst a huge length of glistening red cock would pop out. The dog was so strong and so persistent, and she was so convulsed with laughter, that she had a terrible job to shift its nose from her genitals. She'd shout and swear at it, "Get off you bugger. Get away from my fanny and put that rude thing away! That dog, I'm going to have to have his balls cut off before he rapes me." My sympathies were all with the dog.

She used to get a visit from time to time from another lady friend with whom she'd chat for hours about the stage, men, and sex, completely ignoring my presence. I found this boring or enthralling, depending on the subject, and often embarrassing, since both ladies were totally uninhibited in what they said. I remember my interest when they started talking about circumcision, listing which of their numerous male acquaintances had been done, and relating a hilarious story about a guy who'd had himself circumcised to please his Jewish girlfriend. Mary had thrown a 'coming out' party for him. Then, to

my abiding mortification, she turned her attention to me, and, describing me as her newest boyfriend, said she was glad that I hadn't been circumcised. I was both embarrassed and furious, because I couldn't imagine how she could claim to know. She then told her friend that when I was born my Mum had been under heavy pressure from her parents to have me circumcised, but had decided against it after Mary had talked her out of it, citing her strong convictions based on personal experience, and reinforced by the advice of a doctor friend. Consequently, Mum had disregarded her parents and left me intact, although a lot of boys were done in those days. So, Mary said, I'd got her to thank for my foreskin. I wasn't so sure she had done me a favour at that stage, though.

It was inevitable in that uninhibited atmosphere that some sort of sexual behaviour should eventually take place. I was having a lie-in one Sunday morning and listening to the radio, when I heard Mary calling me from the bathroom. I was dumbfounded to find her lying back in a hot bath with her large shapely tits showing above the surface. She watched me with a lewd grin on her face. "Don't look so shocked, Jim, you've seen a pair of tits before, haven't you?" I hadn't. "Come over here and wash my back for me, there's a good lad." My face was burning and I trembled with excitement as I did her bidding. Then she asked me to pass her the towel, and got out of the bath to dry herself. She stood in front of me with a sly smile on her face. 'Flaunted' is the right word to describe it, as she vigorously towelled her back, with her tits bouncing about, and the whole of her lush figure in view. I felt thrill upon thrill race through my loins as my gaze concentrated on the join of her thighs, seeing for the first time in close-up the big meaty cunt of a woman in her prime; marvelling at the simple beauty of the long bulging cleft disappearing between her thighs. She saw where my gaze was directed. "You're looking shocked again, Jim," she said, "surely you've seen a lady's fanny before." I hadn't. My tribute to her essential femininity suddenly thrust its way through the slit in my pyjama trousers in a rigid salute such as would inspire any woman.

Mary stopped drying herself and paid me the compliment of looking impressed. "That's a lovely big willy for a young man – your girlfriend is a lucky thing", she said. She slipped off my pyjamas and, sitting on the stool, put me on her knee, with one arm round my waist, whilst with the other she handled and examined my erect penis. She squeezed it gently before drawing the skin right back to look at my knob. She then rehooded it and, clasping my tool loosely between thumb and forefinger just below the bulge of the knob, commenced a slow sexy wank, working the skin to and fro over my sensitive knob, and occasionally passing the tight ring of my foreskin back over it to make me gasp at the sensation. In no time my crisis arrived, and she found herself milking long thick spurts of sperm into her hand.

Afterwards she taught me how to do a similar service for her, and I learned just how much enjoyment you can give a woman if you caress her with skill. The admiration I experienced at the beauty and symmetry of Mary's big

gorgeous twat was transformed into wonder at the breathtaking intensity of the orgasm of a mature, sexually aware woman – a lesson I’ve never forgotten. Sadly, some obscure scruple kept her from completing the lesson: probably the realisation that a fuck can all too easily lead to a hopeless love, especially for an impressionable teenager, and she wanted to avoid that for both our sakes. Instead she earned my gratitude and admiration because, until I met Mary, I too had feelings of inferiority in the presence of my circumcised chums. But she taught me to prize my foreskin as an erotic asset of inestimable value. I owe her a debt I cannot repay.

J.S. – Bucks

## German Excerpt

The following excerpt is translated from the German book *Die Beschneidung bei Mann und Weib*, (*Male and Female Circumcision*) by Felix Bryk. The original book was printed in 1931, and an English translation was published in the sixties in America. It was then called *Sex & Circumcision*.

‘After the necessary preparations have been completed, the Mohel (the circumciser, even now not usually a medical practitioner), the godfather, and, whenever possible, altogether 8 males who are at least 13 years old, assemble in the operation room. The godfather receives the child, which the godmother brings as far as the door, and carries him to the Mohel, while the others call out, “Blessed be the newborn.” The firmly held child is so positioned that his penis is easily accessible, and after a little bowl of sand has been placed nearby, the Mohel says a Hebrew prayer, and performs then the incision (Chituch). He grasps the penis with the thumb and forefinger of the left hand and rubs it gently in order to invoke an erection. Then he takes hold of the outer and inner layers of the foreskin at the same time, on both sides, (not from top and below), and pulls them forward pressed flat over the glans while lifting his arm high, and thereby placing the penis in a vertical position. The Mohel then takes a slotted shield with the thumb and forefinger of his right hand, and inserts the foreskin into its slit from top downwards in such a way that the glans will be behind the shield, while the foreskin which is about to be removed will stay in the front of it, firmly clamped by the shield. Now the Mohel takes hold of the knife with the first three fingers of his right hand in such a manner that it is resting on the middle finger, the index finger being behind the blade and the handle held by the thumb. With one vertical stroke downward he excises away close to the shield all of the prepuce that was in the front of the shield and held by the left hand. If this procedure has been carried out properly, then after the incision is completed the outer layer retracts behind the corona of the glans, while the glans itself is still covered by the inner layer that has been cut at its tip producing an opening the size of a pea. Then follows the uncovering of the glans (P’riah). Immediately after completing the incision the Mohel puts the tip of his thumbnail (which is

usually long and cut in a form of a lancet), or, as is common now, the blade of a lancet-shaped scissors, into the orifice of the inner layer of the foreskin. He then grasps it with both his forefingers, and splits it on the upper side of the glans, tearing it back to the neck of the glans, and pushes the split foreskin back over the rim of the glans. Finally the Mohel grasps, with the thumbs and forefingers of both hands, the skin flaps formed by the splitting, and tears the entire prepuce away completely immediately behind the corona of the glans. I myself have seen this happen. Now follows the sucking of the wound (M'ziza). The Mohel takes the circumcised penis into his mouth and sucks away the blood from the wound with two or three draughts. After that he takes a mouthful of wine from a cup (called the goblet for M'ziza), and expels it on the wound in two or three spurts. Then the Mohel puts the removed prepuce on the sand that is held ready, pronounces a blessing with another glass of wine, and says a short prayer for the child. Bleeding is usually slight, and is stopped by sprinkling powder of *Lycopodium Bovista* on it. After this, a simple dressing is applied.'

*J.H. – Finland*

### **Another Woman's View**

What turned me off the whole circumcision scene was to read a report recently about a bunch of men nursing erections as they watched a shrieking baby have its foreskin cut away. When I contemplate the perfection and symmetry of my little boy's body, including his penis, I feel a sense of pride at having produced such beauty, and I shudder at the thought that there are perverts, like I describe, out there, who would actually take pleasure in marring his perfection.

Having said that, I hasten to add that I've nothing against those who elect to be circumcised, or who have a genuine medical need for it. In fact, one of my favourite menfriends had to have his foreskin circumcised off as a result of it getting caught in his zip. I never thought any the worse of him for it, neither did it affect his performance one way or the other, but, although we all treated it as a joke, he certainly didn't enjoy the trauma, and privately lamented his loss afterwards.

My present partner is blessed with a cock like a policeman's truncheon, with a foreskin like an oiled sock, and there's no way I'd want to see him altered. What I say is that people should be allowed to make their own decisions on such an important and personal matter.

I know that my views won't be popular with some of your readers, especially coming from a woman who might be thought to have no axe to grind, but it's a view that is genuine and I hope you will print it.

*Ms. A.C. – Herts*

[The next contribution is so long that I had to consider the options of either paring it to the bone or running it in instalments over a number of issues. I chose the latter as it is not my policy to cut personal contributions because I know that a lot of time and energy goes into the writing of them and sometimes not a little heartache too. — D.A.]

## **Saga**

As far as I can tell, my interest in circumcision goes back, subconsciously of course, to my first sight of a bare knob, and so I attribute it to my early youth being spent in Australia where the operation was, and still is I believe, as routine as in America. By the end of the war I had only seen one foreskin apart from my own, a tally which had been doubled before January 1947, when I became a boarder at an English prep-school where 10-15% were uncircumcised. In other words, I began to be at least partly reassured that I was not almost unique.

As I approached my 6th birthday, or thereabouts, I became increasingly fascinated and questioning about the strange sights exhibited by friends and school colleagues, wondering why on earth I was different, and with, of course, a strong desire to conform. I must have been 6 when I had my first purely sexual encounter, which was through nurses and patient games with a girl of like age who lived nearby, which entailed my lying under a blanket. I have an abiding memory of discomfort, which must have been the result of her pressing down on my erect penis under the blanket.

Around that time, three of us (with another boy) were playing in my bedroom, when she suddenly started talking about “the thing like a sausage”, and how she wanted to see ours. We both demurred, but my friend surrendered first, opening his flies to show a minute (remember our ages) erect penis – with one of those strange knobs on the end. Soon after, mine burst into view accidentally (the buttons flew apart as I had been teasing her by letting my erection make a satisfying tentpole effect), fully covered of course. There was no comment except an exultant, “I saw it!”

A little later I had two experiences which could be said to have provided a foretaste of the sterner life to come. I vaguely remember some discomfort and itching, and a white fluid appearing and drying to a crust, in and around the preputial orifice. When I mentioned it to my mother all I remember by way of action or reaction was her saying with a worried expression, “I wonder if you ought to be circumcised?” The first time I remember hearing a word, the sound of which gives me a thrill of excitement to this day. At the time, though, I was terrified, as I still had recent memories of a very uncomfortable tonsillectomy. Anyway, nature provided the cure and nothing was ever done about it. The other, more frightening experience, gave me an insight into child molestation. The boy concerned must have been around 12 or 13, but to me seemed like a man. We happened to be alone in the toilet building at



school, and he walked ahead of me to the exit. After a pleasant greeting his expression suddenly hardened as he barred my way. I was ordered to expose myself for an inspection; apparently I had become the subject of speculation, and the general opinion had it that I had had an operation on my balls (an early introduction, also, of the confusion in English slang between testicles and penis). My tiny shrivelled member appeared, but I have forgotten his reaction to it. The next thing I remember was the appearance of an enormous knob and shaft seemingly right in front of my face, all lily white, and the command to put my hand around it. At this stage of life, some levity is, I hope, excusable, and, to quote the poem, I had never felt anything before, 'so hard, so hot, so long' – absolutely literally. Seriously, though, it was very frightening, especially when I was permitted to release it, but was then ordered to masturbate myself while he did likewise: without any effect on him that I remember, and certainly with no effect on me at all.

My distress on returning home called for action, although I just could not bring myself to describe the events (a reflection on parent/child relationships in the forties – or could it be the same today?) Whatever was done was done without my knowledge, and I never suffered further, so there must have been some light in the darkness of those far-off years.

By now I was really confused (remember the universality of circumcision where I was living), and sought constantly in my mind to solve the mystery of 'la difference', with little success beyond observing that I did possess a coronal ridge, albeit a pretty unimpressive one. Speculation as to whether everyone else had simply been born without my bunched red skin at the end was not very helpful, as it failed to explain the marvellously smooth, round contours of the ends of the knobs. Then, while in hospital, I saw my first foreskin: just like mine it seemed, and pretty unattractive to boot. The boy was older than I, so there the research stopped for about four years or so. All there was to be for some time was a terrifying whopper of a foreskin on a fellow hotel guest in the bathroom of the hotel where we awaited a ship to return us to England, and my first view of graffiti, on the side of a boat secured to a nearby pier; a (bare, of course) penis with a face on the knob, and a caption, "Who will suck my cock?"

I digress for a moment to ask whether graffiti of covered penises are ever drawn. I have never seen one, drawn erect or slack. How do women draw them, if they ever bother to?

For the next two years or so I lived quietly enough with the knowledge that, although there were others like me, we were in a small minority, only explainable by the hypothesis that we had, respectively, 'been born like it'. Modesty was pretty minimal in that 'muscular, jocular, Christian'-type world where, later, total nudity of pupils and staff at school pools we would find to be *de rigeur*, and we must all have had stored in our minds the size and appearance of each other's organs. The only discovery I made pre-puberty was the incredible power and range of my colleagues' (circumcised only, of



course) urine streams; easily reaching the cistern, and even the ceiling, of the old-fashioned toilet outhouse during the inevitable competitions.

So came puberty with its maelstrom of confused emotions and disorientation, soon followed by wet dreams, all seemingly developing at such a rate that memories are confused. What I clearly remember is the almost overnight development of my penis, and a demonstration, by another, of foreskin retraction. What a revelation! All was now clear! Within a few moments, my fear of causing damage – of course, I had been able to see the meatus through the opening, but feared that pushing it out and through would cause whatever lay inside to drop out – was overcome, and lo! and behold! one knob, dark pink, a bit greasy looking with a few white flecks around the sulcus. At one or two points around the latter, the skin appeared to be not fully attached, and I observed the same, what appeared to be gaps, in one or two others, but cannot remember any developments.

During the following holidays, with some time to myself, I experimented, with the result that I tried going about with my foreskin retracted. Thanks to the way I am made, this attempt was as easy as anything, and it stayed back, neatly, unobtrusively (and deceptively), and cleanly for some four decades. There was sensitivity for the first few days, and worry for a few weeks, telling myself that it was only an experiment: one day before long I would be a good boy and cover up again, as no-one in the world could possibly have done such an incredible thing, and I was surely gradually doing myself damage, quite apart from the ridicule awaiting me on discovery.

Came the summer term with long light warm evenings: a time for love, not mutual masturbation, but we were young and very, very immature. Every evening after lights out we would lie on the tops of our beds, often with head at the foot for easier conversation. Cocks were waved around for owner's or friends' enjoyment or inspection, with varying degrees of abandon – I nearly said 'gay abandon' but that would be mixing them a little. I think we all sported the standard 6" or thereabouts. I know I did, as I remember owning a steel rule of that length which came into frequent use. I was happy with my state, now knowing about circumcision as an operation done on the very young if there was something wrong with the organ, and so actually feeling a bit superior that it had been unnecessary for me. The circumcision quoted in the Bible I was a bit hazy about.

I joined in the mutual inspections after some initial reservation, and became as enthusiastic as the rest, and handled, and was handled by the same sex for the first and last time in my life. Perhaps I might say at this juncture that I consider myself entirely hetero – as far as anyone can be. At this time normal sex and procreation were starting to occupy seriously my thoughts. Sex lectures started for me at public school four or five months later. Masturbation for me entailed pulling my foreskin fully forward and then back, in the normal way. Thus was produced what I now knew to be 'pukka spunk'. To beget a child, therefore, the mother-to-be had to wait patiently, while the father-to-be

masturbated nearly to orgasm, then, with superb timing, ejaculate into her anus. Fine, but what if one couldn't pull any skin forward: surely this was an essential part of the process. I coincided with one of the roundheads in the loo one day, and asked for a demonstration. This consisted of his squeezing his knob and stretching the member as far as he could, which I also was invited to try – as meaningless an exercise as I can imagine: what I wanted to know was, “Can you pull the skin right forward to cover it?” The answer was an uncomprehending look, and “No”, an answer which, on later reflection, I found incredibly thrilling, and which spawned numerous fantasies. It did not, however, contribute anything to my human biology theories.

Anyway, one of my goals in the mutual inspections was to discover, in essence, the differences between my own and the circumcised state. After two, I must have felt satisfied enough, for that was the extent of my ‘random sampling’. The first was of interest because he was the only boy modest enough always to keep his penis hidden away between his legs in the bath, which was always taken while the rest washed at the basins. Somehow he could keep it there even after climbing out. It was average enough, with not very much removed, but cleanly done and neat looking. He did not erect at my attentions, but remained at full-length ready to do so. I pulled forward and released a couple of times while he chuckled with delight. Each time, the remaining skin would come forward far enough to cover the knob entirely, then roll at moderate speed back to its ‘post-operative position’. Actually, the speed of self retraction, I think, was considerably less than that of my entire skin when fully erect. The next had spent some years in India, and had presumably been circumcised there in what I now realise was the ‘Islamic way’, not, perhaps, surprisingly. At any rate, his was very different, with the scar about  $\frac{3}{8}$ ths of the way back down the shaft, whereas I never remember actually catching sight of the other one's scar. He was still well short of puberty, and still very small, but fully erect when I pulled forward. Now, the skin would just meet over the end, with a wide slit so different from my puckered red tip, and, on release, snapped straight back.

None of this helped very much, interesting though it was. At least anyway, on one occasion, I had proof that my ‘deception plan’ was working – for in truth, part of my aim must have been to delude others. At the urinal I found myself next to an older boy who I knew to be a cavalier, and who, as some did, looked across and down, saying, “Oh! I see you've got one of those parliamentarian ones!” I could not resist saying, “No”, to which he said, “Of course you have.” In what in other societies could have been my party trick, I snapped everything forward, and his blank look of astonishment made up for a lot.

Two last sightings around this period abide strongly with me yet. We were all gathered around one boy's bed inspecting his erect and very complete circumcision, and I learnt that the frenulum (something that I had wondered idly about) also could come in for attention: nothing at all remained of his but a longish red mark where once it had been. At the glans anchorage, instead of a

slightly untidy collection of folds of thin skin, there was a beautifully scalloped out hollow which impressed me greatly. The next time, I was on top of my bedclothes on a warm evening, with my head at the foot, in a position which brought my eyes very close to the little cupboard where the night potty was kept. My reverie was suddenly interrupted by a sight which made me catch my breath: someone was relieving himself (a very normal and unremarkable event) and I had a close up view of the most incredible knob I had ever seen so far. I had, in fact, often seen it before, everywhere we normally saw 'each other', but what now shook me was a fully side view in partial silhouette, and I could see how a radical circumcision completely exposed the corona all round, especially the underside. It was all clean lines without a wrinkle to see, and cleanly exposed every change of shape as if carved from the solid with the sharpest of tools (which, in a way, I suppose it was, if I think about it). But the most impressive and exciting thing was the depth of the ledge on the underside, so unlike my underside with the frenulum pulling forward so much to occupy this space.

(to be continued)

## **Advertisement**

John from Yorkshire has sent in the following advertisement from *Private Eye*, to which he has replied. He'll let us know the result.

CIRCUMCISED? A cut above the rest? Take this opportunity to join the world's most exclusive club. Your very own membership diploma. Also an ideal birthday or Christmas gift for the man without skin. £5 to S.N.I.P., Box 9481, (Private Eye).

## **Contact Corner**

My name is Ryan. I'm 25, presently single, and live in a shared house in Nottingham.

I've been interested in foreskins, or rather the lack of them, for some years. I've been finding out as much information as I can over the last few years from books and people who are circumcised. Learning that some, if not all, ladies prefer a circumcised penis, I have made arrangements to have a circumcision early in January 1992, as I'm presently uncircumcised.

I believe a circumcised penis is also easier to keep clean, looks better, and feels better, especially in more intimate moments with a partner, as well as preventing cancer etc.

I would like to contact others with similar views.

*Ryan*



# ACORN

**1992 Issue No 2**

**Editor  
David Acorn**

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Anonymity in the newsletter will always be maintained, using only initials, with town or county, and not even that if desired.

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**Newsletter Contributions,  
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to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

to:- TONY ACORN

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Printed & Published in England by Acorn

## **Editorial**

Another mixed bag of news and views. I hope the balance is retained to satisfy the interest of all camps.

We have received quite a few questionnaires back, and when we have the bulk we'll correlate them and publish the statistics. Plus, of course, take notice of your favourite subjects.

*David Acorn*

[The following is an article, sent in by A.W. of Sussex, published in the magazine VIVA, in the U.S.A.]

### **Female Circumcision: Operation Orgasm**

By Terri Schultz

The woman grabbed the headboard of the bed and tried to relax. As her husband's breathing grew quicker and his movements faster, she moaned convincingly. But inside she felt cold and numb, as if, with his coming, emotional gates had closed in her mind. Afterwards she felt empty as always, and began to cry, as usual. "What's the matter?" he asked gently. "Nothing", she answered.

Doris, as we'll call her, loved her husband, enjoyed sex, and was terrified by this recurrent last-minute retreat from orgasm. The rare orgasm she did have (at least she thought it was orgasm) was insipid and flat. During her next gynaecological exam she mentioned this 'frigidity' to her doctor, who suggested that circumcision might solve her problem. Doris agreed to try it, and allowed the doctor to remove a tiny snip of skin from the prepuce, which covers the tip of the clitoris just as the male foreskin covers the tip of the penis. With the sensitive clitoris thus exposed to direct contact and stimulation, Doris found that within three weeks she was having deep, sensual, overwhelming orgasms.

Female circumcision is neither new nor unique to our society. It has long been practised in other countries, although usually with the intention of deadening rather than enhancing a woman's sexual desires. But today it is being re-evaluated and increasingly performed in this country by doctors whose women patients swear that circumcision improves sex.

I have asked a number of women their views on the pros and cons of female circumcision. Some theorise that this is yet another sexual right hidden from women all these years along with the right to know about, and enjoy, orgasms. Others doubt whether circumcision changes anything except a woman's state of mind. Some, especially those involved in counselling people on sex and marriage, insist that the surgery is at worst a mutilation, at best

a physical balm for psychological sexual problems. Is it a new male myth, a frivolous cosmetic surgery created to exploit women's growing interest in their own sexual responses, or is it an advance for female sexuality?

We are only now finding out about the role of the clitoris in sexual enjoyment. Until very recently, clitoral arousal and orgasm was considered inferior to vaginal orgasm, a theory originated by Freud. In the 1960's, the clitoris received new attention from the laboratories of Masters & Johnson. They observed 7,500 orgasms in women and found no physiological difference between clitoral and vaginal orgasms. Instead, they only found one type of orgasm – sexual orgasm. In fact, the walls of the vagina have few nerve endings and are quite insensitive to touch, whereas the tiny clitoris is the most nerve-packed organ in any human body – male or female – and the only organ in either sex that exists solely for pleasure. With clitoral foreplay and stimulation, women are physiologically capable of having several orgasms within a few minutes.

This news is a great relief to those women who once felt they were 'immature' if they reached orgasm through masturbation of the clitoris. And to 'non-orgasmic' women, that some simple clitoral malfunction might actually be the cause of their seeming frigidity.

Doris was 30 years old at the time she was circumcised. "I was desperate," she said, "orgasm was nothing but a slow ascent to disappointment. My husband would turn me on, we would both want each other, we both enjoyed foreplay – everything was fine up to the end. I guess I never was really aware of my clitoris – I never could really feel it or tell if it was becoming enlarged when I was aroused.

At first I wasn't too concerned about not climaxing; I just figured if I relaxed and let things take their time, everything would work out. But after a year I began to worry about it more. I started to dream about having orgasms, and would wake up to find I had had one in my sleep. But never with my husband. I would be with him to the very end, and then – it was like I hit a plateau – he would keep going higher and I just sat back and watched him. It was frustrating and created a lot of tension between us."

When the doctor examined her, he found what is called a 'hooded clitoris', which occurs in an estimated 5 – 15% of women. The normal clitoris is always covered with skin (the foreskin) that is attached to the inner lips of the vagina. When the foreskin is larger than normal, doctors refer to the clitoris as 'hooded'. When Doris returned to the doctor 8 weeks afterwards he asked her if she had noticed any difference in her sexual response. She said that she had so much sensation the first time she reached orgasm that she started to scream and cry. Her husband thought he was hurting her and tried to pull out, but she grabbed his buttocks and kept him in, and had a fantastic orgasm.

Not all doctors in America agree with circumcision. Most agree with the argument that, during sex, direct contact with the clitoris is not necessary,

or always desirable, since the clitoral tip is so sensitive that direct pressure can irritate or even hurt. Instead, indirect rubbing of the clitoral shaft or the surrounding vaginal lips, either with masturbation or the thrusting motion of the penis, can bring more pleasurable and prolonged orgasms.

Surgeons, as well, have found that in many cases the amount of tissue surrounding the clitoris has little or no effect on orgasms. The nerves of the clitoris are so deeply rooted in the pelvic region that even a woman who has lost her entire clitoris through surgery, can still experience clitoral arousal and orgasm just through stimulation of the mons. This in itself is enough to send the message up the spinal cord to the brain.

Much of the controversy around circumcision stems from its cruel history. For 3,500 years, women were traditionally circumcised in parts of Egypt, Mexico, Asia, Africa and South America. The definition has varied widely to mean the removal of various parts – anything from a portion of the foreskin, to the inner vaginal lips, the entire clitoris, plus all or part of the outer vaginal lips, or even sewing together the whole vulva (infibulation).

Occasionally, these circumcisions are backed by religious tradition, sometimes as more civilized substitutes for human sacrifice. But more often they were used as a way to introduce a girl to womanhood, or to reduce her sexual desire so she would remain a virgin until marriage, and a faithful wife afterwards. Whatever their method or purpose, all these circumcisions have only one aim; not to fulfil the sexual needs of women, but to make them more desirable to men.

In Ethiopia, for instance, circumcision is a folk custom practised by Christian Amharas, Jewish Falashas, Mohammedans, and other groups to prevent their women from becoming too sensual. The clitoris, inner vaginal lips, and sometimes outer vaginal lips of all female children are amputated with a razor or knife by an older woman. The vulva is then sewn together with horsehair and bark, and a plant stalk is inserted into the vagina to allow a drainage tube for urine and menstrual flow. On the circumcised girl's wedding day, another elderly woman cuts an incision in the vulva so that the bridegroom can have intercourse with the girl. The singing and dancing of the wedding guests around the matrimonial hut are supposed to drown out the bride's cries of pain as her husband breaches the raw wound. The removal of the stitches, followed by energetic intercourse, does sometimes cause fatal haemorrhaging.

Circumcision was popularised in Ancient Egypt by a pharaoh who, according to rumour, had such a small penis that he ordered the vaginas of his women to be made smaller so that he could enjoy intercourse with them. It is no longer practised there, but other societies still consider uncircumcised women impure. Some Islam countries regard it as an embellishment, like a piece of fine jewellery, and the women encourage the practice.



In Upper Guinea, teenage girls of the Sambele people have the clitoris and the outer lips removed to aid in childbirth, supposedly getting rid of 'obstructions' around the vaginal opening. The operation is performed in an open clearing by an old woman, and the girl is then taken to sit in the river mud to stop the bleeding. Her wound is then washed with boiled leaves. After ten days of recuperating, she is taken to the home of a village boy to become his wife. The women view circumcision as one of the social events of their lives.

In America, circumcision has had its own dubious history. It was recommended at the turn of the century as a cure for masturbation, which was claimed to cause hysteria, insanity and epilepsy. In 1936 an American doctor seriously suggested that women more passionate than their husbands be circumcised to reduce their sex drive.

Female circumcision takes only a few minutes, and performed in the doctors office. After injecting a painkiller, the doctor uses a four-inch forceps to pull back the foreskin, makes about a half-inch slit in it, and removes the elliptical piece of skin. There is little or no bleeding and usually no stitches are required, but the woman is told not to have intercourse or masturbate for a week. Some women are extremely sensitive after being circumcised, and one woman reported that she was stimulated just by walking about. A stewardess stated that at first she was very aware of her clitoris, and her orgasms came thick and fast. But soon they settled down. They were still more intense than before her circumcision, but depended more on the mood she was in and the person she was with, than on the fact that her clitoris was a little more exposed.

## **Balanitis Problem Cured**

I was particularly interested in the contribution from M.J. of Dubai; I too spent my early childhood years, during the war, in the middle east, in what is now Israel.

For some time I was troubled with recurring balanitis; pus would discharge from the end of my foreskin, staining my underpants and pyjamas. This necessitated bathing the glans and inner foreskin with mild antiseptic. After two or three days it would clear up only to recommence some weeks later; it was becoming a nuisance. The main infected area was the sulcus, which became inflamed and on occasions acutely irritable; if rubbed, the area would become further aggravated and sore.

One day, at lunch, my father, quite 'out of the blue', asked if my willy was O.K., and went on to say that later on that afternoon a man was coming to see my willy to see if he could help my problem. I gave the matter little further

thought, as my willy had been the repeated scene of attention for some many months previously. Little did I realise what was in store.

After the routine siesta, the man turned up. I noticed that he brought a small leather case with him, but to this day I have no idea who he was or where he came from. I was told to remove my shorts and lie on the bed. He began by examining and feeling my balls. He told my father that they were normal, and that my inflammation problem was very common in children of my age and often reluctant to clear up, but that it did appear that my foreskin was rather long.

He then took from his case a bottle containing a solution and poured a small amount on his hand; I remember it smelling vaguely of herbs. He then began to apply this substance to the whole skin of my willy. He pulled the foreskin back and forth several times, while he continued to work this solution into my skin. Not only did I become erect but I soon noticed that the skin was becoming very elastic and pliable in his hands, and that my foreskin, in particular, was becoming appreciably stretched and loose. He worked quickly and was clearly experienced at his task. I did not climax, but I do remember that it was an odd sensation. While continuing this treatment he proceeded to pull my foreskin forward as far as possible, while with his other hand he felt for the outline of the glans and the thickness of the foreskin. He then turned to my father and said, "Shall I trim him?" Father's reply was to the effect that it would be better. I still did not know what this meant or what would happen. I was then told to look up at the ceiling. The next thing I remember was my foreskin being pulled forward and held very tightly, which was very uncomfortable; then a sudden sharp pain similar to a wasp's sting. I immediately looked round apprehensively, to see my foreskin and a small razor lying on the bedside table. The operator was aligning the two cut edges on the shaft of my willy. There was not a great deal of bleeding, quickly stopped by the application of some yellow ointment. I was told not to worry as there was nothing more to be done. My willy was soon tightly bandaged which was left in place for the next three days, then left for the scab to harden. This was done and the healing progressed uneventfully. There was no further discomfort, and no more balanitis.

Before he left, the operator produced another small bottle containing a clear fluid, and proceeded to place my severed foreskin into it, then told me this was for me to keep if I wished. I did keep it for some time until we started to pack to return to the U.K., but it must have got thrown out when clearing up. I now very much regret not ensuring that it returned with me to remind me of an eventful, not to say, unexpected afternoon.

*Bill – Kingston*

[From all the stories we have had sent us, it has struck me that nearly all the foreskin troubles have occurred abroad, especially in the Arab countries.

A Jewish friend once told me that some things that are now Jewish Law originated because of the conditions and climate in which the early tribes lived. Two of these, he told me, were burial one day after death, and of course, circumcision. With scarcity of water with which to wash frequently, the sand, mostly much finer than you find at the seaside, plays havoc with the body's moving parts. I have spent a short time in the Yemen desert myself, and as well as always having sand under my foreskin, it mixed with the sweat in my groin and under my armpits to form a sort of carborundum paste to make these areas raw. — *D.A.*]

## **Saddam**

Everyone will remember the two RAF fliers who were shot down during the Gulf War and captured, Adrian Nichol and John Peters. I've been sent a newspaper account of their torture. After some account of their torture the article states, 'Nichol's head was beaten so badly that his clothes were soaked in blood. Tissue paper was stuffed down his neck and set alight. At one stage, as he lined up with other prisoners to have his genitals marked with a felt tip, he feared torture with electrodes. There was a moment of relief: in fact, the Iraqis were checking who was Jewish'.

This reminded me of a true story of two young Jewish brothers in the south of France during the war. The gestapo were continually rounding up the male population to check their penises for circumcision. All those found circumcised were investigated further to find out if they were Jewish. The two boys were hauled in and told to drop their trousers. When the Germans saw their bare glans they were interrogated, but a Jewish doctor had told them to say that they had had bad adhesions, which ran in their family. After sticking to their story through a lot of intimidation they were freed. They were only eleven and twelve but they were active in the Resistance.

The torture above reminds me of another story, fictitious this time. A James Bond one, which some of you might have read, where the baddie (I can't remember which one, there were so many) captured James and tied him naked to a chair with a hole in the seat so that his testicles hung through. These were then subjected to continual smacks with a type of carpet beater until he bled. After he got away and convalesced he was supposed to have been none the worse. I wonder! Anyway, better him than me. I always wonder why torturers go any further than the genitals, as there can't be anything worse, either physically or psychologically.

*D.A.*

## Incidence By Age

After reading my last letter (A Naturalist's View, 3/91) I realised that my opinions and experiences were totally subjective. Hence for the last few months I have been engaged on a statistical survey of the evidence for circumcision.

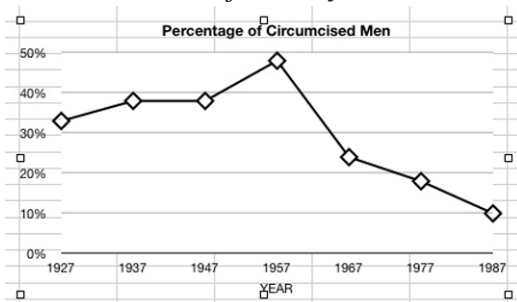
On my frequent visits to my local swimming pool (in a very middle class area of a large industrial city) I have 'spotted' 200 penises. This was an easy task as every man showers naked after swimming. I kept a record, not only of whether or not circumcised, but also of the relationship between age and circumcision. The figures are given in the following table. The data can be plotted as a graph in which it was assumed that all men were born at the midpoint in the relevant age-group. Hence for men in their forties, i.e. born between 1943 and 1952 the mid-point would be 1947.

The graph shows that circumcision was common (with over a third of all men circumcised) from the 1920's through until the 1950's. Virtually half the men in their thirties are circumcised, compared with under a quarter of men in their twenties. It appears from the graph that 1963 was the 'breakpoint' in which the rate of circumcision dropped below a third.

Despite this quantitative revolution in my work I have added a few observations to my past ideas. One man (twenties and circumcised) was proudly displaying a large ring presumably held by a piercing where his frenulum had once been. Most uncut men wash their penises quite unselfconsciously – retracting the foreskin carefully and cleaning underneath it, often whilst facing away from the wall. I also observed that all East-Asian men show a bare glans, although, as most seem to have plenty of spare skin on the shaft, they most probably have foreskins retracted. These were not counted in my survey.

Incidentally, this is not a city with a large Jewish or Islamic population, so few, if any ritual circumcisions can be assumed. As for naturists, quite disappointing really; only one other overall tan.

I remain uncircumcised – the list that Tony kindly provided did not prove useful. So yesterday I completed and posted the Surgical Advisory Services form. No doubt this will be the subject of my next letter...



	Uncircumcised	Circumcised
Pre-puberty	90	10
Teenage	37	18
20's	76	24
30's	52	48
40's	62	38
50's	62	38
60's +	67	33

All figures percentage within age group

*Anon*

## **Revenge**

Its all very well for you guys with a missionary anti-foreskin zeal to start your career off by circumcising your offspring, but you'd be wise to think carefully before you do. If he's like me he'll bitterly resent growing up and finding his penis has been subjected to a barbaric mutilation, saddling him with the repercussions of a misguided or unthinking parent's neurotic views. If he's the quiet type he may write his foreskin off and go through life silently bemoaning his disfigurement. But if on the other hand he has a bit of spark in him, and is not prepared to let it go by default, you could be in trouble.

I must say, I roared my support when I read of men in the States who, sick at being shamefully mutilated to suit someone else's whim, had decided that those responsible shouldn't be allowed to get away with it, and set about suing parents and surgeons alike.

Now I'm not very proud of what I am about to tell you. But when I totted up the schedule of misery, the gnawing ache of dissatisfaction, the fear of ridicule, and lifelong sexual unfulfilment, which have been visited on me by an uncaring parent, I decided that I owed it to myself to punish those responsible.

My mother has always been a silly, vain woman, and she decided to have me 'done' purely for snobbish reasons, since circumcision was associated with the upper classes. (Her official 'excuse' was hygiene and the prevention of V.D.) My dad strongly disapproved, as did the family doctor, but she wouldn't listen. My dad came home from work one day to find my mother looking guilty and me in a distressed condition, bleeding heavily from an appallingly mutilated penis, the sight of which made him – and me – sick ever after.

Mother is getting on a bit now, but I thought to myself, she's got no idea of the misery she's condemned me to by her mindless and wicked act, and it's time she realised what she had done. So I plucked up my courage and quietly told her how she had succeeded in poisoning my life, and destroying

any hope of a reasonable sexual relationship because of the psychological effect of that operation all those years ago. She was shocked and horrified, firstly that I should mention a 'taboo' subject, and secondly at the fact that I was resentful of something she hadn't given a moment's thought to since the event. But she did have the grace to burst into tears when I told her sadly but firmly that my resentment had now developed into a cold hatred, and that she would never see or hear of me again.

I was then lucky enough to track down the surgeon who mutilated me, and am now consulting a solicitor (like me, circumcised at birth and silently resentful of it) to see what grounds I have for suing. Even if there are none, I'm inclined to go ahead just to make the bastard's declining years a misery. After all, he made my whole life one and it's time the biter got bit.

*R.B.W. – Bedford*

[I'm extremely sorry for your plight, R.B., but I'm left wondering why you have waited so long to track down the surgeon, since making a mess of an operation has been suable for many years now, as the following items from newspapers make clear. They were sent to me by A.W. of Sussex. — D.A.]

#### Daily Mirror — 23.2.85

A man's lusty sex life was ruined when he was circumcised, a court heard yesterday. Sean Hickey, 35, had been proud of his masculinity and thought the operation would improve his sexual satisfaction. Instead, it left him unable to make love properly and in unbearable pain, the High Court in London was told. Even after corrective surgery he was able to have sex with his wife only four times last year.

Mr. Hickey, a driving instructor, is suing Croydon Health Authority over the operation carried out 5 years ago. The Authority admits partial negligence, but is contesting the claim. Mr. Hickey said he had decided to have the operation for several reasons. The woman he was living with then preferred circumcised men. He had also had trouble with erections and, as a young man "had a nasty experience with a zip" putting his jeans on. But that was nothing compared to his distress after the operation. He told the judge, "I felt terrible. I really can't find words to explain it. Sex was impossible."

#### Daily Mirror — 1.3.85

A woman revealed her sad diary of sexual frustration to the High Court yesterday. Her husband, Sean Hickey, is claiming damages over a bungled circumcision operation which left him in pain. Mrs. Hickey told the court that whenever she and Sean attempted to make love she wrote "tried" in her diary. She said that between April 1981 and the birth of their son in October 1982 they attempted sex only 12 times. Last year there were only four entries in the

diary as they tried for another child. With some entries she wrote, “Not trying – very depressed.” She said that was probably a day when she was feeling particularly broody and feeling bitter. She added, “When we try we have to stop because Sean is sore. Sometimes we cannot continue.”

The lack of a full sex life led to arguments, she said, and Sean became depressed.

### The Sun — 6.3.85

Macho Sean Hickey was awarded £5700 damages yesterday for the surgeon’s snip that ruined his love life.

Last night he was planning to spend the money on operations to restore his manhood. He said after the High Court decision: “It is a hollow victory. They mutilated me – they did it wrong.” The surgery left his penis with a cork-screw look, and his lovemaking a disaster. Sean had a ‘straightening’ operation carried out privately, but again the pain was so bad that he managed to make love only four times last year. The judge awarded costs of £30,000 against Croydon Health Authority who admitted partial negligence.

## **Introduction**

Any girl determined to get the full benefit of her most valuable asset can do a lot worse than join the services. Just think, provided you don’t mind the military type, you’ve got a choice of men you wouldn’t find anywhere else: smart men, fit men, clean men, with all the grots and creeps weeded out by the Selection Board. It’s the ideal field for a personable girl, whether she wants to treat it as a marriage market, or a heaven sent opportunity to play the field with some of the best male talent the country has to offer.

I chose the second option, and my seven years in the WRAF turned out to be one long uninhibited frolic. If ever I write my memoirs, I reckon I’ll make a fortune with an unvarnished account of my adventures, providing I can find the nerve and a broad-minded publisher!

In the WRAF I proved to be as successful in my job as I was socially, and finished up with a commission. This meant that, instead of going out with the lads, I had to be a bit more picky and go for the officers. Most were fine, but the airs and graces affected by some were a right pain in the bum, and eventually I married the best man of the lot, a senior NCO.

Now circumcision is not a subject to which I normally devote a lot of thought, but it occurred to me that your readers would be intrigued to know that of all the many dozens of men who contributed to my love life, not a single non-commissioned rank (including my husband) was circumcised, whereas a fair number of the officers were.

Having said that and left you to wonder at the vagaries of class and custom, that should be the end of the matter. However, sometime after I left the service and settled down to married bliss with my husband in a garrison town in Germany, I had a visit from my old childhood friend, Mary, who had gone to live in the States, and who came to stay for a couple of days. We had a good old chinwag and she was a bit jealous when I told her about my string of boyfriends over the years.

She helped me put my little boy to bed, and when she saw him undressed she was interested to see that he had not been circumcised, and mentioned that it was virtually universal where she lived in the States. I told her that here it tended to be a fashion adopted by the 'rupert' class (officers), and it had more to do with 'one-upmanship' on the part of the parents than anything else. (Would your readers not agree?) I laughed and explained that my husband had a foreskin like a length of rubber hose and it had never given him any trouble. I said I'd hate him to lose it since it kept his knob nice and tender, and besides, it was much easier to give a man a wank if he had a foreskin.

This caught her imagination: she declared herself hooked on hand-jobs, not merely from the safe sex angle, but she dearly loved to see the spunk fly as a result of rubbing a guy's prick. She said she'd always found it irksome having to have lubricant jelly handy to do the job properly, and she was dying to know what it was like to handle a cock with a long mobile foreskin. She went on to ply me with questions about it, asking if you needed to pull it back to take a leak (What on earth for? – Jim and my little boy didn't, nor did any other male of my acquaintance.) Did it need to be pulled back to fuck and didn't it get in the way? (No. It usually slipped back of its own accord and was hardly noticeable during the act.) Wasn't there a cleanliness problem? (I suppose there are peasants about who don't bother to wash, but I don't know any.) And so on. I was quite tickled about her curiosity and said she'd have to try one for herself. And then without thinking I said she could have a go with Jim's if he agreed and providing she left it at that.

So when Jim came home and junior had been put to bed I introduced the subject. I told him that Mary had never seen an uncircumcised man, and would like to have a look at his foreskin. Jim's used to me making outrageous remarks, but this shook him a bit. But he took only a second or two to agree. "My pleasure", he said, and came and stood in front of the two of us on the sofa. Mary watched with interest as I undid his flies and extracted his long beautiful penis. I told Mary she had my permission to go ahead and touch it. She cradled it in the palm of her hand, gave a couple of inquisitive tugs to the long rosette of foreskin on the end, and then traced the outline of his knob where it stretched the elastic skin as the whole thing swelled and lengthened. When it was at full stretch she squeezed it in her palm and said she was dying to pull the skin back. "Go ahead", said Jim, looking down at her small hand clasping his big swollen prick. She slipped the elastic foreskin back along the shaft, completely revealing his moist blue cherry. Jim shivered with pleasure.



“Go on,” I said, “you’ll have to keep going now you’ve started.”

Mary needed no further encouragement, and started giving him a slow sexy wank, stretching the skin back and forward from balls to tip. She remarked on how much easier it was to service a cock with a foreskin, and demonstrated the versatility of action available to her by varying her grasp so as to have his wet purple plum sticking nakedly from her fist whilst she worked on the shaft, and then reverting to the fully covered grip where she massaged the sensitive knob through its taut skin overcoat.

By now Jim was sweating! His eyes were popping out of his head and his hips were jerking as the jolts of pleasure registered on his sensitive glans. “Come on,” I said, “don’t torment the poor buggler any longer. Give him the works.” She speeded up her action until her fist was a blur, and then Jim’s hips started bucking uncontrollably. At this point I had visions of him spraying spunk all over the wallpaper, because he spurts further than most; so I pushed her hand away and took over, making sure I closed off the tip of his skin with the other hand, so that when he came his spunk was all trapped under his foreskin which swelled right up. As his ardour and penis subsided, I milked it all out of his skin into an ashtray under the approving gaze of our guest, who remarked how much cleaner it was to be able to deposit it where you wanted.

Mary left us the next day, thanking us for our hospitality and entertainment: she’d had a thoroughly enjoyable and instructive time!

What needs to be understood is that this little episode was a one-off. Neither Jim nor I believe in threesomes normally, and quite sincerely, my aim in letting Mary handle my husband’s penis in such a way was purely for educational purposes. Besides which, no matter how lecherously it’s performed or described, a hand job’s only a bit of fun. I first treated a boy to one when I was only thirteen, but I have to admit that I found the whole exercise terrifically stimulating, and Jim even more so.

*Mrs J.M. – Hillingdon*

## **Books**

Nigel Pavitt, *Samburu*

(London: Kyle Cathie Ltd. ISBN 1 85626 043 7. £35)

Wilfred Thesinger, the travel writer and author of *Arabian Sands*, *The Marsh Arab* and other books, has a liking for nomadic people and harsh environments. He has retired to the near-desert of Northern Kenya, where he has settled among the Samburu. He contributes a foreword to Nigel Pavitt’s book about them. The book is in large ‘coffee-table’ format, and lavishly illustrated with colour photographs of Samburu people, young and old, going about their traditional pastoral and social activities.

The young children spend much of their time herding and tending to the livestock. The young men used to lead a life of cattle-raiding. Although this is discouraged in modern circumstances, they are still expected to defend their stock and families from animal predators. But between these duties they have plenty of time for a very full love life.

The chapter which will be of special interest to *Acorn* readers deals with the initiation of lads to the status of warrior, marking their transition from boyhood to manhood. Afterwards they no longer live as children, but have a much freer life. The transitional ceremonies involve important changes of dress and lifestyle; and of course, circumcision. The chapter discusses and illustrates these aspects very fully: the lads approaching initiation go around together in a group, dancing and singing, taunting and joking with one another in ways which reinforce the bonds between them, and help each other to keep up morale in face of their approaching ordeal. They are marked out by new styles of hair and clothing, with different ones again after they have successfully been through the ordeal. A cowhide has to be prepared for them to sit on while being circumcised. There is a picture of a lad of about 14, visibly uncircumcised, being led by his father in the early morning to the appointed place. He sits down and fixes his gaze so that he doesn't blink or flinch during the operation, and is supported by an elder brother while the cutting is done. Unfortunately the pictures at this point show us little more than the positions of the lad and the operator. But the chapter gives us a usefully good idea of the centrality to Samburu society of these initiation ceremonies, and we gain a good idea of Samburu life: very different to our sophisticated post-industrial society. But their life has its own pleasures and its significant turning points, which mark off the transition from boy to man very much more clearly than is the case in western society.

*Tony Acorn*

T.Blackburn, *A Clip of Steel*.

(London: MacGibbon, 1969)

A member would like to know if anyone can provide information on this novel, written about infibulation.

### **Saga (continued)**

For years after this, I was terrified that a chance sighting, by someone, of my frenulum would betray my shameful state, as I believed its presence, untampered with, to be one of the sure indicators of it. I now knew almost exactly how I wanted to be, should some event make the operation necessary.

It was even longer before I ever heard of elective surgery, which, when I started to think seriously about it, I hoped would provide me with the cut well back, absence of the frenulum, and the shaft skin as tight as practicable, with the utmost exposure of the glans. One thing haunted me all this time; I had discovered the exquisitely sensitive area inside the foreskin, between the end of the frenulum and the rim of the opening, and was loath to lose it. To digress again, it seems possible that complaints in *Forum* correspondence about 'feeling completely dead' from those circumcised at their own wish, with later regrets, could refer to the removal of this important area.

Most of the boys had been circumcised in infancy presumably, as only two had anything to say of the experience. One, how he had suffered quite a lot of pain before being whisked off to hospital for treatment, and how he had come round to more pain. I wonder if he had suffered premature or over-enthusiastic attempts at retraction by his mother, with resultant tearing or other damage? The other just alluded to waking up and finding it 'like it is now, with a bit of cotton wool around it'. This was the unwitting exhibitionist while peeing, and at the time was just experiencing his first erections, which was interesting to observe, as he would suddenly drop his pyjamas to reveal his tiny organ standing vertically – the fact that it pointed up at his face seemed to fascinate him.

Self and mutual inspections continued unabated. The boy who had been in India was next to me, and almost every night he would open his pyjamas, and I would watch him inspecting and manipulating his tiny erect organ, which, by now, looked virtually the same as mine (at least across the gap between us), to my gratification. Once or twice he came over and gave mine a thorough going-over without ever mentioning the foreskin; not even when he masturbated me (not as far as orgasm) in the normal foreskin fully forward and fully back way, which presumably was his first experience of it. That was the only time I was ever masturbated by another male. Once, I watched him masturbating himself, sitting opposite on the end of someone's bed, by pulling the shaft skin to and fro without any attempt to pull right forward, which I already knew would be too much like hard work! At any rate his knob remained in full view the whole time, and, once, he giggled and said, "It tickles!" thus answering one of the questions in my mind.

Putting a brave face on things, I still maintained to myself that the lack of need for circumcision when younger, plus my convincing mimicry, made mine somewhat superior, but deep down I knew I envied the roundheads their guiltless display of their knobs, and the inability of so many to cover at all what, in me, had been hidden away so confusingly for so long. Was the latter, perhaps, a mutated bondage fetish?

(to be continued)



# ACORN

1992 Issue No 3

**Editor**  
**David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

I asked one of our members, Ray Hamble, who is a doctor and 'Agony Uncle' of *HIM* magazine, if he would agree to be the *Acorn* adviser on genitalia, mainly physiologically, and he has kindly consented.

To start the ball rolling I posed a couple of questions which have been kicking around for a long time. There is no need to write them here as Ray has incorporated them in his answers.

D.A.

### **A String Of Beads**

In Victorian times 'ladies' were not supposed to enjoy sexual intercourse. It was unbecoming to show personal physical pleasure in an activity designed for the procreation of children and the gratification of one's husband. What's more, many a woman will say that to lie back in bed and simply make oneself available as nothing more than a receptacle for the penetrating male penis is not particularly enjoyable. The female orgasm is often much more elusive than its male counterpart and frequently used to be consciously avoided rather than encouraged.

With the gradual emancipation of women, sexual pleasure moved higher up the agenda. The traditional 'Missionary Position' for intercourse was superseded by a number of more sophisticated entry techniques designed to enhance the enjoyment of both parties. What's more, when the intensity of feeling induced by stimulating the female clitoris was fully appreciated, it wasn't long before ways and means of doing precisely this were increasingly explored.

But it wasn't until the late '60s and '70s, during the great sexual revolution, that a whole range of gadgets were developed, designed specifically as clitoral stimulators – ribbed condoms, rubber 'ticklers' worn as a ring around the penis, etc. One such ploy, taken up particularly by North American Casanovas, was the permanent surgical implantation of a string of small beads under the loose skin of the shaft of the penis towards its tip – a sort of sub-cutaneous necklace just behind the rim of the glans. During the thrusting of sexual intercourse, as the loose shaft skin slid too and fro, the beads would excite the clitoris and elevate 'my lady's fancy' to cloud 9.

But I've been asked a question about these beads which, at first sight, may seem a bit odd. "What stopped the beads from dropping down into the scrotum, as there doesn't appear to be a membrane between the penis and the scrotum; and when the penis is flaccid – especially in the smaller man – it can be pushed right back into the scrotum?"

It's true that the loose outer skin, which forms a sort of sheath around the solid shaft of the penis within it, seems to be very mobile. I suppose that

one could imagine that the beads were floating in the space between skin and shaft, free to move, like ball bearings, anywhere they liked. However, it isn't as simple as that. In spite of all its superficial mobility, the skin of the shaft is intimately and continuously joined to the flesh beneath it by webs of connective tissue, which firmly hold in one place any 'foreign body' introduced into the gap. Even when the penis is in its softest state, and is apparently turned inside out on itself when pushed back into the scrotum, it still maintains its integrity as a complete organ. Nothing is free to fall anywhere, and as soon as the shaft reappears, like a snail from its shell, its structure remains intact – beads and all.

*Ray Hamble*

## **About Penile Veins**

The more penises you study, the more you will become aware of the vast network of veins which stand out on the surface of the skin along the shaft. The most prominent is known as the Dorsal Vein of the Penis, and is one of the main blood vessels carrying blood back towards the heart after it has spent its oxygen, having originally been pumped into the penis through the arteries.

Some of these veins seem to emerge from the underside of the penis and the glans through the frenulum (often incorrectly referred to as the frenum), which is that rather quaint and exquisitely sexually sensitive fold or tag of skin which forms an attachment of the foreskin to the shaft, just behind and beneath the glans. I've been asked what happens during circumcision, especially adult circumcision, when these veins are cauterised to prevent bleeding. Where, then, does the blood go? If the veins become dead ends, how do they fill up or empty? Good point...

Think of the veins as rivers, collecting tributaries throughout their whole length. They start in the sort of 'marshland' of the glans where, if one mini-stream becomes blocked, there is ample opportunity for the blood to find an alternative course and join the main flow lower down. Gradually, as the veins get nearer and nearer to the base, more and more tributaries join in, and the main vessels become as full as ever.

It's the same with the arteries. They lie deeper in the penile flesh and aren't so easily seen, though you can certainly feel the blood pumping through them when you've got a 'throbbing' hard-on. Here, though, it's a bit more like the delta at the end of a river when it reaches the sea. If you block off one of the tiny channels as the artery branches into a network of arterioles, it doesn't matter much because there are plenty of other arterioles to carry the flow of blood onward to its destination.

So, though several veins and arterioles are closed during circumcision, it isn't really important. There are hoards of other channels through which the

blood continues to flow. Anatomists sum it all up in one jargon term which is called “Collateral Circulation”.

(Incidentally – I thought you’d never ask – If the ‘frenulum’ is often incorrectly called the ‘frenum’, then what is correctly called the ‘frenum’? The ‘frenum’ is the fold of tissue which seems to attach your tongue to the floor of your mouth. Both the frenulum and the frenum are similar in their roles as tissue attachments, so don’t worry too much if you confuse the two. Many far more erudite individuals than any of us in *Acorn* have been making the same mistake for years. The words are derived from the Latin for ‘bridle’)

*Ray Hamble*

[If any member has a question to ask Ray, just send it in the normal way. I will then print it and Ray will answer in the next edition. — D.A.]

## **Muslim Children In Norway Circumcised By Barber**

An article in a Norwegian newspaper in February, contributed by Acorn’s Oslo correspondent, translated by Tony Acorn.

“I know of several cases of parents going to the barber to have their small boys circumcised without anaesthetic”, says Aslam Ahsan. The leader of the Pakistani Workers Union in Norway is now raising the issue after a Norwegian hospital refused to perform a circumcision, despite a ruling from the Health Directorate that the cost is covered by Social Security.

Circumcision of boys is a very widespread custom among Jews and Muslims. The tradition is over two thousand years old. The Muslim tradition is an operation which usually removes the whole of the foreskin of the penis. The operation is done without anaesthetic. In the religious context, boys who have not been circumcised are considered ‘unclean’. So both Muslim and Jewish believers consider it essential to have the circumcision done.

In Norway it is strictly forbidden to circumcise according to the old religious custom. Any such operation must be done by a doctor under full anaesthetic and in full hygienic conditions. Most hospitals in Norway circumcise newborn boys at the parents request. But not all are equally disposed to this custom. For example, Aslam Ahsan has received several representations from parents who have had their children at the Central Hospital in Akershus.

“I have repeatedly asked for an explanation for why they are unwilling to do the circumcisions there. One explanation I got, from a consultant, was that ‘all the Jews pay for it themselves, and as these are Muslims, they should take on the consequence of this’. The official explanation is lack of funds”, Ahsan told Norpress.



“Now I have found a circular from the Health Directorate in 1976. It says that ‘the cost of circumcision required for religious reasons shall be paid by Social Security’. But the problem is that ‘nobody’ knew about this.” He says that a supplement requires that the hospital arranges an appointment with the doctor, and then Social Security covers the cost.

Meanwhile, are circumcisions being done without anaesthetic in Norway? “It follows that they must be, despite this being illegal in Norwegian law”, says Ahsan.

## **Nirvana**

Passing a record shop recently, I noticed the sleeve of a record by the punk rock group, Nirvana. The album is entitled ‘Never Mind’ (issued in 1991), and the sleeve is illustrated with the picture, taken from well below the water surface, of a toddler (probably several months old) swimming under water towards a fish-hook baited with a dollar bill. What caught my eye was that he was very clearly circumcised, although in a way that left a small roll of skin just behind the corona. Later, in a newsagent, I noticed that the group, and the cover of their album, features on the cover of the magazine *Metal Hammer* volume 7, No 3, of March 1992.

*Tony Acorn*

## **Ladies To The Fore**

I am encouraged that women are becoming as caring towards the male genitalia as they are to their own; accepting each part as a feature enhancing the whole. The prepuce is less often considered a loathsome appendage to be sliced away in the interests of hygiene, confidence, and women’s well-being. It is becoming more accepted as an integral part of the penis, a highly responsive membrane, an adornment of pleasure, and a joy to handle. This caring, or sexual empathy, has featured in recent contributions, viz–

Mary taught the youth to prize his foreskin “as an asset of inestimable worth”. Mrs J.M. would “have hated her husband to lose his foreskin”. Ms A.C. knew that her circumcised previous lover “privately lamented his loss”, and rejoiced in her partner’s foreskin.

With the caring comes sharpened comment on the practice of ritual circumcision on religious grounds. I found a sense of revulsion in Ms A.C.’s vivid phrase, “Men nursing erections as they watched a shrieking baby having its foreskin cut away”. Here the (presumably) Jewish ritual is portrayed as kinkily erotic and sadistic, with sexuality sandwiched between prayers, recitations and responses.

In the procedure prior to the actual cutting (Milah), the baby is held securely with its legs bent and flexed outwards, often inducing crying at the

restraint. Also, those men participating in the ceremony would all have been circumcised too, the sight of the infant's foreskin being manipulated to erection and stretched, being very stimulating indeed. The excitement of the impending dramatic amputation would also provoke an erection in those present, despite their being circumcised. Later, bleeding, membrane splitting, and glans exposure would be a shared experience, immediately painful to the baby, yet a reminder of what the others had been through at the dawn of life.

There is no doubt that excitement, whether of anticipation, trauma, or violence, is capable of inducing an involuntary erection! At birth for instance, a violent process for the new arrival, most males arrive complete with erections. Similarly at school, those boys ordered forward for the attention of the cane, were prominent at the front. Remember, Ms A.C., sexual excitement may be the most productive reason for an erection, but certainly not the sole cause. Such arousal at a religious ceremony would be tantamount to blasphemy! (How about a response by the necrophiliac at Holy Communion?)

Apart from religious circumcision, the reluctance of the medical profession, and now the caring influence of women, has meant that less than 1% of males are electively circumcised in their early days. (At the Portland Clinic in London, circumcision is offered as an additional service to the parents of all boys born there.) The increasing use of the Plastibell – even in the N.H.S. – has meant that those few circumcised look incredibly neater and less radically shorn. They, I suspect, will be less resentful, as the flaccid state will not indicate an obvious circumcision. When the Plastibell was introduced here, one surgeon lamented that some would appear not to be circumcised, and that the device should be sent back to America.

*Anthony – Devon*

### **The Prince Of Wales**

The broadcast news of Royal birth,  
Rejoicing through the land.  
An old tradition has its worth,  
Though hard to understand;  
Despite changed practices and gory tales,  
There'll be no foreskin on the Prince of Wales.

'Tis said that Bertie was the first  
To have the scalpel down,  
To rid the cause of Onan's curse  
And bare a princely crown;  
This well-kept secret behind palace rails,  
Was circumcising of the Prince of Wales.

The Palace protocol was set.  
Then on from infant days,  
The newborn Prince would always get  
The mohel's measured gaze;  
Thus Charles' howling merged with autumn gales,  
More circumcising of the Prince of Wales.

A with-it generation here,  
New blood of Royal birth.  
But nevertheless they've shed a tear,  
With skin loss, extra girth;  
With one, or two, or three of Royal males,  
In blood they all become a prince of wails.

The nursery protocol is clear  
For Royalty's new kin.  
There'll be no taint of smegma here,  
Or ever fore of skin;  
For health, and wealth, and hygiene it entails,  
The circumcising of the Prince of Wales.

No matter how the fashion slips,  
A foreskin's thought obscene.  
With only dainty, scar-ringed tips,  
To set before the Queen;  
Rejoice, for old tradition never fails,  
Like circumcising of the Prince of Wales.

*Anthony – Devon*

[I thought, Anthony, that Princess Diana had brought this tradition to an end. — D.A.]

## **Book Excerpt**

From Roger V. Pavey's *The Kindest Cut of All*.

It has been advanced that circumcision originates from the discovery among early men that it enhances and increases sexual pleasure.

The argument runs, that the removal of the foreskin results in the hardening of the surface of the glans. This means that the glans, which is the most sensitive part of the penis, is less sensitive overall during intercourse, enabling it to be prolonged. This will result, so the claim goes, in an increase of pleasure of both partners. The male because his orgasm is delayed, and therefore builds up to a higher peak, and the female because her orgasm requires a longer preparation anyway. Both can prolong sexual foreplay, increasing both the tumescence and the intensity of the orgasmic release. The

operation of circumcision removes not only the actual foreskin and exposes the glans, but also removes the underlying membrane that adheres to the glans and the surface of the penis. Not only is the glans benefited this way, but even more so the corona and the immediate area behind the glans, and the frenulum. These are the especially significant parts in the male orgasm. The uncircumcised penis has a glans and region surrounding it that is warmer, moister and softer, more membranous, than the situation in the circumcised organ.

The net result of the physiological changes that follow circumcision, therefore, it is argued, is to increase, not only the 'staying power' of the circumcised man in intercourse, but also, as a concomitant of this, the quality of enjoyment. The uncircumcised reaches orgasm faster because of the greater sensitivity of his penis, but actually has a lower level of intensity of pleasure because of the fact, often, his foreskin is not totally retracted, so reducing the contact between vagina and his corona, and the region behind. As the foreskin adheres to the frenulum of the penis, the capacity of that particularly sensitive part of the penis to increase the pleasure of sex is also thereby reduced.

*J.H. – Helsinki*

[I could pick so many holes in that hypothesis that there would be very little left. But it's a point of view (I hope) so I'll just be like Julius Caesar and say, "Methinks he doth protest too much."

At the same time I must compliment J.H. for his eagle eye in picking out all his snippets of information. — D.A.]

## **Nearly Jewish**

Cock-up is now quite a respectable phrase, and a favourite with well-bred young ladies throughout the land. I prefer the old-fashioned 'balls-up' as being more honest, so you'll forgive me if I say you men do talk a lot of old balls about women's attitude to circumcision – although a lot of old cock would be more appropriate. Men do seem to pontificate about what we think, but those who say the subject never enters our heads are way off beam.

I went to a well-known girls' boarding school in the Midlands. Like me, most of the girls had parents overseas. We used to have long and serious discussions, and if you've ever wondered what teenage girls talk about in the dormitories, I'll tell you: it was sex, and yet more sex. You might be surprised to learn that one of our favourite topics was circumcision.

Some of the girls had fathers or brothers who were circumcised, but not many. Most, like myself, had uncircumcised males in their family, so there was a lot of curiosity shown about the operation. A doctor's daughter set the general opinion by saying that she had heard her father discussing it with her mother and, although he had been done, it had only been for fashionable

reasons, and medical opinion was against it. Consequently her brother had been left intact. Some of the girls with circumcised brothers however, stoutly defended the operation, thereby showing that it's not just in boys' schools where the cavalier versus roundhead conflict arises.

Some of the younger teachers were quite happy to discuss sex with the girls, and I remember one bible discussion, where a girl put her hand up and asked what circumcision was, amid giggles from the rest of us. Teacher chose to take the question seriously, and gave us a complete rundown on the Jewish practice. She explained what the operation consisted of, and even drew a 'before' and 'after' sketch of a penis on the board, with a cross-section to show how the foreskin fitted over the glans, and indicating where the cut was made. She explained that the practice had been widespread in this country, but was no longer practised since it was considered to serve no useful purpose.

One episode which sticks in my mind was a trip the classics group made to Italy, led by the same teacher. We were visiting the Naples museum, and in one room came across a remarkable sculpture. It was a beautifully carved life-sized statue of a reclining youth in black marble, so perfect that every tiny detail was totally life-like, and it was amazing to think that it had been carved some two thousand years ago. What made it so remarkable for me was the sly, lecherous grin on his face as he contemplated a plump, real-looking penis draped over his thigh. A particularly noteworthy feature was his extremely well-developed foreskin, which took up a good third of the total penis length, and which folded at an angle over the thigh. It looked so real that the temptation to give it a crafty squeeze was overwhelming.

Teacher saw us staring in admiration at this masterpiece of Roman sculpture, and said with a laugh that she thought she'd find us here. One of the girls remarked that the youth could not have been a Jew. Teacher agreed, and gave us a little lecture on the Roman attitude to Jews, their obsession with bodily perfection and beauty, and their deep distaste for circumcision, with a consequent emphasis on the foreskin. Their eventual adoption of the more sophisticated religion, which had emerged from the hitherto despised Judaism, was therefore all the more surprising. They might not have been so keen if the Jewish covenant had been required of them, though.

At the time, the impression on me of the youth's saucy looking penis was that, although the foreskin looked rather long, it was really cute, and I remembered it in later years when my own sons were born, because they had similarly long foreskins. It occurred to me that it was the equivalent in the male of my own well-developed inner labia, which tend to protrude slightly, and that it was perhaps hereditary.

Although my husband is half-Jewish, there was never any real question of having the boys circumcised. Firstly, the boys were not eligible under the NHS, and secondly, my husband is himself uncircumcised, and is not technically Jewish, so neither he nor my sons were eligible for the Jewish rite, even if

he'd wanted it. I was certainly not keen on the idea. The thought of marring the classical perfection of their little bodies did not appeal.

Although my husband is comfortable with his Jewish heritage, he looks upon his foreskin as a sexual asset which he was lucky to retain. He also has no religious inclinations. We were surprised last year when we went to visit his father's relatives in Israel to find that the Israelis themselves tend to play down the religious side, whilst acknowledging it as the cement that binds the nation together. Consequently there was no fuss made about dietary laws and so on, and our Israeli hosts were curious about my sons' foreskins, rather than disapproving. The two girls in the family, in particular, were very attentive at bathtime, and watched with undisguised interest as I slipped each boy's foreskin back.

Finally, I must tell you a little anecdote about our trip to Israel to illustrate an unexpected and little-known spin-off in favour of retaining the foreskin. We went with our Israeli hosts to the Dead Sea for the day, and experienced the astonishing buoyancy of the salt water. I noticed at the time a slight tingle between my nether lips. But when our host's two girls and little boy went in, they immediately leapt out again, crying and clutching themselves between the legs, to the amusement of their parents who knew what to expect. Apparently the exposure of the sensitive tissues of the girls' fannies and the boy's denuded glans to the concentrated minerals in the water stung quite a lot. Meanwhile, my two sons, whose knobs were protected by their foreskins, wondered what all the fuss was about. This reaction was fairly general, since the lads in a German tourist group, who could be expected to be uncircumcised, were completely unaffected, whereas the little girls and all the Jewish boys suffered the same problem.

Although I'm obviously not pro-roundhead, I realise, after reading *Forum* from time to time, the overpowering urge some men have to get themselves circumcised. As long as they restrict their attentions to their own penises they have my wholehearted support in their quest.

*Mrs A.G. – Hammersmith*

## **More Copies**

I wonder if other members feel that we should have at least 12 or 13 *Acorn* newsletters per year. It seems an awful long time to wait for each copy. I would gladly pay a higher subscription fee. Have enclosed the questionnaire, and look forward to reading the findings.

*H.J.M. – Mid-Glamorgan*

[Thank you H.J. – your eagerness does us proud. The one thing to remember though, is that we could do it only if we received more contributions from

the members, which is really what it's all about. The gaps between issues are due severally, to other work, holidays, and, most of all, relations and friends staying for protracted periods, this being a seaside resort. — D.A.]

## Questionnaire Replies

The questionnaire circulated with *Acorn* 2/92 has so far brought 27 replies. Its purpose was to give the *Acorn* newsletter editorial team a better idea of the interests and wishes of *Acorn* members. Some replies added more information, and this will be included where appropriate.

In the content of the *Acorn* newsletter, members wanted:-

### More/OK/Less

22	1	1	observations of foreskins/circumcision
19	2	1	foreskin problems/advantages/pleasures
19	3	1	contact with other <i>Acorn</i> members
18	3	1	masturbation techniques
17	1	7	circumcision operations/descriptions/methods
15	4	2	stories beginning "I first found out about foreskins/circumcision when..."
14	3	5	discussion of reasons for/against circumcision
14	4	3	penis size etc.
13	4	3	intercourse – male and/or female aspects
11	3	6	erections/staying power/premature ejaculation
10	4	4	sexual identity (hetero/bi/homosexual)
7	4	7	sexual fantasies

Replies are arranged with the most popular topics at the top.

Other topics mentioned for inclusion were:- photos (but problems of production probably rule this out), technical and slang terms in still more languages, more details of others performing circumcision, genital piercing, pissing techniques, quantities of ejaculate, more female contributions, swapping photos, videos, etc., religious aspects of circumcision.

Whether pleased or sorry about their state, the answers were as follows:-

	Pleased	Sorry	Indifferent
Circumcised	15	5	2
Uncircumcised	2	3	

As would be expected, all the sorry and indifferent of the circumcised, were done as babies. All those done by their own choice are pleased.

<b>Age</b>	<b>Size</b>	<b>C/U</b>	<b>At Age</b>	<b>Since</b>	<b>Identification</b>
29	<av	U			JK – Wales
71	6.5"	U			JTD – London
25	6.5"	U			SDG – Stafford
72	7.0"	U			HJM – Mid Glamorgan
45	6.5"	U			AGT – London
	4.8"	C	22		JH – Finland
31	6.1"	C	31	0	JM – Middx
32	5.8"	C	31	1	JA – York
42	7.0"	C	41	1	JBT – Westcliff
42	6.5"	C	41	1	RH – London
69	7.5"	C	58	1	CP – Devizes
58	6.3"	C	44 & 55	3	SW – Gwent
41	6.0"	C	32	9	J – Shropshire
28	7.7"	C	18	10	BH – Suffolk
41	Av	C	26	15	Brian – W. Country
46	7.0"	C	31	15	RJL – Whittlesey
37	7.5"	C	19	18	PH – M. Keynes
54	5.9"	C	33	21	WM – Kingston
53	5.8"	C	26	27	JR – Norfolk
49	6.2"	C	2	47	Anthony – Devon
40	5.3"	C	0		IW – Dorset
52	6.5"	C	0		GP – Perth
58	6.3"	C	0		RH – London
59	7.5"	C	0		RW – Sussex
77	7.0"	C	0		HM – Colchester
81	6.3"	C	0		V – Shropshire
61	6.5"	C	0		Anon – London

Amalgamating these replies with information supplied earlier, details of the 78 members who have renewed or joined this year are as follows:-

36 (47%) are circumcised

12 (14%) are uncircumcised

30 (39%) are not known

Sexual status was asked for, but I haven't included it in the individual columns as I know that at least one member doesn't want this advertised. They are as follows:-

6 are heterosexual

9 are bi-sexual

11 are homo-sexual

Religions were mixed, although there were no Jewish or Muslim members.



The replies to one question was very illuminating. Even though, as can be seen, the variation in erect sizes was as much as 3 inches (from 4.8" to 7.7") almost everyone considered themselves as average. This must go to show that men are not as concerned with their size as has been made out.

For all those who wrote on the backs of their forms information that is worth publishing, this will be done in the next issue. It would be great to hear from all the members who have not returned their questionnaire yet.

*D.A.*

## **Maceheads**

Thanks for making a stand about "owning a sweet smelling foreskin". It's so reassuring to know that *Acorn* projects a balanced view.

The claims voiced in two articles, "It Looks Nicer" and "What Nurses Think", lie, that circumcised men develop bigger, bulbous glans – with "a fat head and a thick rim", its large size due to its "being unrestricted by a sleeve of skin" – calls for analysis.

If the claims are true, then all circumcised men will sport this 'macehead' type of penis. I know this to be untrue from observations: several friends, cut as infants, sport small or ordinary glans! The reverse is also true. I've seen and know uncut men who possess 'maceheads' despite being fully hooded. In these cases the heavy fat heads, and thick prominent rims, bulge against the covering foreskin. Perhaps this question could be worked into the penis survey, providing useful information for such an issue.

*A.D. – Oxford*

[I left this statistic until after this letter. Although the poll is very small it points to there being very little difference between circumcised or not in the glans circumference, both weighing in at around 5.4". — *D.A.*]

## **Docking**

I was most interested in the letter from H.J.M. of Glamorgan in newsletter issue 1/92.

Like you, I have never seen this subject mentioned before; nor have I had any experience of it. Nevertheless, I have often wondered whether it is possible for a chap with a long loose foreskin to accommodate the bare glans of a circumcised penis.

As one who was unfortunate to be cut soon after birth, I soon realised that any attempt to stimulate the glans itself during masturbation was doomed to failure because it is far too sensitive, and such action only results in either discomfort, or, at orgasm, intense pain, instead of great pleasure.

After my experience of intercourse it became obvious that, with the glans being directly involved, the intensity of orgasm was greatly enhanced without any of the discomfort in masturbation. From then on I started to fantasise, when wanking, that my knob was covered by someone's foreskin, and that we were both going to come together. This is still one of my favourite fantasies.

Unfortunately, I have never had the chance to try out the method, and very much hoped that someone who has will relate his experiences for us.

I am now 'getting on' a bit and erections do not come as readily or as hard as they once did, but the spirit is still very willing!! In recent years I have found that I can obtain a most gratifying orgasm if, when still flaccid, I push my knob right back so that the loose skin of the shaft forms a 'foreskin' over it. If I then 'work' the knob between finger and thumb I come very quickly before any degree of erection has set in, with an orgasm as satisfying and prolonged as is normal in intercourse. I use this method frequently, and should be interested to hear whether others have tried it and, if so, with what results.

With thanks for all the effort that goes into the production of the 'News'.

V. – Shropshire

### **Saga (Continued)**

At public school, the emphasis was now very much on normal sex, a subject big enough to take my attention away from myself, and which also gave me a cleaner feel; this latter being assisted by a very wise series of sex lectures, with their objectivity. One or two boys still retained the kind of mentality which I had virtually now relinquished. In particular, one who pressed me hard one night to agree that I was circumcised. This was the only time my deception backfired on me, and was aided by my honesty. I couldn't agree, and foolishly explained. This seemed to astound him, and excite him also I think, as he said in a dangerously loud, strained voice, *"Do you mean to say you keep your foreskin in an unnatural position?"* Luckily, this seemed to terminate things, except that sometime the following day he made a threat, partly in jest, to tell his best friend about my foreskin. The percentage of uncircumcised in the public school was somewhat higher, perhaps around 20%

The only other event which interested me was observing a boy who reached puberty very late, about a year after I had gone there. He was one of those who erected uncontrollably in the shower. I was always fascinated to see his tiny member pointing out horizontally. A couple of years later we were drying ourselves alone together and the same happened, but what a difference! Again it went out horizontally, but now it was at least four times as long as before. I just couldn't take my eyes off it. I do not know how much he realised of what was racing through my fevered mind.

For years after this there was nothing to report on, a situation assisted by returning to live permanently with my parents during studies until National Service. Apart, that is, from intense masturbation, normally morning and evening.

Unstimulated, and with the feeling that it was unworthy, my interest in circumcision lay dormant.

My first proper girlfriend, whom I met in Germany, was very warm and passionate, and we loved each other very much, but it was some months before she handled my penis. She had an eight-year-old son, was unmarried, and naturally very cautious about going the whole way. First, I felt a forefinger and thumb squeezing the base, then they travelled up the shaft, and I felt my frenulum being squeezed. In a moment she was masturbating me – I could not believe it! In fact, for some time I continued to believe that we were unique in our discovery!!! Her technique was simply to move the shaft skin back and forward as if I was circumcised, and some time later she answered a question indicating that she believed me to be so, which I found most gratifying. From then on I never wished any female to pull my foreskin forward, and only two ever did, probably, with their intuition, realising my hang-up.

She told me that her doctor had advised her to have her little chap done, describing all the advantages that advocates do, and now she believed it to be the normal thing. Only fifteen years after the fall of Nazism, I found this very interesting. Idly, I wondered what her brother's colleagues (he had been in the Waffen SS) might have thought, but here I am trespassing on a strongly-felt love.

In a way, though, it does seem to help to prove how difficult an average opinion is to evaluate, and how the strongest emotions are evoked, with a loss of objective thought, by reference to circumcision. Mild or neutral reactions to it seem pretty rare.

Gradually, I became something of a 'circumcision bore' (vide a recent *Forum* article), and over the next few years desired increasing titillation from women's reactions to it – which, more often than not, were not forthcoming. I came almost straight out with this desire the first time I was 'handled' by my next girlfriend. I was foolish enough to say, simply, "Do you reckon I'm circumcised?", to which she laughed, and said. "No." As she was a nurse, I had played my cards rather badly. However, she was a lovely girl, full of fun, and very soon she was masturbating me. Penis out, no fumbling down my trouser front, or shame, and a light gliding with the fingertips, fingers and thumb stretched, along my full length. My favourite method, with the fingers sliding lightly over the loose folds of skin.

(to be continued.)

## **Contact Corner**

A circumcision fetishist and admirer invites correspondence.  
Confidentiality guaranteed and expected. All letters answered.

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# **ACORN**

**1992 Issue No 4**

**Editor  
David Acorn**

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**Newsletter Contributions,  
Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

to:- TONY ACORN

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Printed & Published in England by Acorn

## Editorial

Here we are with another newsletter for which everyone is eagerly awaiting, by the remarks in your letters. There's a lot of food for thought in this issue, and I would be grateful to have your thoughts and feelings about the ideas of Brian.

Pride of place this time must go to the questionnaire. — It's us!

D.A.

## The Questionnaire

I have 13 more filled-in questionnaires, which now make 38, just over half the members.

The subject preferences now look like this:-

### More/OK/Less

30	3	2	observations of foreskins/circumcision
27	4	1	foreskin problems/advantages/pleasures
27	3	1	contact with other <i>Acorn</i> members
25	3	3	masturbation techniques
24	3	7	circumcision operations/descriptions/methods
21	5	4	stories beginning "I first found out about foreskins/circumcision when..."
20	4	7	discussion of reasons for/against circumcision
20	6	5	penis size etc.
16	5	7	intercourse – male and/or female aspects
15	4	9	erections/staying power/premature ejaculation
12	4	10	sexual identity (hetero/bi/homosexual)
9	4	12	sexual fantasies

Replies are arranged with the most popular topics at the top. Other topics of interest were so numerous that it would be best to say that any subject regarding the genitals is of interest to someone. Maybe if I nominate a subject for the next issue each time I might be deluged with thoughts, opinions and experiences for the ensuing issue. Right – it's **Cockrings** for the first one.

What has surprised me is the number who would like more contacts. There has always been space available, and those who have advertised have been very pleased and surprised with the response.

The total of pleased and sorry about their current status is as follows:-

	<b>Pleased</b>	<b>Sorry</b>	<b>Indifferent</b>
Circumcised	21	5	2
Uncircumcised	7	4	1

<b>Age</b>	<b>Size</b>	<b>C/U</b>	<b>At Age</b>	<b>Since</b>	<b>Identification</b>
26	6.8"	U			GL – Leeds
45	6.3"	U			AD – Oxford
62	7.0"	U			RGB – Leeds
45	4.0"	U			HC – London
48	5.0"	U			Anon
35	6 0"	U			Anon – Norwich
54	7.0"	U			DA – WsM
66	7.5"	C	43	23	AW – Sussex
32	7.0"	C	0	32	NA – London
53	6.0"	C	39	14	GL – Germany
48	6.0"	C	31	17	PD – Dublin
49	4.8"	C	20	29	JW – France
34	6.0"	C	24	10	JGC – Lancs

I'll leave all the other statistics until I get some more (I hope) replies, but, as promised, we'll now look at the extra bits and comments which came with the completed sheets. I'm sure most members will find them of most interest.

#### John – Wales.

I am actively looking for a surgeon, mohel, etc. who is prepared to circumcise me. This is for several reasons. Both my partner and I think foreskins are ugly and unhygienic; we are naturists and hence this appendage is frequently 'on view' and should therefore look its best. My partner prefers a naked glans for intercourse (when I have managed to keep mine back I find it's nicer too). My partner's two sons are circumcised (at birth, like their father), and she wants a 'set'. My two closest friends from school were circumcised, and I always admired the 'cut' penis.

[When you find your surgeon, John, don't forget my request to be able to film a circumcision. — D.A.]

#### J.M. – Middx.

Mr. Hasan (S.A.S.) circumcised me last October. I had a very short, very loose foreskin which I had kept retracted for about 16 years, before electing to be cut. The scar line is uneven and is about  $\frac{1}{4}$ " to  $\frac{1}{2}$ " from the glans rim. I am very pleased about this because I at last have achieved my aim.

#### J.A. – York.

I was circumcised last year at the S.A.S. My foreskin was extremely tight, and impossible to retract. The scar line is uneven and is right at the glans rim. I am sorry about being circumcised as I think I would get greater pleasure from sex and masturbation if I had a retractable foreskin.

#### J.B.T. – Westcliff

I was circumcised last year from personal choice. The scar line is uneven and is about 2" from the glans rim on top, and about 3" at the frenulum. I am pleased about being circumcised because it's cleaner, looks better, and enhances my sexual enjoyment. I am also 'different' from the average British male, with the scar to prove it. I enjoy the continual titillation the bare exposed glans receives from clothing etc.

#### S.W. – Gwent

Before being circumcised my foreskin was easy to retract, slack at the end and as long as my glans. I had trained it to remain retracted at all times for 12 years. I was circumcised at 44 (see *Acorn B*) and had a revision at 55 (see *Acorn U*). The scar line is  $\frac{3}{8}$ " on the top and right hand side and  $\frac{5}{8}$ " on the left hand side, from the glans rim. I am pleased about being circumcised since being introduced to the difference at the age of 9 on going to prep. school, where in 1942 80% were roundheads but by 1947 it had dropped to 60%. My father was uncircumcised but kept his foreskin retracted, so I always thought he was a roundhead. But just before he died I saw it forward for the first time, and it covered about 60% of his glans.

#### J. – Shropshire

I was circumcised by Dr. Newell from personal choice. The scar line is uneven and about  $\frac{1}{2}$ " from the glans rim. To me it looks and feels better, but would have preferred a tighter result and removal of frenulum.

#### B.H. – Suffolk

I was circumcised at the S.A.S., from choice, and I am pleased because I've wanted it done since I was 12.

[I think you're the most modest one, B.H. Look at the sizes in all the charts and proudly put yourself from 'average' to 'well-endowed'. — *D.A.*]

#### W.M. – Kingston

I was circumcised by a hospital surgeon because of a long foreskin coupled with some phimosis and balanitis. I am pleased because the troubles I had have now vanished, I now have considerably longer staying powers, and improved oral sex. Thank you for all the very good and interesting newsletters.

#### J.R. – Norfolk

I was circumcised in the local cottage hospital as an in-patient for 48 hours, under general anaesthetic, to remove my excessive long and loose foreskin. I am pleased because it was a nuisance. I have subsequently had better sex, but would prefer to have had the inner skin and frenulum removed.



## V. – Shropshire

I was circumcised as a baby and the scar line is undetectable. I am sorry about being circumcised because I have always assumed that masturbating with a foreskin over the glans should give a far superior orgasm.

In general I consider the newsletter is very well balanced. I have answered the questions, as you would expect, from my personal viewpoint, perhaps stressing some subjects rather more than the coverage they are given at the moment. I realise of course that you are limited by the amount of contributions coming in.

I have classified myself as bi-sexual – I would rather call myself just 'sexual', in that all my life I have been intensely curious about all aspects of sex, but have had very few homosexual contacts. Most of these have been of a purely exploratory nature and, unfortunately, have not included anyone who was not circumcised, so that my practical knowledge of foreskins and 'how they work' has been by what I've read.

## Anthony – Devon

I was circumcised as a baby by a surgeon, assisted by my grandmother, when paraphimosis was discovered whilst my parents were at the cinema. I am sorry about being circumcised because it was poorly done with too much skin being removed. I also have feelings of incompleteness and mutilation compared with the majority who are left intact.

## Anon – London

I was circumcised as an infant. The scar line is about 1" from the glans rim, with the frenulum and a considerable flap of loose skin still attached underneath. I am sorry about being circumcised because it was a gross invasion of one's rights and unnatural. A foreskin is there for a purpose, and I would not have been circumcised by choice. My father and brothers were all circumcised as well, my father being born in 1896.

## R.W. – Suffolk

I was circumcised at birth, by our family doctor at home. I am sorry about being circumcised because I was offered no choice. My father was uncircumcised.

## G.P. – Perth

I was circumcised at birth, in Africa, where circumcision was routine. I am pleased about being circumcised because I have never had any health problems with my penis. My father was circumcised as well.

## R.H. – Cardiff

I was circumcised at birth by my G.P. – but he could equally well have been the local butcher. I am indifferent about being circumcised because

I've never known anything else, and it doesn't worry me personally. I *prefer* circumcised sex partners. My father was circumcised as well.

A.G.T. – London

My foreskin is easy to retract, slack at the end, and as long as my glans. I am sorry about not being circumcised because I think it looks sexier and is total nudity. The uncircumcised penis looks less mature. My father was uncircumcised.

J.T.D. – London

My foreskin is easy to retract, slack at the end, and longer than my glans. I am pleased about being uncircumcised because the most erogenous zone is in the foreskin, especially *before* first retraction in foreplay, etc. My father was circumcised.

G.L. – Leeds

My foreskin is easy to retract, slack at the end, and longer than my glans. I am pleased about being uncircumcised because my options are still open.

A.W. – Sussex

I circumcised myself when I was 43 and then had it done professionally 5 years later by Dr. Newell. I am pleased about being circumcised because I think it is hygienic, healthy, and comfortable. My father was circumcised but my brother wasn't.

N.A. – London

I was circumcised soon after birth, a routine hospital circumcision by the family doctor in South Africa. The scar is about  $1\frac{1}{2}$ " behind the glans rim. I am pleased about being circumcised because I like the look of my penis. It also makes me look different from uncircumcised men. Foreskins, in my opinion, smell, no matter how much you wash. My father is uncircumcised, my brother is circumcised, and I have cousins both cut and uncut.

G.L. – Germany

My foreskin was hard to retract, slack at the end, and much longer than my glans. After suffering from phimosis I was circumcised by Dr. Eyre of Boston, Mass. I will send a full report in the future, but cannot at present due to health problems (of another nature).

P.D. – Dublin

I circumcised myself when I was 31, tightened it when I was 34, and retightened it when I was 41. The scar line is now 0.5 cm from the rim. All my family were uncircumcised.

[Could we possibly have an account of how you achieved these? — D.A.]

### J.W. – France

I was circumcised in New York at the age of 20 by a Jewish doctor. The reasons were as follows:-

1. I had always envied circumcised boys since I first discovered the difference. Nobody suggested that I be done and I was too shy to bring up the subject with an adult.
2. I had bouts of balanitis at least twice a year.
3. My foreskin was uncomfortably tight, but this was ignored by parents/family doctor/school doctor – don't ask me why.
4. I discovered that satisfactory sex was impossible due to loss of erection caused by pain, and often premature ejaculation. An older girlfriend suggested that I be done, and I plucked up the courage and did. Sex has been marvellous since, with none of the above problems. Also I feel better about myself. Getting 'done' was probably the best decision of my life. All my family were uncircumcised.

### J.G.C. – Lancashire

I was circumcised at the age of 24 due to a torn frenulum. The doctor recommended that I either had my frenulum removed or be circumcised. I was in favour of circumcision. Until I was circumcised my foreskin was easy to retract when flaccid, with a 1" overhang, but never retracted on erection. I am pleased about being circumcised as I had wanted the op. for about 10 years but was not prepared to pay. Intercourse is much more satisfying. My father was circumcised as an adult. My father-in-law was circumcised at birth. My brother-in-law and his son were both circumcised at 8 due to tight foreskins preventing urination.

## **Middle Class Incidence**

As a gloss on the article 'Incidence by Age' in *Acorn* 2/92, out of 60 boys in my year at school (a boys' grammar school in Norfolk), who would have been born in 1955/6, I can only remember 7 being circumcised – only one of those, as far as I know, for medical reasons, and one other with an American father. (There were ample opportunities for inspection in showers, with P.E. twice a week, and games once). This is extremely low in comparison with the 50% estimated in the article. I know that we regarded it as being more the exception than the rule, though there was no kind of 'status' attached to the one state or the other. I wonder if regional variations are of any significance? Or is it class based, as other articles seem to suggest? The intake of my school was across the complete 'middle-class' spectrum.

Anon

## **Wanker Watching**

Until I was about thirteen I used to think that 'cunt' was just a rude word. Then the full significance was brought home to me in a moment of revelation one afternoon in the old barn behind our farmhouse. Sure, in the rude games we played as unsupervised kids in a farming community, I'd seen any amount of bald, unremarkable little creases between the de-knickered thighs of my sisters and their friends when we used to compare parts.

But this was in a different league: an impressive bulge of flesh, shaded but not concealed by a bush of dense curly hair, throwing into relief the exciting and mysterious fat-lipped vertical slot which bisected it from below, and the whole exciting thing framed between a pair of white, swelling thighs. If you think about it, this has to represent the most exciting vision a young lad can hope to see: such sights I'm sure inspired enterprising Englishmen to go out and found an empire, and I'm confident that Troy wouldn't have been sacked if Helen hadn't flashed her twatty at Paris. Then there are chaps like Drake and Raleigh for example. Can you picture the scene: Drake, on spotting the armada in the distance – "Piss off, you foreigners. I've got H.M.'s royal pussy on my mind." I have to ask myself, do women really appreciate how much power for good or evil is packed into the secret area between their thighs?

The occasion for this divine revelation was the start of an exciting episode in my life and one when I first appreciated the possibilities of wanking as a spectator sport. What happened was that two older girls of fourteen or fifteen had managed to get hold of a jar of scrumpy and reluctantly agreed to let a group of us boys share it with them in the barn. We all got pleasantly giggly and, as so many girls have found to their cost, drink tends to loosen the grip on the knickers as well as the tongue, and the subject inevitably turned to sex. This took the form of a desire on the girls' part to see how big our willies were. Firstly, they ordered a 'short-arm' inspection so they could see who was 'top gun'. As we boys were all about twelve or thirteen and had just embarked on puberty, they were pleasantly surprised to see several near-adult-sized plonkers.

Now these two young ladies had a name for being a saucy pair and, on realising that our cocks showed more promise than they had expected, decided that we should have a 'wanking competition'. In this, the girls took it in turn to give a vigorous massage to a penis until he came, while the other timed the operation. The lad to achieve the shortest time was the winner. The one who spurted furthest got a mention in dispatches.

The trouble was, despite the uproariously giggly and 'rude' feeling we all experienced, we were still a mite bashful in front of these bigger girls, who normally wouldn't have had anything to do with us, and only one of us managed a hard-on (me!) The girls realised we needed some inspiration so one of them stepped out of her drawers, wound her skirts up round her waist, and instructed us all to come forward and inspect the goods whilst the other

tested our reaction with her hand. Thus came the divine revelation of a near adult fanny in all its glory, and the realisation that life had more to offer than liquorice allsorts.

As soon as we were all in a suitably responsive state the competition began. I was last in the queue and watched with fascination the different skills employed by these two young ladies in their task. One used only the tip of her forefinger and thumb to move the skin rapidly to and fro over the knob, whilst the other employed the more traditional fist to pull the prick from its base to its tip, every fourth stroke pulling hard back to reveal part or all of the knob, looking like a freshly peeled beetroot. For some reason, both girls took the precaution of pulling the foreskin right back when the crisis arrived and elevating the winkle to maximum elevation to get the best range: both evidently had plenty of experience in playing this gripping game.

I was a bit concerned when it was my turn because, although like most boys of my age I had learned the art of wanking with joyful spontaneity, I had always chickened out of making myself come for fear of swooning in the fit of trembling and faintness which overcame me as it started. This time I wasn't given the option. In no time at all it was my turn, and I watched with excited disbelief as the young lady grabbed my rigid plonk and started rapidly working the skin up and down. In no time at all the overwhelming, trembly feeling started. Then I gasped as my hips jerked forward, my knees gave way, and the girl expertly pulled my skin right back and made my offering spurt across the barn, leaving me with a sticky dicky and drained of all emotion.

The girls apparently enjoyed the competition as much as we did, and a few days later we were marched into the barn for a re-run. The trouble was, word got out, and some of the boys' sisters came along too, and despite broad hints that they should leave, insisted on watching.

So it was that wanking became a spectator sport and remained at the top of the popularity stakes until some wretch told his mum, whereupon the barn was put out of bounds. But where there's a will there's a way, and it wasn't long before we found another venue. But that's another story...

Sorry we can't oblige the roundhead fans among you – roundheads were a bit thin on the ground where I used to live!

*M.W. – London*

## **A Manual Of Sexual Plumbing**

### **By Dr. Ray Hamble**

When I get into my car I turn on the ignition and the engine bursts into life. If it doesn't I leave it to the nice man from the A.A. to sort it out. He knows far more than I do about what goes on under the bonnet.

I suspect that many of us, who have had a wank in front of a mirror, have a similar superficial understanding of what happens when we 'turn on', but aren't too sure of what's going on inside. So, at the risk of being a yawn-a-minute bore to those who are in the know, I thought a few words of explanation might be appreciated by those who are not.

First of all, the penis. It's like a sponge contained in a tight wrapping which limits the extent to which it can expand when the holes in the sponge get engorged with blood during sexual excitement. The blood forced into it under pressure makes it get really hard, but when the blood flows out again it becomes soft as the spaces empty.

The tube along the length of the shaft is called the urethra. It's the 'river' carrying the urine from the bladder to the outside, but only flows when the ring of muscles which hold back the contents of the bladder open like a sluice gate. These muscles are called 'voluntary muscles', and we have control over them when we want to have a pee. These are not the same as the 'involuntary muscles' built into the lining of the various tubules within the reproductive system, which contract more or less without any voluntary control during orgasm in order to spurt out the semen.

So where does the spunk (semen) come from? Draining into the urethral river are several tributaries. Of particular importance are the two tubes, vasa deferentia, which bring the thick gooey jelly of sperm cells from the testicles where they are manufactured. This jelly is making its sluggish progress day and night along the vasa, like molten lava from a volcano, because the testicles have a non-stop production line. They don't just work when you're having an orgasm. The jelly is stored in two small reservoir sacs, one at the end of each vas deferens, called the seminal vesicles. There it is kept in readiness to be squirted out at orgasm or, alternatively, if you never cum, the excess build-up is simply reabsorbed. This is nature's way of stock rotation to ensure a constant supply of fresh sperm jelly.

"But spunk isn't jelly," I hear you say. True enough, it's not. You may occasionally see one or two yellowish lumps which haven't quite dissolved, but usually it's that magical opalescent double cream – a joy to the eye, the nose and the palate. It acquires its liquid status as a result of a gland called the prostate gland. This structure, about the size of a walnut, straddles the urethra just below the neck of the bladder and that ring of voluntary muscles which I've mentioned. It becomes noticeably bigger during sexual arousal, when it becomes engorged with the fluid which it produces. It usually makes

just over half a teaspoonful of this fluid, which mixes with the sperm jelly, thus producing spunk as we know it.

If you stop to think about it, we only produce about that much semen anyway, so where has all the jelly gone? That's the whole point. The jelly is so concentrated that it only forms about 5% of the total ejaculate. The other 95% is just prostatic fluid in which the sperm cells (spermatozoa) become active and swim about. There can be anything up to 300 million spermatozoa in a single ejaculation, and it's quite difficult to realise just how incredibly small each one is. Yet, under the microscope, it can be seen as a busy wriggling 'tadpole' with a head, a body, and a very wavy tail.

When a guy is sterilised by having a vasectomy (ie: having the vas deferens cut and tied on both sides), although the flow of sperm jelly is halted, the prostate still pours out its fluid, and the individual is totally unaware of the minute reduction of just 5% of his total ejaculate volume.

On the other hand, when someone has his prostate removed, the main source of liquid is taken away, and so the spunk volume at orgasm is virtually nil.

So why should someone need to have his prostate removed? Occasionally it's because the gland becomes cancerous, and cancers can kill. However, it is common for the prostate to get bigger as age advances beyond about 50. This so-called 'benign enlargement' is nothing more than a peculiar quirk of nature as part of the ageing process, but it has its problems. As it gets bigger it may begin to squash the urethra, causing a damming back of the urinary flow. The affected individual might have difficulty in starting to pass water so he hangs his cock out in the loo for far longer than usual (and risks getting arrested for cottaging while so doing!) Then, when the flow starts it is weak and slow. Afterwards he drips for several minutes and may wet his pants if he puts his willy away too soon. Because his bladder doesn't empty properly he may feel the urge to pass urine more frequently, especially at night. Sometimes an acute emergency arises when the urine flow stops completely. It may be necessary to pass a catheter, a long stiff-walled rubber tube, along the urethra to empty the bladder. In days gone by, when all surgical operations were much more hazardous than they are now, old men with prostate problems used to carry their own catheters, traditionally under the band around their hats.

When I was a student about 35 years ago, the common operation to remove the prostate involved a lengthy horizontal cut in the lower abdomen, followed by much groping around inside to push the bladder out of the way and to shell out the prostate gland. It was a very bloody and messy procedure. Nowadays the gland is more commonly removed through the urethra. An instrument called a cystoscope – like a hollow telescope with a light at the end – is passed along the urethra from the tip of the penis, under anaesthesia. The enlarged prostate gland can be seen inside, and miniature long-handled scissors can be eased along the cystoscope to snip away the prostate. The bits of tissue

can then be flushed away along the tube to the outside. It's a much cleaner technique than the older method, but it still usually leaves the patient unable to ejaculate spunk thereafter. At the best, if some prostate tissue remains, a small amount of spunk may still be produced. Of course, it may take a few weeks for things to settle down after the op., but eventually all the enjoyment of masturbation or intercourse to orgasm is restored – with the advantage that there isn't any mess.

Ducts from a couple of other small glands also flow into the urethra. These are the so-called Cowper's Glands. They are more active in some people than others and, at times of sexual arousal, are responsible for that sticky, clear fluid we've got to know as 'pre-cum juices'. The liquid drips merrily from many a cock as it becomes progressively excited in preparation for orgasm. The liquid is designed as a lubricant to assist in moistening the vagina, thus enabling the to-ing and fro-ing of sexual thrusting to proceed to its smooth and presumably enjoyable conclusion.

"Conclusion" is a good reminder word to warn me that I've probably rambled on for far too long. On some future occasion I'd like to talk more about the mechanics of sexual arousal and orgasm, and about the nerves and hormones involved. I'd like too, to explore one or two ways of heightening the pleasures of the orgasmic experience. But that depends on whether the Editor will let me.

*Ray Hamble*

[He will, and thank you. — D.A.]

## **Questions For Doctor Ray**

I have three questions for Ray.

1. Peyronie's Disease. What is the cause and the cure?
2. When the penis becomes erect, it fills with blood. Where does this blood come from, and are there blood vessels adapted to inject blood into the penis?
3. What is the origin and composition of smegma? Some men seem to generate much more than others. What is the reason for this?

*Bill – Kingston*



## Widening Membership

Some questions I feel need answering for all members of *Acorn*:-

1. How many subscribers are there currently, and how many have there been in total since the inception of *Acorn*?
2. Do we have any idea why people come and go as subscribers?
3. What proportion of subscribers contribute?
4. Is *Acorn* informative enough? – Is there sufficient information about the different methods of circumcision and the differing results, and is there enough information about where one can obtain a circumcision?
5. Is *Acorn* known about?

I see the purpose of *Acorn* as two-fold. Firstly, to provide the medium for all of us interested in the penis, foreskins and circumcision, to openly discuss our views with those similarly interested. Secondly, I see *Acorn* as providing information for those wanting a circumcision, regarding method, result, and operator.

When I was circumcised at my request in 1976, *Forum* gave me the name and address of the late Dr. Ossie Gibson, but I knew little then in regard to the differing methods and possible results. I have no regrets but feel it would be better if more information was readily available.

I don't feel enough is being done by *Acorn* to help those wanting a circumcision for themselves or their children. An advert should be appearing every couple of issues in *Forum*, advising of *Acorn*'s existence. Maybe we should have a broadsheet explaining that if people join *Acorn* they will get:-

1. Information on different methods and results.
2. Information on operators. viz, names and addresses.
3. The opportunity to voice their worries.
4. The opportunity to inspect the finished article. I'm sure many of us would be ready to show off.
5. The opportunity to seek comments on their views.

Secondly, I don't feel there is nearly enough information on where circumcisions are available. Yes, there is the S.A.S. and Dr. Mason, and there is Dr. Sifman, but has anyone seen any results on either adults or children? Dr. Gibson I've already mentioned is no longer with us and Dr. Newell I believe has retired. There must be others. Why not ask all members to advise who circumcised them, give details if known of method, and was it a baby, child, or adult circumcision. There must be some operators away from Leeds, but who knows of them?

Articles appear from time to time in the newspapers. Do we reply to the authors/editors, and what about starting some discussion on the matter via letters columns? What about personal ads. in The Times? We need to be much more positive about our existence – no, I'm not advocating that we should be persuading everyone to get themselves circumcised, but there is so little information readily available, and our existence could be so much more worthwhile.

What about setting a target of doubling membership by the end of 1992? We could all help here – with a broadsheet available we could all probably suggest a couple of names with addresses of those who might be interested in joining, and the broadsheet could be sent to them without any of us giving up our anonymity if it is important to us.

I'll lay odds that we all know at least two or three people who have been circumcised. What about sending out to them asking for information about when and where they were done, explaining our aim of making information regarding circumcision more readily available? We could invite them to join *Acorn*, but if they only give the circumciser's name and address our base will be widened for the benefit of others. We could ask for year of circumcision, name and address of operator and details of how they came to approach that particular doctor if it was not done on medical advice.

I feel very strongly that we need to widen our base. What do other members of *Acorn* think? Let's have some views and then some action. I'd certainly be prepared to help in widening our base, increasing membership, and assisting with the increased work load that would inevitably result. We cannot afford to sit still.

Could we all contribute a little more?

I did ask, quite a few issues ago, about frenulum removal. Not everyone's cup of tea I'll admit, but why not add to the data being collated for those circumcised, 'frenulum removed – yes or no'.

As far as I'm concerned, I've now removed my frenulum myself, using American locking forceps, with a fair amount of waspeze as anaesthetic. I'll happily answer any questions about this, and would be also more than happy to discuss the subject of circumcision with anyone (particularly those contemplating changing allegiance from 'cavalier' to 'roundhead') with or without a viewing. Anyone interested please write to:-

*Brian Of The West Country*  
c/o *Acorn*

## Saga (continued)

At public school, the emphasis was now very much on normal sex, a subject big enough to take my attention away from myself, and which also gave me a cleaner feel; this latter being assisted by a very wise series of sex lectures, with their objectivity. One or two boys still retained the kind of mentality which I had virtually now relinquished. In particular, one who pressed me hard one night to agree that I was circumcised. This was the only time my deception backfired on me, and was aided by my honesty. I couldn't agree, and foolishly explained. This seemed to astound him, and excite him also I think, as he said in a dangerously loud, strained voice, **"Do you mean to say you keep your foreskin in an unnatural position?"** Luckily, this seemed to terminate things, except that sometime the following day he made a threat, partly in jest, to tell his best friend about my foreskin. The percentage of uncircumcised in the public school was somewhat higher, perhaps around 20%.

The only other event which interested me was observing a boy who reached puberty very late, about a year after I had gone there. He was one of those who erected uncontrollably in the shower. I was always fascinated to see his tiny member pointing out horizontally. A couple of years later we were drying ourselves alone together and the same happened, but what a difference! Again it went out horizontally, but now it was at least four times as long as before. I just couldn't take my eyes off it. I do not know how much he realised of what was racing through my fevered mind.

For years after this there was nothing to report on, a situation assisted by returning to live permanently with my parents during studies until National Service. Apart, that is, from intense masturbation, normally morning and evening.

Unstimulated, and with the feeling that it was unworthy, my interest in circumcision lay dormant.

My first proper girlfriend, whom I met in Germany, was very warm and passionate, and we loved each other very much, but it was some months before she handled my penis. She had an eight-year-old son, was unmarried, and naturally very cautious about going the whole way. First, I felt a forefinger and thumb squeezing the base, then they travelled up the shaft, and I felt my frenulum being squeezed. In a moment she was masturbating me – I could not believe it! In fact, for some time I continued to believe that we were unique in our discovery!!! Her technique was simply to move the shaft skin back and forward as if I was circumcised, and some time later she answered a question indicating that she believed me to be so, which I found most gratifying. From then on I never wished any female to pull my foreskin forward, and only two ever did, probably, with their intuition, realising my hang-up.

She told me that her doctor had advised her to have her little chap done, describing all the advantages that advocates do, and now she believed

it to be the normal thing. Only fifteen years after the fall of Nazism, I found this very interesting. Idly, I wondered what her brother's colleagues (he had been in the Waffen SS) might have thought, but here I am trespassing on a strongly-felt love.

In a way, though, it does seem to help to prove how difficult an average opinion is to evaluate, and how the strongest emotions are evoked, with a loss of objective thought, by reference to circumcision. Mild or neutral reactions to it seem pretty rare.

Gradually, I became something of a 'circumcision bore' (vide a recent *Forum* article), and over the next few years desired increasing titillation from women's reactions to it – which, more often than not, were not forthcoming. I came almost straight out with this desire the first time I was 'handled' by my next girlfriend. I was foolish enough to say, simply, "Do you reckon I'm circumcised?", to which she laughed, and said. "No." As she was a nurse, I had played my cards rather badly. However, she was a lovely girl, full of fun, and very soon she was masturbating me. Penis out, no fumbling down my trouser front, or shame, and a light gliding with the fingertips, fingers and thumb stretched, along my full length. My favourite method, with the fingers sliding lightly over the loose folds of skin and corona, just as if circumcised.

Of course, I questioned her about how circumcision was done, as I was always to be interested in this. All she would say was that a cut was made, the outer layer was peeled back, followed by the inner, the stitches then going in, "And then it stays back." I found the last sentence, especially from a female, incredibly exciting. She pretty clearly liked penises. On circumcision, I asked her about my pet fear, which was loss of the gorgeous sensitive area by the frenulum end, but she had nothing to contribute. Once only, when I was in bed with 'flu, she came in and, after chatting about something, suddenly reached over and pulled apart the front of my pyjamas. "I must see this very sensitive part," she said, "it fascinates me, honestly." I have never felt so naked, goggling down at my erection, which had burst into view so unexpectedly. I pointed out the spot, unable to say a word, and that was that.

(to be continued)

# **ACORN**

**1992 Issue No 5**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

When going through the material that's waiting to be published, I always try to picture the finished issue so that I can get as good a balance as possible of the different subjects and of course the pros and cons. At times this is very difficult, as at the moment, when nearly all the material is pro foreskins, whereas about a year ago it was all pro circumcision.

I know it is difficult for the circumcisionists to air their views without reiterating about smells, cancer and AIDS, and we have only room for one item of the operation at a time because they are, of necessity, always long.

So I have tried to think of subjects for members to think about and, although the response is generally poor, I'll try another one with this question:-

If you were forced to have the opposite of what you have now, and you could take your pick, what sort of finished product would you want? There are many types of foreskins to choose from and many types of circumcisions.

It's only fair for me to start the ball rolling. As I am always between 4" and 5" when flaccid, it would be quite easy to have my choice, which would be a radical sleeve resection, leaving me with my inner foreskin but losing my shaft skin. This I hope would leave no bunching up in the sulcus, but with a smooth unwrinkled, denuded penis. I'm not too sure whether I could bear to part with my frenulum though. This type of circumcision, I know, would be of little use if I shrunk right up when soft.

Now let's hear some other choices.

*D.A.*

## **Ray Hamble Answers Bill From Kingston**

Hi Bill!

You asked me about Peyronie's Disease, and also where the blood comes from to fill the penis on erection. Obviously you believe in the magic of threesomes because, for good measure, you also want me to tell you something about smegma.

OK... here we go. A long time ago a guy called Peyronie described changes in the spongy tissue of the penis, usually in middle age and later, whereby bands of non-elastic fibrous tissue are formed, and interfere with the ability of the 'sponge' to fill up properly on erection. Sometimes the start of the problem can be traced to an injury, but more often the cause simply isn't known. If only one side of the shaft is affected then only one side doesn't erect properly. The unaffected side stiffens in the normal way, and so the shaft develops an acute bend to one side or the other when it gets a hard on. If both sides are affected, then the extent to which the ability to achieve an erection depends

upon the extent to which the fibrous tissue has developed. The condition tends to be progressive, and in extreme cases the ability to get a 'stiffy' is permanently lost.

Treatment by injecting substances known as fibrolycins, in the hope of dissolving the fibrous tissue, isn't all that effective, but the surgical removal of the offending fibres is a possibility when the damage isn't too severe. The penis may be a bit shorter afterwards because of the tissue removed.

On the matter of blood supply, there are two main 'Dorsal Arteries' to the penis, and two other arteries, one in each of the so-called 'Corpora Cavernosa'. These are the two main envelopes of spongy tissue, one on each side of the shaft. There are also various other smaller vessels. There's plenty of blood circulating in the human body, and a little extra finding its way into the penis during erection doesn't effectively deprive organs elsewhere. Upon sexual arousal the penile arteries simply dilate (become wider) so that more blood flows into them. Blood isn't actually forced into them beyond the normal pumping blood pressure of the heart, though this does tend to rise as orgasm approaches, and then the penis often becomes extra stiff just before ejaculation.

Smegma is a clear lubricating fluid which is produced by glands lying in the skin on the inside of the foreskin. Its purpose is to enable the foreskin to slip freely to and fro over the glans. Just as some people sweat more than others so some men make more smegma than others. One particular kind of bacterium, called the smegma bacillus, has adapted itself over thousands of years to grow very easily in human smegma, and it is colonies of these bacteria which often cause smegma to take on a white, cheesy, unpleasant tasting, and smelly state. I hope you aren't really interested in a detailed chemical analysis of the composition of smegma, because I'd have to look it up in my recipe book – and that's lost somewhere up in my attic.

*Dr. Ray Hamble*

## **I Wish**

As one who is interested in the circumcision scene I can see the general attraction of *Acorn's* message, but what really surprises me is the number of guys who hanker after circumcision. Envy has to be a root cause of such a yearning, but how strange for people to yearn for something that others haven't got, rather than something they have. The boot's always been on the other foot for me. I'd have loved to have a foreskin, and felt pretty hard done by at being deprived of my own.

The first time I realised the full significance of circumcision was as a boy at school, when I was privileged to witness an uncircumcised boy being masturbated to orgasm by his sister. He had discovered he could come and was showing off to a group of us smaller boys. His sister, who was a precocious

young lady with a lively interest in all things penile and sexual, had insisted on doing the honours for him. I was amazed as she manipulated the long skin tube which covered his swollen penis head, sliding it vigorously up and down his shaft so that it was alternately concertina'd down at the root or stretched forward in a handful of loose skin beyond the tip like a half removed sock. The girl bent to her task with enthusiasm, her concentration showing in her frown and protruding tongue tip. In a matter of minutes the boy reached his crisis, whereupon the girl pulled hard back on his skin to reveal his raw-looking, moist knob, and three gouts of thick white sperm shot from the tip, spattering the girl's dress, to her annoyance and our amusement. The realisation of how different this boy's prick was from mine, and the luxury of that long, elegant foreskin, made me acutely aware of how cruelly my penis had been altered.

Consequently I had problems coming to terms with my sex drive when the time came for me to start exercising my love muscle, and I missed out on a lot of fun in comparison with my fully equipped friends. You do get over these things to a certain extent with the passage of time, but there's often something which happens to bring back your fears and worries, particularly when you realise that in the Britain of today the circumcised man is very much the odd man out.

Such an occasion occurred a couple of summers ago when I was on holiday on the windswept east coast. I found myself on an isolated sand dune near a bustling camp site, and was settling down to a quiet sunbathe, when I heard voices approaching, and half a dozen kids in swimsuits came into the secluded sandy hollow about eight feet below me. They were all boys of about twelve years old except for one girl who was a couple of years older. They had no idea I was there, whilst I had a clear and close-up view of them through the tufts of coarse grass. Feeling a bit disgruntled at having my peaceful afternoon disturbed, I tried to ignore them. No chance! Because suddenly the girl exerted her authority of her extra year or two and, summoning all the boys into a line, she expressed her wish to see who had the most ball hairs. There was a lot of nervous giggling from the boys, but no action until she taunted them with being scared. That did it. They all pulled their pants down to their ankles, exposing a variety of cocks from the tiny to the impressive. The girl watched keenly, and then went along the line inspecting each one in turn. They were all facing my dune so I got a grandstand view as she lifted each cock up to see how big his balls were and how much hair he'd got. Needless to say, all of them were uncircumcised, and most still had the long pointed foreskin of childhood. Only one of the boys had much in the way of pubic hair though, and our young lady pulled their legs about it. Until the bigger boy demanded to know if she could do better, that is. Whereupon the little miss, totally unruffled, pulled down her own swimsuit and stood before them all, displaying a small but well-haired pubic patch, which shaded rather than concealed her vulval split. The tiny but well-formed breasts bore witness to the fact that she still had some way to go before reaching womanhood.



Having got into such a state of exposure, they weren't about to tamely pull their pants back up and go away. Oh no! The girl got them together and whispered to them all with much sniggering and joking. She then took her swimming hat off and made each boy in turn come forward and pee into a can some distance away, at the foot of my dune. As she did so she had him balloon his foreskin out with pee so that she could measure the circumference with her swimming hat strap. To a circumcised guy, this is a sight at once disturbing and astounding. I was astounded at just how elastic a foreskin could be when I saw some of them achieving balloons the size of a large orange. I really did feel put down at the knowledge that I could never manage such an achievement myself. Of course, it was a dirty little game, but I would dearly have loved to try it myself: why shouldn't I play dirty games too if I wanted.

Once again our young lady was not to be outdone, because when they had all performed to her satisfaction, she told the boys not to look (just for appearances' sake, no doubt) and then spreading her knees, she pissed like a fire-hydrant, scoring a bullseye from ten feet, and making the can bounce and leap into the air, to the delight of the boys. Me too, except she completely destroyed my long-held theory of male superiority, thinking that girls could never pee accurately enough to achieve that exquisite satisfaction of drowning a fly. One of the bigger boys evidently found the spectacle as stimulating as I did, as he then got a huge erection. The girl, having emptied her bladder, saw this, and, taking it in her hand, started rubbing it up and down, pulling the foreskin right back to have a look at the liver-coloured wet knob, and bringing back to me that scene in the school playground all those years ago. When she realised that she had an even more enthralled audience, she decided that she had gone far enough and pulling her swimsuit up again, she led them all off, whooping and shouting as though nothing had happened.

There is no doubt in my mind that this was one of the most arousing and disturbing things that happened to me all year. For a start, if it had taken place when I was a kid, over half the boys would have been circumcised like me. It brought the feeling of being the odd man out home to me to know that this generation would look on my cock as even more of an oddity than before. Moreover, it was absolutely clear to me that foreskins were a load of fun, not only for their owners, but also for the young ladies who took them in hand. However, I would have forgotten the whole thing if I hadn't seen Samantha's tale in *Acorn No 4* last year, where she got a terrific kick out of making her husband do the balloon trick, and like me felt jealous that she didn't have the equipment to try it herself.

*R.W. – Stratford On Avon*

## Influences

The other day I got a peak at a new women's porn magazine. (Porn!! Well, *H. & E.* with naughty articles). The page fell open at an article on big cocks owned by cinema and pop celebrities. They included Warren Beatty, Dean Martin, Anthony Quinn (over 12"), Victor Mature, Errol Flynn (always whipping it out on the film sets to show everybody), Don Johnson, and Charlie Chaplin (another 12". Surely they were mixing him up with his cane). With all that length and girth around I wonder why we never saw bulging crotches in Hollywood films, especially the Regency period ones? At the other end of the scale, Clark Gable's wife, Carole Lombard, always put it around that he was dismally hung and was a bad lover, though whether from lack of size or lack of technique she never said.

But what caught my eye most was a full frontal picture of muscular Burt Lancaster, sporting a long foreskin extending beyond his glans. For some reason I had always thought of the Hollywood macho-men as exemplifying the circumcised clean-cut American.

Then I got to thinking about age. With the huge influx of immigrants into America in the late 1800's from Europe, the only circumcised people would probably have been the Jews. The black population would not have been circumcised as slaves, even though they might have been in the original tribal rites. Likewise the Red Indians had no history of circumcision as far as I know. Therefore it must follow that the mass changeover to circumcision must have emanated from the Jewish community, and when by all accounts nearly all the immigrant doctors were Jewish, one can see how it all probably occurred.

However, it must have taken over a generation to gain momentum, so it follows that all the non-Jewish film stars that we knew from the thirties and forties, born before about 1910, had foreskins intact.

Of course I may be quite wrong in all this, with the reason lying completely with the wartime medics who believed, quite erroneously, that the huge amount of V.D. among the troops could be drastically cut by removing all their foreskins. But, when in the R.N. around 1960, we used to carry out exercises in the Med. with American ships and often ended up in the same places, their or our ships, or shore establishments, where we would all shower together before dinner. They were all circumcised, and being young and ignorant, this intrigued me. I asked an older sergeant about it and he told me that nearly all the younger ones had joined like it, but about half of the older ones, born in the twenties, had it done in the Service. So that doesn't make it much clearer, does it?

Going still further, the biggest social influence in Australia after the war were Hollywood films and American radio programmes. I saw a Clive James programme last week where he was comparing the difference between

Australian TV programmes at the start of their TV era and nowadays. He stated that it was obligatory for quiz hosts and programme presenters to speak with an American accent and forget their own, and showed an example. I would then presume that as most parts of life were American influenced, so mass circumcision was a part of the same scene.

I sure would like to hear any comments, folks! G'day.

David Acorn

## **American Attitudes**

Those who keep a weather eye open for such things may, like me, have noticed a subtle shift in attitude in the States in recent times. Ten years ago I remember seeing a *Shaft* film, where, anticipating the 'Politically Correct' doctrine, the hero was described approvingly by his girlfriend as being circumcised (and therefore a regular guy). At about that time the movement decreed that all police chiefs in crime movies had to be black, and that is still the case today. But apparently foreskins are no longer considered un-American. In the erotic film *Velvet Dreams*, a lady writer is led by her perverted lover to indulge in all kinds of kinky sex for his delectation, and finds that she can't get enough of it. In one scene she spies on a young man taking a shower and, as if following her gaze, the camera zooms in on his centre of gravity, giving a frank close-up of a plump sensual-looking penis with the head totally concealed beneath the long tapering foreskin of youth, which we are clearly intended to register. Although nothing is said, the sly sexy smile on the girl's face shows she is favourably impressed with her new lover's equipment.

Then, if you ever watch the soft porn movies on RTL or Sat 1 on satellite TV, you will notice through the pretty dire slapstick German, French and Italian films, that the occasional glimpse of the male article invariably features your fully foreskinned todger, whereas the older American films show only roundheads. Nothing unusual there of course, but in the more recent American soft-porn films, it's noticeable that when you're treated to a bit of full frontal, your man is nowadays fully intact.

Then again, if you read *Pleasures* by Lonnie Barbach, which is a compendium of American women writers' stories of their most sexy encounters, you will find not a single reference to circumcision, whereas there is more than one mention of foreskins. The writer Valerie Kelly, who contributes to *Playgirl*, describes how beautiful she finds her new lover's cock with its foreskin slipping back to reveal the tip of his knob as it swells to erection. She finds the urge to touch it irresistible and, grasping it in her hand, slips his foreskin all the way back down his shaft, to uncover the deep shiny red plum of the uncircumcised prick, glistening with moisture.

There are of course, some American writers who have never made any bones about their dislike of the American custom of universal circumcision.

Gore Vidal, in his raunchy book *Myra Breckinridge*, for example, goes over the top in his description of the heroine's sexual mistreatment of an uncircumcised student, when she humiliates him unmercifully when he cannot respond to her off-putting approaches. After physically manhandling him she asks him about his foreskin, and his many girlfriends' reaction to it. "I don't get no complaints" is his reply.

Another American writer who takes an anti-circumcision stance, is John Updike who, in one of his earlier books, has the heroine describing with satisfaction her lover's long foreskin, whilst her husband also is revealed as being uncircumcised. Since very few women in the States were likely to experience even one uncircumcised partner in those days, let alone two, you can't help feeling that it's a case of wishful thinking on Updike's part.

But generally speaking, the depiction ten years ago, or even description, of the uncircumcised state, would have been unacceptable in the USA. Americans preferred to think that universal circumcision was the norm, and found it uncomfortable to realise that the rest of the world, less a few primitive and religious groups, was intact. The mere sight of a foreskin seemed to be unsettling, perhaps making them wonder if they might be missing something. Could it be that this new American tolerance for the foreskin is down to Marilyn Mylos' NO CIRC campaign? In view of its success in the west coast states, where a majority of males are allowed to keep their foreskins these days, could it be that the P.C. movement has now espoused the foreskin as a cause célèbre, along with anti-sexism, racism, etc. Any ideas anyone?

M.B. – London

## **Silly Statistics — According To Ray Hamble's Calculator**

If you are circumcised in Madagascar it's likely that your foreskin will be wrapped in a banana skin and fed to a calf; and if you are a Marsh Arab in Iraq your severed prepuce will be dried in the sun, ground to a powder, and sprinkled over the raw edge of the dick of the next guy who comes in for a slice. The traditional cost of such an operation is 'one cock'!

Ritual circumcision among some remote African tribes is still part of the initiation ceremony of teenagers into manhood. The wise elders of the tribe masturbate into a communal bowl and the young initiate imbibes their semen to gain strength and wisdom. He then brings himself to ejaculation to prove his own virility, and is immediately circumcised, before a large audience, by a member of the tribal hierarchy. He must show no sign of pain or discomfort to demonstrate his bravery, but is allowed to clench his teeth on a stick to distract his attention as the knife comes down. Afterwards, everyone sings the local version of "For he's a jolly good fellow", and spends the rest of the night in frivolities, feasting and fucking... And they've got something to feast about because, according to Jomo Kenyatta in his book, *Facing Mount Kenya*, no uncircumcised man can build a house of his own, partake of certain foods,

or have intercourse with Kikuyu women.

Other African tribes lead their eight-year-olds into the secrecy of the bush, sozzle them with crude, pain-numbing, alcoholic, fruity fermentations, decapitate their willy, and invite them, or their 'surgeon', to eat the severed prepuce, which has been soaked in the self-same heady tippie.

In the Western World we don't aspire to such picturesque methods of surgery or the subsequent disposal of foreskins but, according to my pocket calculator, almost half a mile of foreskin is cut off British boys each year. I worked out that daft figure a year or two ago. It was based on the then average of about 26,000 'circs' carried out on hospital in-patients annually in England and Wales. Since then, more boys and men are being treated as out-patients, and it is true that circumcision continues to become less common, but with all the thousands of unrecorded operations carried out by G.P.s and Rabbis there's still one hell of a long length of foreskin going down the drain or up in smoke. Mind you, forty years ago, if all the severed bits of foreskin annually could have been sewn together, it would probably have stretched from Marble Arch to Tower Bridge.

Put that in your pipe and smoke it!!

*Ray Hamble*

### **Watch The Oiseau**

I could not help being amused by a remark that I heard in Morocco recently. A young man there was telling me of the rites of circumcision for Arabs, and explained that all boys must be circumcised before they reach the age of seven. It's a very special day for the boy and a Feast Day of the King's Birthday is chosen for the barber to call.

No women are allowed to be present at the ceremony and the child is given what they call 'potage', which I take to be an alcoholic drink, normally forbidden to Moslems. In the arms of his father and in the presence of his brothers and uncles, the boy is circumcised by the barber (the cleanest cut of all?) with, so he said, very little pain.

But the words that caused me wry amusement were that the boy is told to look at the ceiling and to "Regardez l'oiseau", or, as we use them on entirely different occasions, "Watch the birdie". The world surely is a small place.

While I am a firm believer in ritual circumcision, I would think that the operation should be carried out soon after birth, and not when the boy is four or five years old.

*R.S.*

## Squirrelling Etc.

I haven't written to you before, so I thought it was about time I put things right and became more than a sleeping member of *Acorn*.

I have been thinking about the newsletter, as I hope the enclosed cuttings will show. I've not seen any of them in *Acorn* so hopefully some will be worth including. By the way, is the story from the *NME* plausible? It was printed in the paper's gossip column and it sounds rather dubious to me. I reckon a plum would be difficult for me to accommodate, and my foreskin's not tight at all! What do you think? Maybe you could invite other eligible readers to note the biggest fruit they could fit under their hood. (In case you're not familiar, *NME* stands for *New Musical Express*, a newspaper for rock music fans).

I hope you can find some space for the girth statistics, as I find these equally as interesting as length. I believe my cock's thinner than standard. I would also be very interested in attending another *Acorn* meeting, I don't think that I was a member at the time of the last one.

I'd like to make a contribution to *Acorn*, but I'm not sure what to do – I don't have any personal experiences to relate, and I'm far from being an expert on any aspect of our interest. Any ideas?

G.L. – Leeds

[You now have just made your first contribution. Congratulations. But if you think you have no personal experiences to relate you can't know what that thing is that's hanging between your legs. Sorry, G.L. that sounds a bit facetious, and I apologize. How about starting with the subjects that you would like to hear more about in the questionnaire, eg masturbation technique, pleasures of foreskins, I first found out about foreskins, etc. You are an expert on all those subjects, and everyone would like to hear more. With regard to another meeting, I don't mind organising one if enough members are interested. And if anyone has an alternative suitable venue perhaps they would let me know. In the meantime, many thanks for the cuttings which now follow. — D.A.]

N.M.E. 8th. Feb. 1992.

There they were, rockband EMF, at the Rock in Rio Festival. Five young lads from the Forest Of Dean with an important duty. They were cultural ambassadors for Britain, representing all that is great about our pop music – and what do they do? Well, it makes us squirm just to tell you...

It transpires that the boys were being grilled by Brazilian journalists at a press conference, when bassist ZAK decided he was bored, and would regale the nation's press with his favourite party trick. Rising from his chair, he picked up a lime from a nearby fruitbowl and proceeded, ugh, to place it under his considerable foreskin! We kid you not, dear readers.

Curiously enough, although a number of journalists walked out in disgust, one representative from a TV station approached ZAK and asked him if he would be willing to repeat the performance on a variety show later in the evening. Good sense prevailed, and he was dissuaded from making a complete dick of himself before millions of viewers.

The Guardian, 25th. Feb. 1992.

Irish Dictionary is Lost for Words on Sex.

An Irish politician once famously remarked that there was no sex in Ireland before television, but a government agency is implying sex may have arrived with the English language.

A new Irish language dictionary has no words for penis, vagina or condom, but it does provide a word for abortion, perhaps confirming that the latter really is a political rather than a sexual question in Ireland.

The dictionary is the latest in a series produced by An Gum, a state-owned Irish language publishing house for schools. It is aimed mainly at teenagers, but describes itself as providing a basic vocabulary.

It defines many modern words in concise and easy Irish, but skates delicately around matters sexual. For example, the word for sex, *gneas*, is defined as the masculine or feminine in people or animals and "any activity or quality that is mentioned in connection with that."

Taking refuge in the Irish equivalent of birds and bees, it interprets a word with strong overtones of sexual desire or heat, *dair*, as "a bull's desire for a cow."

Irish, actually, has a large vocabulary for sex, as for most other things. The missing words appear in an Irish-English dictionary, also published by An Gum.

A spokesman for the department of education, which oversees An Gum, said that any omissions were accidental. One of the dictionary's compilers expressed surprise at the absence of the words. "If they are not in, it wasn't me who left them out," he told the *Irish Times*.

The education spokesman said that many words had not been included because it was only a small dictionary. "The publishers say the exclusions are not based on any kind of censorship, but on frequency of use," he added.

Which seems to suggest that Irish educators do not expect teenagers to call a spade a spade. However, the words they might use more frequently are certainly not included either.

The Guardian, 7th. Nov. 1991

Circumcision Deaths.

Ten people were crushed to death, and seven hurt, when about 2,000 families packed into a mausoleum in Fez, Morocco, to watch the circumcisions of their sons.

[Our very good correspondent from Helsinki, J.H., has sent me a load of pages of letters from British and American *Forum* magazines dealing with our interests. These I will include from time to time under the heading of Cuttings, as they are mostly pro-circumcision. Herewith the first.]

### **Cuttings**

I notice that most of your male readers tend to reject circumcision, while the majority of females say they prefer a partner who has been circumcised. [*Acorn* finds the opposite true. — *D.A.*] It doesn't surprise me that most women, given the choice, derive more pleasure from a penis without a foreskin, but very little has been said about the variations between one circumcised penis and another.

Apart from my husband and my current boyfriend, all the men I have known have been uncircumcised. My husband, who was killed in a car crash two years ago, had been circumcised at birth. His penis was fairly average in size, and when erect the circumcision 'ring' was situated about half an inch behind the rim of his knob. There was enough penile skin to move forwards and back about two or three inches.

I am soon to marry Patrick who was also circumcised at birth, but presumably a different technique was used by the surgeon, as his circumcision 'ring' is further down his penis; about two inches behind the rim of his knob when he is fully erect. The position of this cut means that there is no mobile skin; in fact the penile skin is stretched taut, like a drum, from his knob to the base of his belly.

When I saw Patrick's penis for the first time I was delighted to see that he had been circumcised – I am not a foreskin fan – but I was really turned on by the feel of this very taut stretched skin. His frenulum is also stretched when his penis is erect, and he is particularly sensitive in this area.

I cannot explain why I find myself so excited by a penis which has been cut so far back to expose not only the glans but a large area of delicate membrane behind it. I realise that he has been deprived of the usual method of masturbation, ie, sliding the foreskin back and forth over the tip. I also accept that, in removing his foreskin, his glans is without any form of protection. In my particular case, the more skin cut from the penis, the more attractive it is. I suck Patrick's penis frequently, taking it out of my mouth from time



to time to see, at close hand, the results of my attention. I notice that men who are circumcised invariably possess greater self-confidence, and a much larger knob in relation to the size of the penis. Circumcised men expect to be fellated while those with a foreskin can only hope.

I am fond of swimming, and while relaxing by the pool or on the beach I find myself speculating on the size and shape of the sparsely covered penises. Not surprisingly, I can often tell by the outline of the bathing trunks whether the wearer has been circumcised. Unfortunately, I have come to the conclusion that the vast majority of males in Britain still retain their foreskins. Not much of a choice for our younger generation of girls.

*Mrs J.B.*

### **Comments Re Issue 3/92**

As usual, the latest issue of *Acorn* is very enjoyable, and new angles and opinions occur.

Three things prompt me to write and comment:-

First, the comment on the infant shown on the record sleeve. Your description reminds me of photographs of my niece's son, born in New Zealand two and a half years ago. His penis had obviously been circumcised, but it had similarly a characteristic of a roll of skin around the glans corona. My guess would be a Plastibell circumcision because, surely, with that the end result depends on the amount of foreskin pulled forward before the ligature is tied.

Secondly, maceheads. Interesting variation of opinions here. I must say that my experience has always been that the circumcised glans has a more bulbous/prominent rim because it is not contained by a foreskin. However, I think I have read in *Acorn* or *Forum* that this can also be influenced by the age at which circumcision has been done, that is the rim is more prominent in penises circumcised at birth.

Finally, docking. I have never heard this name for it before but, looking back to *Acorn* S 1990, I find that I did refer to it in a letter you published. At public school I shared a room for a time with a friend who had been neatly and radically circumcised shortly after birth – he knew exactly when because his mother had recorded it in his 'Baby Book'. I possessed a particularly long and loose foreskin, and we indulged from time to time in mutual masturbation. I cannot swear whose idea it was, but it was eventually suggested that I roll my foreskin over his glans. There was actually enough to stretch to behind his glans, and we both found this enjoyable, so we 'docked' regularly.

*J.R. – Norfolk*

## Saga (continued)

What could be more exciting for a male than a female who is truly fascinated by his penis, and I wonder how many there are 'out there'. Not so many, I suspect somehow. Also, what does a woman think when first she handles a new acquaintance, and what does she look for – if anything?

Perhaps it is just an answer to an idle question, circled or uncircled. My next girlfriend seemed to be this way. On our first evening, correctly sensing the moment, I pushed her hand down my trousers' front. The reaction was fairly startling. Grabbing it enthusiastically, she pinched the knob hard then, to my bewilderment, pinched around just below the corona, then stretched out sideways the skin she had seized, really hard and a bit painfully, then forward over the knob with a little reciprocating motion, keeping it forward, a new sensation for me. She never handled me much again, much preferring straight sex.

The only girl who masturbated me in the conventional way was my last before marriage. She pulled the skin well forward, so that what there was met together beyond the end on each stroke, not pulling it back very far. I'm afraid this was my least enjoyable masturbation from a woman.

*Forum* – and *Acorn* already – is full of stories from both sexes about their frustration in masturbation with roundheads. Something, which I hope is clear from the foregoing, I fail to comprehend.

By now, I was clear in my mind that I would get a circumcision if it was on offer. Only I had slight reservations still about loss of the sensitive area, and how masturbation would be affected.

My slow release from my complex began in 1969 with purchase of my first copy of *Forum*. In it, to my astonishment and delight, I found a letter from a woman who mentioned, inter alia, a 'fetish' (her inverted commas) of hers which was a preference for the sight and feel (the **feel!!** – what a magazine!!) of the circumcised penis. From then to this day I was hooked on *Forum*; only now has *Acorn* stepped in to fill in while the former becomes year by year less serious and more sensational, much of its message, perhaps, having been safely delivered.

However, it has been a great comfort in a life where I have been on my own so much. What I never took regularly was *H. & E.*, although one weekend I happened to have a couple at home. A neighbour came in and, after some chatting, I showed her them. She was at the far end of the room, and suddenly came out with a comment to my wife which had my heart pounding, "Not many of them are circumcised, are they?" We discussed the subject for a while and then she left. I wonder how many females realise the effect on males of their comments like this? I think the vast majority do not, but a little later shall tell of one who I'm quite sure does.

Eventually, I came to live where I am now, without my wife for the most part, our children having greater claim on her than I. Suffice it to say that it is a hot, Moslem country, and that the organisation which employs me has its own hospital, with the staff of which I work together fairly often, either near my home or away on detachment. I also have (too much) time to brood. I also meet many who are on their own also for various reasons and of varying long durations.

I was away with a party which included Susan, who is now the matron. I had not met her before but, at the first meal we sat down together, she very quickly brought the subject round to 'the tribe which is into female circumcision'. This did not develop as we were joined by others, to my disappointment, but at almost the next meal when we were all together she managed to work in some comment about it in general. Soon after, she began visiting our normal workplace roughly once a month on duty and, almost every time while relaxing over coffee she had something to say about it. Normally about a new Indian surgeon who was rather old and slow. For example, "He does a circumcision, and then he's knackered." and later, "He's got circumcisions down to 40 minutes now". "We've lost a few more foreskins this week". I'm sure her primary aim was to enjoy watching us males getting steamed up at all this, but I still wonder how much fascination she had with it?

Before this though, the hospital had had a very patchy period, with surgeons seemingly coming and going constantly, never staying for long. One who came out from the U.K. caused some anguish. He was an expert, apparently, on circumcision and piles – a gorgeous combination. After returning from a home leave, I was in our club one evening with a married couple, close friends, and one or two others. Conversation veered towards the hospital, and the current visiting surgeon. Suddenly Mary said with shining eyes, "They're circumcising all the boys," to the usual blank looks one tends to get. I couldn't wait to hear more, but had to until a few days later, when I bumped into two other friends who were chatting just outside my house. I just heard Jennifer say, "It won't pull back." Then, seeing me, "Sorry, Michael's circumcision." She then wandered off to potter around her garden, leaving Jack (a mutual neighbour), and me alone. He told me about the surgeon in question; "And we all went along to the circumciser," with a big grin referring to parents taking their boys, of course. Then, "I don't know about you, but I was done during the war, and they took it all off." I dearly wanted to contribute, but just could not, with my shameful secret.

Soon after, Mary (a nurse), said to me of Michael, "It's up like a balloon." She had been asked in for an assessment by Jennifer, and, a little later, "It doesn't look any different." It appeared to me that both mothers were circumcisionists for reasons of appearance and social cachet, perhaps, more than for purely medical reasons.

(to be continued)

### **Ray's Joke**

Q. Why are Morris Dancers never circumcised?

A. Because you have got to be a complete prick to be a Morris Dancer.

[Any more relevant jokes?]

# **ACORN**

**1992 Issue No 6**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## Editorial

I've just come back from a fortnight in the Canary Islands, for which the less said the better. Being a naturist, one of my first tasks was to find the nudist beaches. In Gran Canaria there are, not so much nudist beaches, but beaches designated where you may strip off completely. So we have a total mixture of dressed and undressed, not very good for a togetherness feeling. Most of the holidaymakers are German with British second, and a mixture of all the other Europeans bringing up the rear. Circumcised cocks are the rare item nearly all, I would say, British. A few of the Germans retracted their foreskins, a hazardous business. I've seen some burnt knobs at Studland Bay in Dorset at 75 degrees, so you can imagine what happens at 120 degrees.

I had a long conversation with a young Spanish chap, from Madrid, on our different cultures etc., and after a while brought up the subject of circumcision. He said that he knew of no Spanish men being circumcised, and had never seen any advertisements anywhere for the operation. He also said that he'd spent a few years in Sweden and had never seen anyone circumcised there. But, I saw a group of young Canarians on the beach, three girls and three boys, in their late teens. Only one was nude, and guess what? He was newly circumcised with a rawish scar, and looked to me as though he was proudly showing off.

There is still a sprinkling of questionnaires coming back in, but I hope to have the statistics in the next issue.

I'm sorry for the gap between this issue and the last, but Tony's and my holidays haven't coincided, and the putting out of an issue is a joint task. The next issue will be that much earlier.

D.A.

## For Women

[The new magazine *For Women* ran an article in their third issue on circumcision. I'm sure the editor, Isobel, won't mind me copying it, as it might engender some interest in her magazine. I have to say that because, as you will find out, they know all about us. The article is accompanied by two large pictures of a foreskin and a circumcised penis. — D.A.]

To snip or not to snip.

Do you prefer your men wrapped or unwrapped. We asked two women with opposing views to make their cases for or against the snip, and talked to a man who knows the difference... first hand.

Of course, all men are obsessed with the contents of their boxer shorts. Secretly, though, the obsession stretches beyond the confines of their own

flies and into the pants of others. Men who were snipped before they grew hair they could shave are endlessly curious to know what it's like to own a foreskin, and those still intact would love to shed that skin for a day. Few adult males can claim to have experienced life – and more particularly, sexual relations – from both sides of the op.

Stephen is just such a man. Brought into this world fitted with the classic snug foreskin, he remained intact until the age of 24, when he made the momentous decision to lose the skin he'd been living with all his life. The decision was prompted by Stephen's planned betrothal to a Jewish woman. In order to be accepted into the Jewish faith, Stephen was expected to say goodbye to his foreskin forever. The things we do for love!

"I guess it does seem like a lot to ask someone to do, just to get married," says Stephen, "but to be completely honest, the idea didn't bother me. My stepfather was circumcised and had always recommended it. I think it was that attitude that helped me to go through with it. If I'd known just how much it was going to hurt, I might have thought twice about it."

The operation was performed by a Jewish surgeon, using only a local anaesthetic and a pair of his sharpest scissors.

"The operation was more bizarre than anything else. In fact, it was something of an anti-climax, as I'd been building up to it for a long time. The pain came after the operation, and it is definitely the worst pain I've ever felt. It was supposed to heal properly after about a fortnight, but I wasn't as careful as I should have been, and suffered something of a setback. I had to go on a business trip to France and just before I got on the plane I noticed that I was bleeding a little. One of the stitches had caused a clot under the skin which had burst.

Stupidly I thought nothing of it and got on the plane, but while we were in the air the bleeding got much worse and the crew had to radio for an ambulance to meet us when we landed. That episode set me back a couple of months."

Over a year later, everything has healed and Stephen is able to quantify the pros and cons of circumcision, and specifically, what it's meant to him sexually.

"I know this is going to sound fairly uninteresting, but the difference in feeling when you're having sex is hardly noticeable. At first, of course, you do feel particularly sensitive, but pretty soon your penis just adapts and the sensation is just as before.

And the stuff about it being more hygienic is rubbish as far as I'm concerned. Basically, if you wash yourself regularly, there should be no difference."

There is, however, one big difference that Stephen has noticed.

"Masturbation does feel really different. Because there's no skin to slide up and down, you have to find other methods of stroking yourself. It all adds to the fun, though. I don't miss it."

### The Case For... by Sally Anne Rodgers.

Seeing an uncut penis for the very first time it was, I believe, the retiring Ruby Wax who screamed, "Eaargh! What the hell is that?" I didn't get to see a roundhead until I was 23. My reaction was 'So this is what I've been missing!'

All right, I'm quite aware that some of you are going to think I'm being an uptight picky prude, but yes, I admit it – I like my men neatly trimmed.

I was always impatient – I never cared how beautiful the wrapping paper was, I just wanted to get at the goodies underneath. I feel rather the same about the male member – I want to see the smooth shaft and the soft mushroom head – I don't want it hidden away in a wrinkled tube of skin.

I can hear the screams already – how dare I require men to be subjected to mutilations just to satisfy my lust! I admit that this is a little unfair, and appearance certainly isn't everything. It counts for quite a bit, though. I mean, no matter how much you love his mind, you're still going to notice whether he looks... well, appetizing... or not.

But let's get really unromantic here – we all know that a high percentage of little boys display something approaching a phobia when confronted with soap and water – and a hell of a lot of big boys, despite all those aftershave, shower gel and male moisturiser ads, still don't regard being 'nice to be near' as number one on their list of priorities. As far as I'm concerned, one mouthful of bell-end cheese is one too many. I know all the books and videos suggest taking a bath with one's lover as a romantic and practical prelude to sex, but does anyone really feel that confident about advancing on one's beloved's plonker with scrubbing brush and Dettol? A little gentle soaping of each other is, of course, very nice – but what exactly are you going to do when you gently tug back the foreskin to find an accumulation of something that would terrorise the yoghurt counter of any supermarket? Miss Manners doesn't, to the best of my knowledge, offer any specific advice on dealing with this problem.

OK, presuming that your uncut man does keep himself lemon-fresh, the difficulties of that extra section of skin are not altogether at an end. You have to keep easing the foreskin back to get at the meat – and it makes condom-time even more like milking-time than usual.

From aesthetic to practical, and some male viewpoints. Foreskins also, according to male friends, can get excruciatingly stuck in one's zipper. I've also heard a couple of alarming cautionary tales of men whose foreskins really were too tight, but who were reluctant to seek medical help. One in particular (we'll call him Nick), met an attractive girl at a party. Unfortunately, Nick's dick



came off much the worse in this encounter – according to the girl it just about burst. I don't know about you, but that definitely brings a tear to my eye.

### The Case Against... by Tuppy Owens

I'm used to writing about intimate subjects, but the topic of foreskins is religion. They mean so much to me. I don't want to insult or upset those men who had them removed at birth – I hope they're enjoying things anyway. But thankfully, there aren't too many of these men in Britain. We might be the most censored country in the western world, but we do manage to have plenty of foreskins to our name.

Foreskins keep the glans of the penis wrapped up all day, leaving it tender and receptive. When the penis stiffens, the foreskin retracts back to expose its jewel. A membrane so tender and intricate has its own personal idiosyncrasies and it is perhaps because of this that people decided to chop them off at birth. I suppose I should state the obvious and say that foreskins are natural, the way penises were supposed to be. That alone makes them precious in their own right. If they've been cut for religious reasons or to make a man so-called 'cleaner', that can only be sacrilegious in my view. I suspect the reasons behind circumcision are far more to do with the prevention of pleasure – nobody has ever come up with a satisfactory explanation in my view – it's a barbarically cruel thing to do to a baby or young boy.

Admittedly, sometimes foreskins have spots on them. But sometimes there is such an exciting interaction between the foreskin, the glans, and the shaft, that it must be ever-tempting to keep jiggling about with it. Occasionally, smegma builds up underneath and it gets cheesy – which some people might find disgusting, but since pizzas, fetta cheese and grilled haloumi capture our culinary imaginations, I can't think why!

Sometimes, the foreskin is so long that it bunches up around the top of the glans and gets in the way, and sometimes it's so tight that it won't go down, or when it does it gets stuck. However, high-tech surgery procedures can stretch or widen the foreskin, if men take a brave step forward and have it done. However, unlike some women who opt for plastic surgery, men are usually monstrously attached to their foreskins and don't want them altered for the world.

There are many different kinds of foreskins. This all helps to make them endlessly fascinating for people who want to play with them. I've never come across one that wasn't interesting in its own way. Uncircumcised gay men have a thrilling time playing at a game they call 'docking'. This involves inserting a penis inside each other's foreskins and 'shunting' across. Unfortunately this is definitely not Safe Sex, as it's very easy for the HIV virus to seep from one penis to another. But, regardless of your sexuality, you have to admit it's still a stupendous concept!

For me, the thinner the foreskin the better. Thin ones are the most

exciting because you have to be so very careful and gentle with them. If the foreskin is a bit thicker though, don't feel left out. It can be a lot of fun to play boisterously with, as you don't have to be so gentle.

There have even been a number of magazines devoted to foreskins and their wearers: *Foreskin Quarterly* was easily the best. In the United States, Bud Berkeley runs *The Uncircumcised Society Of America*, in a country where foreskins are a rare commodity. In the UK we have *The Acorn Society* with its own little newsletter for fans.

In my view, foreskins are for dirty, wild, crazy, blast-your-mind-out sex, whereas circumcised dicks are for polite, boring and endless in-outs. However, modern times has meant that the compulsory use of condoms has sent the sensual advantages to the darkest corners of our memories. And alas, because of our rubber friends, those of you who have just started exploring the many different options available may never be able to fully fathom what is undoubtedly the forefront of sexual experience!

Few guys out there will ever know what it's like to experience life with and without a foreskin. We girls have been blessed with that option of being able to make a choice. That's all very swell, but for me I know that there is definitely no choice to be made.

## **Royal Foreskins**

The husband of an old friend of mine gets your newsletter, and whenever I go over for a coffee morning with her we have a jolly good giggle over it. Although some of the content is a bit over the top, in general it's far more entertaining than the usual run of women's magazines, especially when you print the views of the girls. They do seem to have a less extreme approach; but then, they can take a more detached view.

One thing I have yet to see mentioned is the influence of the Royal Family on public attitudes. Princess Diana is on the record for finding circumcision distasteful to the extent where she successfully defended her sons' foreskins, including that of the future king of England, against a powerful lobby of Palace circumcisers. Although naturally enough the event did not receive wide publicity, it did make *The Times*, which reported that American anti-circumcisionists had voted her and Prince Charles 'Parents of the Year'. It was also mentioned in Ned Sherrin's programme, *Loose Ends*, some time ago, when it was said that she'd been influenced by her experiences in childcare, and also the advice of a well-known doctor, who wrote a best-seller on sex.

Those close to Palace circles knew all about it of course, including a rather grand family I used to work for. I was present on several occasions when the subject was mentioned, and it clearly impressed a lot of people who

pride themselves on their Palace links. One young girl who'd just got married was heard to say, "Good for Diana. If foreskins are OK by her then they're OK by me." She went on to say that the whole idea of circumcising children made her feel queasy and, despite her In-laws' views, no way was she going to let her sons' cocks be altered. Others felt the same, and there's no doubt that the 'Royalty can do no wrong' factor had a big effect on families who would otherwise expect to circumcise their offspring as a matter of course. Consequently, if anyone can think of a way of doing the necessary research, I think they'll find a surprising proportion of young blue-bloods these days with their dickies intact.

This attitude is mirrored in the fundamental change in the views of those erstwhile disapprovers of the foreskin, the British nanny. I was leafing through the *Good Nanny Guide* the other day, and was amazed to read that a lot of nannies will refuse to work for a family where it's customary to circumcise the children. From my experience, the nanny class tended to deplore foreskins as toys which they couldn't confiscate and, although they were quite happy to have their own menfolks sporting foreskins, they didn't expect it of the upper classes. Unfortunately they tantalisingly fail to give a reason for this change in attitude. Can any of your readers expand on it perhaps?

As far as my personal view is concerned, I'm really not in a position to say very much, since I've never seen a circumcised penis, let alone had a circumcised partner. My husband has a foreskin and so does my little boy, and I cannot really imagine them without one. I do think some of the remarks about cleanliness are exaggerated: I've never found any of my sexual partners offensive in that respect. To my mind the female has much more of a cleanliness problem than the male, since virtually all of her genital region is wetted every time she takes a pee. Consequently I choose to wash my fanny once a day. But I tend to go along with David Acorn when he says that unretracted foreskins do not necessarily have to be smelly. My husband can go for a week without washing (probably more, but it's never been put to the test) and with only a slight male scent, which I find attractive when I pull his foreskin back. Besides which, we have sex seven times a week on average, and his foreskin never gets a chance to collect anything underneath it.

Certainly I find the thought of cutting part of a little boy's penis off repellent, but in view of the powerful pro-circumcision feelings of so many of your members, they must feel that there are some real advantages to be had from it. To my mind there is a solution to this problem which should suit everyone, and that is to make *elective* circumcision freely available under the NHS to all who have reached maturity. But I don't think it's right to have children done who might not like it when they grow up. Is that reasonable or is it not ?

Mrs F.M. – Bromley

## **Cockrings**

As requested in newsletter No 4, information etc. about cockrings.

I have a metal one, a rubber one, a leather one, and a ballbag ring combined. All are comfortable to wear and have the desired effect of enhancing the erection. I think, if used sensibly, they are a good thing. It is documented that Casanova used a version of a cockring in his many sessions with his lovers. It was a ladies' hair ribbon tied around the base of his cock going behind the balls. Although it did the job, this type is not safe as it is like a tourniquet.

My metal one is large enough to fit snugly behind my balls, but not too tightly. The method of putting it on is to pass the balls through first, then, providing you are not erect, feeding your cock through. You can use a lubricant to make this easier if you want. The rubber one is put on the same way. The metal one is much more comfortable to wear for a long time. The leather one is a half-an-inch wide strap held by press-studs but because of its width it is not comfortable to wear in underbriefs although OK in the nude.

The ballbag one is quite comfortable and easier to put on with a soft cock. The bag has a hole that takes an average thickness cock which you pull down the full length of the cock, pull the bag under the balls, and then pull the laces which tighten up the pouch to neatly hold the balls with the cock sticking out of the hole. It is comfortable to wear and when the erection goes down it is quite comfortable to wear with briefs.

As an extra to sex these are great, but like all good things they must be enjoyed, so if they are uncomfortable forget it. You don't want to damage the plumbing. Certainly orgasms seem to be more enjoyable when wearing a cockring and, as it does constrict the cock a little, it does slow down the cock softening after coming so that you are still half hard if you can do it again.

### Circumcision Facilities

National Medical Services  
12, Harley St.  
London W1.  
Tel:- 071-580 6216

Mr. R. Thomas  
Yorkshire Clinic  
502, Eccleshall Rd.  
Sheffield  
Tel: 0742 663501

I've not contacted these for details, but anyone who does can let us know costs.

*B.H. – Leeds*

## **Masturbation Comments**

Herewith a few comments on some of the 'statements' in your editorial to Issue 1/92.

First, to put things into perspective, I would say that I am now 80, and was circumcised as an infant. I had somehow 'discovered' masturbation by the time I was 5.

Three of the statements refer to masturbation. Nos 1, 2, and 12, and I will comment on these as a group.

I disagree that masturbation can only be achieved with a fantasy, although as one gets older they assume a much greater role. Up to about age of 60 the urge for relief was quite sufficient to initiate and sustain a wank, and to reach a satisfying orgasm without any great mental stimulus. However, after that age, I have found it increasingly necessary to fantasise strongly if the act is not to take an undue length of time to complete. Furthermore, I also now find that if I do not concentrate hard on a fantasy at the point of coming, I get absolutely no pleasure from the orgasm, and ejaculation is no more than a mechanical action such as peeing, except that the semen emerges in individual jets rather than a steady stream.

Being circumcised, it is perhaps not surprising that all my fantasies involve a penis having a long loose foreskin in some action. These actions usually involve mutual wanking, more often than not with my bare knob 'docked' in the other's foreskin. These very limited fantasies have not lost their potency, and even now I masturbate twice a week.

As regards 12, it depends upon what is meant by 'properly'. Obviously there is no problem in masturbating a circumcised prick to orgasm. What I did not realise, until I first had intercourse, is that the quality of orgasm resulting from the stimulation of the glans directly by the soft, smooth lining of the vagina is vastly superior to that obtained by manual rubbing of the shaft. Try as I may I have never found a way of involving the knob in the wanking process that does not result in acute discomfort, or indeed pain, at orgasm.

Now that I have reached an age when erections are in a decline, I have found a way around the problem. If I push back my knob when the penis is flaccid, the loose skin of the shaft forms a pseudo foreskin, and working the knob within it can give rise to an orgasm quite as intense as in intercourse, before any significant degree of erection has set in.

The upshot of all this is that I assume that anyone still left with a foreskin can regularly obtain a better quality orgasm than one who is circumcised.

As regards 7, I did for a short time in my teens shave the pubic area, as I enjoyed seeing my prick and balls free from hair. However, I found the area tended to get itchy, and gave the practice up.

I do hope you will get enough replies to spread the experience of others in these largely uncharted seas. In particular, I would like to have practical ideas on how to achieve a reasonable erection in later years!!! (No 3).

*V. – Shropshire*

## **A Change For The Better**

Jeez, I must have a pee. Ah, here's the toilet, and I've just got time before the train goes. Blast these non-corridor trains. It's surprising how long a pee takes when you're pressed for time. Right, that's done. Up zip. Ooooh, that hurt. God, I've trapped my dick in the zip, and the zip won't move. I can't go out with that hanging out of my trousers. Close my eyes and give it a tug. Ooooooh, I've split my foreskin down one side. Look at all that blood. Must tie it up with my hanky. Bloody train's gone too...

You can see what I've done, doctor. Yes, I suppose I will have to be circumcised. Can you do it now?...

Not so bad when you get used to it. Think of all the good things. No more spending half an hour, twice a day, in washing it. It'll just keep itself clean rubbing in my pants. And no more having to unblock the sink to get rid of all that smegma. I can still smile to myself at the time I decided to keep it for a week and filled the bin bag with it. And when I put it out with the garbage, the dustman threw it over his shoulder, split the bag and had it all pour down his back. I'd have loved to have heard his wife when he went home with that awful smell, That's another thing, think of all the money I'm saving on all the air fresheners I'm not using now...

It's a lovely even scarline, the bit that got split by the zip, that is. I can get used to the bunched up lumps on the other side, and think of all the time I can spend happily cleaning out the passageways in the stitching. Of course, if I want any more taken off it, the doctor said he would do it and would charge a bit less than for the first time, which I thought was quite fair of him. I'm not too sure about the frenum though, it was my most sensitive part, but the doctor thought it best to be rid of it. Besides, with most of the sensitivity gone I can now last much longer than my usual paltry three quarters of an hour. Sometimes now I can last three hours or more and if I'm lucky I can succeed in not coming at all. Also, I can spend some time browsing in Boots for different sorts of lubricants for masturbation purposes... Oh yes, I think I'm more or less happy with things.

*Anon*

## **Circumcised Pride**

I read with great interest the article in 4/92 by Brian of the West Country, entitled 'Widening Membership'. I think it would be a great idea to have a 'Year of the Circumcision', with plenty of advertising, if one could afford the cost of advertisements in sex magazines such as *Forum* which normally has a good coverage on the subject of circumcision.

In the *News of the World* we quite often see circumcision advertisements by the S.A.S. in London. It was there that I was circumcised by Mr Hasan, and I am delighted with the result, the frenum being cut away as well, which left a nice tight job.

I correspond with many people, married couples, young lads and their girlfriends, and young mothers on the subject of circumcision and am always delighted to hear from more. In my view it is most essential that both parties should be interested, if the man is contemplating circumcision, as the result is beneficial to both. As a naturist my penis is on show to both males and females regularly, therefore I am in no way shy at showing it to others who are genuinely interested. Most people are quite surprised at what a good job it is, thinking that there is going to be a large cut left and look like a zip fastener. Also, I have many photos of my penis both before and after the circumcision which I will always loan to interested couples

Whilst on holiday in Cornwall recently at a naturist site, a party of us sat round discussing the subject of circumcision, and it was easy comparing our scars and foreskins. After some long chats together, two women convinced their husbands that they should make a booking to be circumcised, and three mothers decided to have their children done, two of which had foreskins like elephant trunks, and an eight-year-old whose foreskin was so tight that it could not be drawn back.

I have addresses of people who do circumcisions privately, which I obtained when I was looking for the operation for myself. If anyone is interested, please contact me through *Acorn*.

I was circumcised only a year ago and am very proud of it. I actually watched the operation being done and it was nice to see the surgeon cutting off that piece of skin and throw it on the operating trolley, a good two inches of it. It was quite a relief as I had always wanted to be circumcised from a child, which is when my brother was done. I often wish that I had another foreskin and I could watch it all over again.

It would also be nice if we could all meet at various places as a mixed party and chat about our interest in the penis.

*C.P. – Wiltshire*

## Foreskin Making

Live and let live they say, and so do I. Consequently, although I shall never understand the urge of otherwise normal people to mutilate their sexual organs, I've no quarrel with them if that's what they want. I just don't like to hear of people who want to inflict their neuroses on everyone else. I've spent a lifetime of unhappiness because someone decided that I should forfeit my foreskin on the grounds that I was too young to complain, and *Acorn* has been good enough to allow me to work out my distress and anger through your pages (see issue Q). So when I see remarks to the effect that all boys should be required by law to be circumcised when they reach 16 to 18 (R.H. of S.W.8 in Issue 6/91), I realise that there are some people who are so obsessed with their own daft fads, that they either don't notice or just don't care that people like me are condemned to long-term misery because of people like them.

Incidentally, R.H.'s split stream when he pees is a classic symptom of impending prostate trouble.

But now let's move to a message of hope. I did write once before to say that an American organisation called 'BUFF' exists to relieve the widespread distress of those circumcised in infancy, through a foreskin restoration technique using gentle stretching of the remaining skin with surgical tape. I have been applying this technique for two years now and recently had the satisfaction of fooling a urologist into thinking that I was intact. It is a matter of some elation that I have managed to thwart the decision, made in my infancy, that I should go through life sexually mutilated, although I shall never forgive my parents and the medical profession. It's too late now to derive any sexual benefit, and nothing will relieve the lack of sensitivity which I put down to the loss of the rich nerve endings when my foreskin was thrown in the bin nearly sixty years ago. Another thing I can't understand is the desire to numb the exquisite sensitivity of an organ designed just for that purpose, by those who are looking for a justification for committing such an insult to nature as circumcision.

The skin has now stretched far enough to cover the head completely with some overlap. The trouble is that this tube of stretched skin lacks the taper of a natural foreskin and tends to hang open. This is still infinitely better for my peace of mind than my previous hated state of evident mutilation, but I wonder if any of your resourceful readers can think of a way of tightening the opening so as to allow me to pee with a normal jet.

[This looks like a job for A.D. of Oxford. If he feels so inclined to drop a line to R.B.W., I'll certainly send it on. — D.A.]

As an act of public-spiritedness I did write previously to give BUFF's address for those who feel as I do, but it didn't get printed. If you've no objection I'll give it again:- BUFF, c/o Tony Lesce, PO Box 26377, Tempe, AZ 85285-6377, U.S.A. Enclose a \$5 bill.



Now, to lighten the mood, a circumcision/foreskin joke.

A personable gent on a cruise decides to take the air on deck. He sits in a deckchair and borrows a large blanket from the pile to pull over his lap, noticing that it has 'Samuel Goldstein' embroidered on it. An attractive young lady in a mini-skirt has the same idea and he invites her to sit next to him and share the blanket. They get talking, and the girl lets it be known that she is a photographer's model. He asks her if she's required to shave her pubic hair, and she says yes, but only when she's working. He grins slyly at her and says, "In that case you haven't worked for about two months, have you?" She grins back and retorts, "No, and you're not Samuel Goldstein, are you?"

*R.B.W. – Bedford*

## **Impotence**

A friend of mine has given me the brochure from the **London Diagnostic Centre** which specialises in the field of male sexual problems, of which impotence and premature ejaculation are the two main ones. Extracts:-

Impotence can be a source of great distress and unhappiness for men and their partners. The failure to achieve or maintain an erection of sufficient rigidity and duration can make vaginal penetration and sexual intercourse impossible.

It is estimated that impotence affects 10% of all men, with a considerable increase in its occurrence – to around 40% – after the age of 50. It was once thought that in 90% of cases the primary cause of impotence was psychological, but research has shown that in over 75% of cases medical problems are responsible – and these are aggravated by psychological factors such as 'performance anxiety'.

Earlier attempts to treat impotence were based upon incorrect diagnosis, leading, not surprisingly, to disappointing results. But new diagnostic procedures have recently been developed which have led to revolutionary treatment methods.

As a result, it is now possible to treat impotence with the confident expectation of a 90% success rate.

As with all successful therapy, treatment depends entirely upon correct diagnosis and evaluation. Only after this has been achieved can the appropriate treatment be decided upon.

## Diagnosis

Correct diagnosis and evaluation begins with an appraisal of your medical and sexual history. You will be required to complete (in the strictest confidence) a detailed interview with an experienced counsellor.

A thorough medical examination will be made by the doctor, including special tests of penile blood flow, and a comprehensive blood sample analysis will be obtained. In most cases this will entail only one visit.

## Treatment

An erection will be induced by a revolutionary new technique known as PIPE (Pharmacologically Induced Penile Erection). The initial experience of PIPE will be administered by the physician, after which you will be instructed on self-administration and provided with a supply for home use, with assessments every month, over 6 months. After that, a return to normal sexual function can be expected in a significant number of cases.

PIPE was discovered by accident, but is highly effective and safe.

The L.D.C. not only has a centre at 98, Harley St. but also at St. James Building, 79 Oxford St., Manchester; and 29, Heriot Row, Newtown, Edinburgh.

*D.A.*

## **The Perfect Foreskin**

In response to your rather good idea in Issue 5, just received.

I have spent 26 years with a thick elephant's trunk, and the last 28 years with a quite acceptably circumcised penis. If I could return to the uncircumcised state I would, happily, provided that the foreskin was thin and of such a length that it covered the glans when flaccid, but to the extent that the very tip was just protruding by a centimetre or so. The opening would be tight enough to prevent retraction on erection without assistance, but the skin would be sufficiently elastic for the foreskin to be comfortably retracted when wanted, and would therefore remain retracted until manually pulled forward. The perfect foreskin!

*J.R. – Diss*

[Thanks for the offer J.R. of further cuttings etc. You could have them back by next post. — *D.A.*]

## **Urethral Stimulation**

I am happy being circumcised, though just sometimes I wish I had a long foreskin. I have had some very pleasurable experience of urethral stimulation by passing a soft rubber catheter down my erect penis to the level of my testicles, whereupon I have always ejaculated. I am prepared to write about it if you wish. I believe the practice is very dangerous, but I do know of others who do it apparently with impunity. I am also very interested in penile piercings, particularly of the Prince Albert type.

*M.D. – London*

[We're always happy to hear of any habits or experiences, although this one has me squirming a little as I write. — D.A.]

## **Saga (Continued)**

Later still, Mary gave me a fuller explanation. Apparently the surgeon had achieved a method of doing partial circumcision. "Have you ever heard of that?" Nothing sprang to mind, but later I remembered some *Forum* correspondence, where it was explained in answer to a reader's query, that circumcisions must be complete, so that the scar lies safely and relatively immobile behind the corona, not up around the glans, where constant, albeit slight, movement would hinder neat and clean healing at the very least. I happened to see young Michael later in his home, and had a look. He had healed by now, but the cut could be seen clearly enough. Should one have been troubled by phimosis, yet desired the retention and use of his foreskin, I should have said that the results would have been most satisfactory, provided of course that they were successful.

I knew that poor little Michael had been shuttled to and fro to the hospital for seemingly endless consultations with a rather unsympathetic English chief medical officer, and over the next eight or nine months or so, I thought he was going to be left alone. But no, the elderly Indian surgeon was appointed, and back again he went.

We were all together one evening at a barbecue which was also attended by my old American friend, Joe. Being alone, I tended to be kept away from any family matters and gossip, so my ears pricked up when Jennifer slipped away for a few minutes and returned saying, "Not very happy!" with a big smile, and, to Joe, "Our son has just been circumcised for the second time!!!. It's been done by a good old Indian, who's probably been doing it all his life." Apparently he was sitting up watching a video with his little sister, who was absolutely fascinated by what she saw – and not the video – and wanted to attack it. Jennifer said, "He'll thank us for it one day." – a true-blue circumcisionist. All this started Joe off on a story about how he was invited into a US army hospital in Germany by a surgeon friend to watch the fun.

Apparently, many of the blacks asked for it, 'because the girls liked it'. Too many it seemed for the surgeon who, to relieve the monotony, fell to varying the method of stitching around the circumference.

(To be continued)

# **ACORN**

**1992 Issue No 7**

**Editor  
David Acorn**

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**Newsletter Contributions,  
Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

to:- TONY ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## Editorial

To try to streamline our efforts in the future, we would request that all contributions for the newsletter and letters to other members be addressed to me, DAVID ACORN, while all correspondence to do with membership, fees, or personal matters be addressed to TONY ACORN. In each case the same P.O. Box 113 be used. This is because we live a long way apart and time and postage is wasted transferring items. This routine will always be on the title page of each newsletter.

The questionnaire is as complete as we're going to get it, so I've printed it in full in this edition. I hope you'll all spend many happy hours poring over it and finding something to your satisfaction.

I get one or two letters, from both sides of the fence, that I can't publish because they are either too vitriolic or abusive to other members' viewpoints and opinions. If I did I know it would escalate, polarise, and eventually destroy all that we've built up, and I'm sure none of us want that. So, to those people, I would say, please make your points without going over the top or being repetitive.

Having got all that off my chest, read on.

D.A.

## Survey Results

We have had 49 replies to the questionnaire, many thanks to everyone who did. I'm reprinting all of them as a finale.

The subject preferences now look like this:-

More/OK/Less

38	3	3	observations of foreskins/circumcision
35	5	2	foreskin problems/advantages/pleasures
34	4	3	contact with other <i>Acorn</i> members
30	4	7	masturbation techniques
30	4	8	circumcision operations/descriptions/methods
28	6	7	stories beginning "I first found out about foreskins/circumcision when...."
28	4	9	discussion of reasons for/against circumcision
24	9	8	penis size etc.
21	9	8	intercourse – male and/or female aspects
20	6	12	erections/staying power/premature ejaculation
16	8	12	sexual identity (hetero/bi/homosexual)
12	6	17	sexual fantasies

Replies are arranged with the most popular topics at the top. Other topics of interest were so numerous that it would be best to say that any subject regarding the genitals is of interest to someone.

What has surprised me is the number who would like more contacts. There has always been space available, and those who have advertised have been very pleased and surprised with the response.

#### With Foreskin – 15

Age	Erect	Flac	Glan Circ	Foreskin			Pleased Indif Sorry	Identification
				a	b	c		
26	6.8"	5.0"	4.8"	e	s	l	P	GL – Leeds
45	6.3"	4.5"	5.0"	e	s	l	P	AD – Oxford
62	7.0"	5.0"	4.8"	e	s	a	S	RGB – Leeds
45	4.0"	2.3"	4.3"	e	s	l	I	HC – London
48	5.0"	3.0"	3.8"	e	s	l	–	Anon
35	6.0"	4.0"	5.0"	e	s	a	I	NG – Norwich
54	7.0"	5.0"	6.0"	e	s	s	P	DA – WsM
29		U/Av		e	s	l	S	JK – Wales
71	6.5"	5.5"	5.5"	e	s	l	P	JTD – London
25	6.5"	3.5"	6.2"	e	s	l	S	SDG – Stafford
72	7.0"	5.0"	6.0"	e	s	l	P	HJM – Mid Glamorgan
45	6.5"	3.5"	4.8"	e	s	a	S	AGT – London
77	7.1"	2.7"	5.1"	e	t	l	S	RF – Tayside
33	6.0"	3.0"	4.5"	e	s	l	S	ME – London
26	7.0"	5.0"	5.0"	e	t	l	P	KL – London

#### Foreskins

a – hard or easy to retract

b – tight or slack at the end

c – longer, as long as or shorter

It will be seen that no one has any trouble with their foreskin, and that they are all as they should be in the natural state. The only surprise I think is the length of the foreskins, which don't grow at puberty like the rest of the penis, so that, nationally, a high percentage overall are slightly behind the glans tip.

Circumcised – 34

					Scar	Scar	Ple	
			Glan	Op at	Even	Behind	Ind	
Age	Erect	Flac	Circ	Age	Uneven	Glans	Sor	Identification
31	7.0"	4.5"	6.5"	27	E	0.1"	P	DJ – Gwent
24	6.0"	3.5"	4.7"	3	E	0.1"	I	SK – N. London
62	7.7"	4.5"	5.0"	1	E	1.0"	I	MDSS – London
66	7.5"	5.5"	5.5"	43	U	0.1"	P	AW – Sussex
53	5.8"	4.0"	3.2"	39	U	0.5"	P	GL – Germany
48	6.0"	3.0"	6.0"	31	E	0.4"	P	PD – Dublin
49	4.7"	4.0"	5.1"	20	E	0.4"	P	JW – France
34	6.0"	4.0"	5.0"	24	E	0.75"	P	JGC – Lancs
	4.8"	2.4"	4.2"	22	E	1.0"	P	JH – Finland
31	6.1"	4.2"	5.5"	31	U	0.5"	P	JM – Middx
32	5.8"	3.9"	4.2"	31	U	0.0"	S	JA – York
42	7.0"	5.5"	6.0"	41	U	2.0"	P	JBT – Westcliff
42	6.5"	4.5"	5.0"	41	E	1.0"	P	RH – London
69	7.5"	5.0"	5.5"	58	E	0.75"	P	CP – Devizes
58	6.3"	4.0"	6.4"	44	U	0.5"	P	SW – Gwent
41	6.0"	4.0"	5.0"	32	U	0.5"	–	PJ – Shropshire
28	7.7"	5.0"	6.2"	18	E	0.5"	P	BH – Suffolk
41		Av		26	E	1.0"	P	Brian – W. C'ntry
46	7.0"	4.0"		31	E	0.5"	P	RJL – Whittlesey
37	7.5"	6.0"	7.5"	19	E	0.5"	P	PH – M. Keynes
54	5.9"	3.5"	4.5"	33	E	0.75"	P	WM – Kingston
53	5.8"	3.0"	5.3"	26	U	1.0"	P	JR – Norfolk
49	6.2"	3.0"	5.0"	2	U	1.0"	S	Anthony – Devon
40	5.3"	3.0"	4.7"	0	E	1.0"	P	IW – Dorset
52	6.5"	5.0"	4.0"	0	U	1.0"	P	GP – Perth
58	6.3"	2.0"		0	U	0.3"	I	RH – London
59	7.5"	4.5"	6.0"	0	E	0.5"	S	RW – Sussex
77	7.0"	2.0"	5.8"	0	E	1.0"	I	HM – Colchester
81	6.3"	4.0"	4.5"	0	E	–	S	V – Shropshire
61	6.5"	4.5"	4.7"	0	E	1.0"	S	Anon – London
32	7.0"	4.0"	5.0"	0	E	1.5"	P	NA – London
64	4.8"	3.0"	4.7"	51	E	0.75"	P	JC – Ayrshire
73	6.0"	4.2"	5.5"	22	E	0.6"	P	GJ – Devon
48		Av		20	E	1.0"	P	JM – Spain



If you care to work out the averages for sizes I think you will find there is hardly any difference in each state.

### Sexual Status

Heterosexual 15

Bi-sexual 16

Homosexual 18

No-one can say we aren't a representative lot.

*D.A.*

## **Penis Trouble**

From early schooldays I became aware that while most boys could retract their foreskins, or had their glans permanently exposed, my penis was just like an elephant's trunk. As I got older, and erections became more frequent, the tight foreskin became ever more frustrating. Despite determined efforts at retraction I could only just expose the meatus, until, at the age of 12, with a really savage pull, the glans suddenly popped out like a snowball. After the shock I cleaned off the smegma, then tried to return the foreskin, but it had puffed up and would not move. Fortunately I fell asleep, and by morning things were back to normal, but it was some time before I risked a repetition. Eventually, by the time I married, I had achieved a reasonable degree of mobility, but in one way or another my foreskin was a source of annoyance.

At the age of 35 I eventually asked my G.P. about circumcision, but he said that for an adult it was a very unpleasant procedure, and instead he advised me to immerse the complete organ in hydrogen peroxide. I then decided that I would attempt permanent retraction of the foreskin. For a while it was in a state of flux – it would suddenly without warning rush forward, trapping pubic hairs, which I found I had to keep short to avoid unpleasantness. After about 6 months of perseverance my foreskin did stay permanently retracted, due, I believe, to an expansion of the corona, and has remained so ever since for a period of over 40 years (I am now 77).

This condition I find infinitely preferable to my earlier condition, but there are two snags. The rolled up skin behind the corona tends to harbour some smegma, though it is easily cleaned. What was the original tight tip of the foreskin now forms a constricting band, permanently red, behind the corona, and although it looks sore it has never given any trouble.

Soon after retiral I heard that adult circumcision was becoming more available, and I became interested, as I felt that it would be a distinct improvement in my case. However, not knowing where to go, I drifted on, and I gather that surgeons are not keen to deal with my age group, although it is not long since I had a hernia operation with complete success.

I was particularly interested in the method followed in Argentina (*Acorn* 1/92) which includes the removal of the frenum. I have always considered the frenum to be a useless item which, far from being ultra-sensitive, in my case at least, merely distorts the shape of the glans.

Finally, I mention two items which may be of interest. When I was with a party being shown some of the wonderful exhibits in the Cairo Museum, our lady-guide showed us a stone circumcision table, pointing out the groove for the blood to run in, and the cup for the ring of detached skin. The table, beautifully made like all the other exhibits, was said to be 4,000 years old.

Secondly, a few days ago, a sports writer in an article about the forthcoming Tour de France cycle race, said that an uncircumcised rider had an advantage in that, if he were asked to provide a urine sample for test, the smegma beneath his foreskin was thought to have a neutralising effect on any residual drug that may be in the urine. This seems rather unlikely.

Personally, I can see no advantages in a long foreskin, only disadvantages; and it seems to me a pity that the trivial operation of circumcision, which benefits a male for the rest of his life, cannot be made universally obtainable. Human nature being what it is, there will always be complainers, but I do feel that the objections to circumcision are based on sentiment, and to some extent on religious prejudice, rather than on fact.

Congratulations on your interesting and well-balanced newsletter, which sheds light on problems which are normally swept under the carpet.

*R.F. – Tayside*

## **Happy Schooldays**

Reading M.W.'s contribution headed 'Wanker Watching' reminded me of an episode in my late teens. Actually, remind is the wrong word. I have never forgotten it and often thought of it. But, although in contributions to *Acorn* and *Forum*, I have written about most of the things of a sexual nature which occurred in my life, I have never written about or mentioned this to anyone before. Somehow, I believed that what we did was unique, and that if I told, people would think that I fantasise.

It started at high school (about 53 years ago). It was an all boys school, and we were sitting in pairs on school benches. One day my friend Bruno indicated that he had a hole in his trousers pocket, and that he was touching his cock in this way. He invited me to verify this, and when I touched him he promptly came in my hand. Next day I told him that I too had a hole in my trousers pocket, and from his sideways glance I guessed that he was anxious to see my cock, which I made to protrude slightly. Our form-master guessed

that something untoward was going on between us in class and we were split up. I then invited Bruno to visit me at home. He was at first reluctant, guessing what would happen, but finally gave way and came. We soon had our cocks out and he came almost immediately. Now I had a girl of the same age as myself as a friend. Our mothers were friends and we had been together from babyhood on, so, to call her a girlfriend would be wrong. When we came into puberty, she led me on, and we did the "I'll show you mine if you show me yours" thing. (Although my mother was not ashamed to show herself in the nude to me and I got into her bed frequently, I had never seen female pudenda closely. I was amazed at the very pronounced labia and the projecting clitoris that I was made to examine when Lore started this thing. Of course, I didn't know what all these parts were called, or their role. Lore made me touch her, and was delighted when I was disgusted with the smell.) However, as she was curious, I thought I would bring her into a meeting with Bruno. I also had a real girlfriend, Wanda, and she really wanted to see cocks. So one day, Bruno, me, Lore and Wanda had a get-together, and examined cunts, cocks, budding boobs and bottoms. The girls were fascinated when Bruno first, and I later, ejaculated. They loved to touch our cocks and particularly remarked on the silky feeling of the skin.

Unknown to me, a few of the boys in class had got together to form a mutual wanking group. I guess they came to hear of our exploits. There was one Jewish boy in class with me who had been circumcised. He was the only roundhead, and therefore an object of interest at all times. The idea of introducing girls into the masturbating sessions excited all and sundry. In no time, sisters and their friends were nominated, and the masturbating circle became multisexual. After a first very exciting exploratory session, with each sex doing their own thing, a game was invented. The girls were to do the masturbating of the boys. The boy ejaculating first was the loser, and the girl getting her boy to come last also was a loser. The boy who could resist longest was the winner.

When the great day of the contest arrived, dies were cast to apportion girls to boys. The girls were allowed to position the boys the way they wanted, and allowed to do it the way they chose. I did not realise that by that time Wanda had progressed beyond anything that I knew of her before (she later prostituted herself as a 17 year-old just for the price of a cinema ticket). We had all started, when Wanda asked the Jewish boy to stand on a chair, and there was a gasp as most girls stopped, when she proceeded to take Carl's cock in her mouth and began to suck him. Of course he didn't stand a chance and came first. Wanda had won. However, none of the other girls emulated her. Bruno came next, and I lasted a good while but did not win – my girl was much too good, and the sexual excitement of all that was going on was too much for me. The winner of the boys got to have sexual intercourse with the losing girl, and we were allowed to watch. The winner of the girls could choose three boys who had to take her out. What happened after that I don't know, because the whole thing came out and we were all called in front of the

headmaster. Heavy punishments were doled out, and parents and teachers made certain that our little group had to stop.

*J.T.D. – London*

## **Alternative Preference**

Dear David,

In *Acorn* 5 you invited members to describe their preferred equipment, assuming their present condition to be reversed. As an ex-cavalier the choice is easy. So here goes:

If I had to reverse my present condition, I would choose to have a short foreskin, leaving part of the glans visible at all times, and retracting naturally during erection. To improve mobility, the frenum should be minimal or completely absent, allowing the skin to be worn 'back' or 'forward' as desired.

With such a foreskin I might have saved my money, but I doubt it.

I also enclose an open letter to Brian of the West Country.

Dear Brian,

I would like to comment on the questions raised by your letter in *Acorn* 4.

1 & 2/ *Acorn* membership has never been large. Circumcision is a delicate subject with probably the majority of persons hearing of *Acorn* being too shy to admit their interest. All specialist organisations have a hard core of loyal members, but an annual turnover of 30% is common, most 'dropouts' being within two years of joining.

3/ Not everyone has literary abilities, and transforming one's ideas into well turned prose takes time and trouble; and how does one avoid repeating what another contributor has written on this necessarily limited subject?

4/ A fine idea. Introductory and informative leaflets should be available to members (and others) at a reasonable cost, and should cover:-

- a/ background information on circumcision.
- b/ description of the operation.
- c/ indications for, and pros and cons of circumcision.
- d/ directory of circumcisers.

5/ a/ Low profile advertising in suitable popular and professional magazines is fine, but care must be taken to avoid adverse interest and publicity in the media.

b/ Approaching acquaintances on this delicate subject could be deemed an invasion of privacy, and cause offence.

I appreciate your concern to increase public and professional awareness of the subject, and consider efforts should be made to interest the medical, health and sex counselling sectors also.

Finally, congratulations on losing your frenum, a useful but often overlooked modification which is worthy of a short article in a future issue of *Acorn*.

A.W. – Sussex

[As a postscript to this letter, if you are a potential 'dropout', don't do it too lightly. Please drop us a line and tell us what would be required for you to stay a member.

Also, please don't be deterred because you have difficulty writing your ideas, or you worry about your spelling. You are certainly not alone, and one of my most enjoyable tasks is transforming into publishable material. All I ask is that I can read the writing. – D.A.]

## **Another Preference**

You asked in the last newsletter for members to describe their ideal penis if they were forced to have the opposite state to that which they have now. In fact I would jump at the chance to have a penis with a foreskin as I only reluctantly underwent the operation due to having a totally unretractable foreskin.

Length and thickness of the shaft are not of great concern to me, as long as they are not too much below average. Much more important is the appearance of the foreskin and glans. In the flaccid state I would like the foreskin to fully cover the glans, smoothly tapering to a smallish opening about half an inch beyond the glans tip. It would not be wrinkled, giving a sleek, streamlined appearance to my cock. On erection the foreskin would not slip back of its own accord. Instead, the outline of the glans would become prominent beneath the taut skin covering, with just the tip becoming visible through the small opening, inviting manual assistance to release it from its sheath. The opening, though small, would be very elastic, allowing the skin to be fully retracted without difficulty, revealing a shiny purple knob.

Such a foreskin has two advantages as I see it. Firstly, the act of sliding the skin back or forward has to be a deliberate act, giving great pleasure as

the tight ring of foreskin slides over the sensitive glans. Secondly, on full retraction the skin clips into place behind the glans rim, allowing it to remain back as long as desired, even when flaccid.

I seem to remember these characteristics being quite common among my schoolfriends before puberty, but it seems that most foreskins become shorter and looser in adulthood.

*J.A. – York*

[This next contribution is about ritual circumcision with a difference. It is told by a white schoolteacher in a letter to a friend, and although I'm against cutting or altering any contribution, I'm doing it this time, mainly the beginning, because I think it might be outside the law. But different cultures have different attitudes, so, because it appears to be an integral part of the ritual, I am leaving a bit in.]

### **Aborigine Ritual**

About ten days before Easter, David's father came across to the school to talk to me privately. He told me that David was to have his first initiation rite on the first morning of the long week-end, and that he wanted me to be his sponsor. He then went on to explain that the custom in his tribe was for the initiate to spend the eve of his initiation in sexual intimacy with his sponsor, and could I see my way clear to carry out that necessary function. I asked for a day or two to think about it. After speaking to David though, I realised that the request was genuine, and agreed, much to David's delight.

After dinner on the Thursday night, David accompanied me back to the school, where we showered together. Then I read to him for awhile before we climbed into bed together. He knew what was expected of him, and after I had made love to him gently he accepted it without question.

In the darkness of the wee hours we were woken, and in company with David's two older brothers who had returned from secondary school, drove out of town to a dry creek bed some ten miles away. While the family all stripped naked, I retained my briefs, not so much from modesty, but to hide my uncircumcised status, and we collected wood to make a large fire in the sand. This was mainly boree and brigalow, whose ashes I discovered later are regarded as having strong medicinal qualities. Then we all sat quietly until the fire had burned down to a bed of glowing embers. David was naturally tense, but tried not to show his fears for what was to be done to him.

A little before dawn the tribal initiator arrived with his young apprentice-cum-assistant. David was beckoned towards the fire and lay on his back in the sand, with his legs wide apart and his head resting in my lap. Then, as the sun's first rays lit the tops of the trees, the old man held up an old razor blade and commenced a short incantation, which was for the blade to cut clean and true.

Before the coming of the white man, the instrument would have been a knife chipped from hard flint, and even in these days the initiation would be accompanied by a great deal of tribal singing and dancing. But, because he had some European blood, David was denied these rituals and the revelations of secret tribal lore which is associated with ritual entry into manhood.

So the old man knelt between the boy's legs and gripped the point of his generous foreskin, while the two elder boys knelt beside to restrain him if he should try to struggle. However, David remained perfectly still as his foreskin was stretched out to a quite remarkable length. Then the old man sliced into the taut preputial integument with a skill born of hundreds of such operations.

David's body went rigid and his face screwed up against the searing pain, but when the fifth or sixth such slice saw the unwanted foreskin detached from his penis he made no sound of protest. The shaft of his penis withdrew into his groin while the head lay bleeding freely, the blood dripping down over his scrotum into the sand, while he was congratulated and highly praised for his bravery.

The assistant now went to the fire and scraped up a handful of fine warm ashes. This was applied copiously to the gaping wound in the skin of the penile shaft, and the bleeding stopped almost as if by magic. Those ashes certainly had some extraordinary qualities, as, despite the lack of stitching and proper sterile procedures, his penis suffered no infection, and was well enough healed for him to be on his feet the next day, and resumed school on the tenth day.

When his penis was healed it was clear that very little of his foreskin remained, while the scar was a ring of rough tissue up to a quarter of an inch wide round the shaft, a result of the wound not having been sutured. Five weeks later the second and more rigorous part of his initiation was carried out.

This started the same as the last, with him sleeping with me, and going in the night to the same spot. The fire was the same as before except for the inclusion of two large smooth stones in it. The other variation was that, when David lay in the sand, his arms and legs were held firmly, and it made no difference if he should cry out during the ceremony. The instrument was the same used razor blade as before.

At the moment of sunrise the old man handled David's penis until it was fully erect. Then he gripped the shaft tightly in his fist leaving only the engorged glans exposed. David tensed in anticipation as the blade was positioned at the lower extremity of his meatus, and without further ado the old man sliced deep into the flesh, opening the urethra from the meatus down to the base of the glans in one firm slowish motion. The lips of the wound seemed to spring apart, the blood gushed freely over his lower stomach and upper thighs, and David screamed from the tearing, searing agony of the cut.

There was no delay with the ashes this time. David continued to sob from the pain, and as fast as the medication was washed away by the bleeding, more was applied until it stopped after a few minutes.

His next eldest brother then stood up and in a loud voice called on the old man to come and cut his subincision down to the root. The opening of the glans was compulsory, but it was considered more manly to have the shaft opened along its full length. Andrew stood with his feet planted firmly in the sand, gripped his penis by the divided glans, and stretched it upwards against his stomach. The old man then simply knelt in front of him and sliced open the urethra from the base of the glans to the top of the scrotum. Bleeding profusely from his mutilated penis, Andrew lay beside his young brother and had the wound packed with ashes.

Like the eldest brother, Andrew was more Aborigine in appearance and in the measure of his penis, and, on looking at the others there, I noticed that all four had been completely subincised, and that each had a penis which was short and stubby and extremely broad in relation to its length.

About an hour later both boys began to groan aloud again from the pain and this was the cue for the two rocks to be rolled out of the fire. Each squatting astride one of them, the boys began to urinate on the red-hot surfaces. Steam rose copiously, enveloping their groins as they emptied their bladders, not without the extreme discomfort of the acid stinging their open wounds. Apparently the steaming eased the pain, and they were then again packed with ashes.

It was nearly a month after the operation before David felt comfortable enough to start masturbating again.

[The author was writing all this as a letter to a friend, and continues]

I hope that everything is well with you, but I suspect you will now be sitting with a rather sore penis and a new meatus well back towards the top of your scrotum. I will be looking forward to a detailed description of how you performed the operation if that is not too much to ask, and particularly how you would rate the level of pain as you cut into flesh between your urethra and the bottom of your penis.

Actually, when I performed a small superincision on my own glans, I found that it hurt more than when I made small extensions to my subincision, and that it was more difficult to control the bleeding there. I originally cut back about 5 or 6mm, but about half of it healed up again. That was quite some years ago and I had no idea how to control the bleeding. In an operation I performed on a part-Maori chap in Rotorua in 1988, I used a solution of alum and vinegar which proved to be fairly successful, and have since been sent some silver nitrate sticks from America. However, I haven't been moved to extend my own subincision in recent times and try them out, but I would eventually like to have my glans bisected completely.



I have read of the button-hole circumcision as performed by certain tribes in Africa and found it quite fascinating. I would be interested to know what you perceive as being a Muslim circumcision, as those I have read of consisted of a simple stretch-and-slice method, apart from the drastic Bedouin practice of flaying the entire shaft of the penis.

*Sent by P.D. – Dublin*

## **Dick**

Just for a laugh my boyfriend bought the video, *Dick*. It's an absolute scream and, although it only lasts 15 minutes, you get to see more dicks than most girls see in a lifetime. For those who don't know of the film, it consists of a rapid series of dick shots in closeup – and a more pathetic bunch of floppers you couldn't imagine! With few exceptions they are either wizened, wrinkled, tiny, distorted, bent or misshapen in some way, and some look downright shabby. Heaven knows where the producer found his subjects – a down and outs' hostel I should imagine. If I believed them to be representative of the male sex as a whole, I think I'd turn lesbian! A raving feminist couldn't have dreamt up a more convincing put-down.

The film was shot in the U.S.A., I'm told, which accounts for the fact that most of the dicks portrayed are circumcised, and it has to be said that this is often the cause for their odd appearance. Although some people are said to prefer the appearance of circumcision, I'm sure it's really an acquired taste. I certainly wouldn't want my boyfriend done. Some of the cocks in the film have the most unsightly bunches of scar tissue behind their glans, like twisted elastic bands, or all rough and traumatised like a ploughed field – not the least bit appetising.

I had some of the girls in the other night to see the film, which caused much hilarity. Afterwards we had a lively discussion, with a couple of them saying they thought circumcision might be a good idea from the hygiene point of view. However, when I asked them to consider it, not from their own point of view, but from a man's, i.e. as if they were a man, both said no. They thought that there would be less to play with and less enjoyment.

Only one of the dicks in the film came close to reality as I know it, and that was a fairly normal looking one with a longish foreskin; but even that was spoiled by being too short overall and having a long fat underlip of skin which stuck out rather ludicrously.

Other uncircumcised dicks included one tiny one with only a pinhole in the tip – a clear case of phimosis, and one whose foreskin was longer than

the rest of his cock – it had a huge padlock in the tip.

The commentary consists of remarks made by women from both sides of the Atlantic and Australia, and what they say is almost as side-splitting as the pictures! They obviously feel as contemptuous of the specimens trotted out in the film as I do, because they pointedly say they prefer them a decent size.

*Miss J.S. – Croydon*

[I have a copy of the film, and must concur completely with this letter about the dicks in the film. However, knowing how the film was made (Jonathan Ross programme, where the director was interviewed), I can understand it. The men were asked to go into a booth (like our passport photograph booths), drop their trousers and – snap. All bunched up as in their underpants, with no time to caress them lovingly into their most photogenic attitudes. For those of us who love the look of a penis, both cut and uncut, it is a very cruel film, and I think was meant to be, in answer to the way women's genitals are displayed in girlie magazines.

I have been asked by several members on how to obtain a copy. It is distributed by Polygram Video, 083 266 3, and can be ordered from W.H. Smith for a cost of about £6. — D.A.]

### **Saga (Continued)**

By now I almost felt part of our hospital, and, in truth, to an extent I was. With a now regularly functioning theatre, it all seemed so easy in principle, yet how to make the initial approach? Also I was very put off by the prospect of a general anaesthetic: even vasectomies were being done under them, and I didn't fancy the sound of the old man, despite Jennifer's glowing allusion. But I was becoming increasingly nervy with what I sensed was the inevitable approach of the occasion, even becoming uncomfortable in other men's presence, always wondering what their state was.

Then I heard of a new surgeon with UK experience, and reports of him sounded good. I happened to be introduced to him socially, and somehow I knew that this was to be my circumciser.

I had always thought of a vasectomy as a good idea in principle, and it seemed to offer an ideal 'cover' under which to initiate things. As casually as I could, I broached the subject of it to one of my medical colleagues, and he answered straight away, and completely matter-of-factly, "We can do that for you." Some two or three months had to pass before I could be free, and then a consultation was arranged, primarily to set a date. When I was almost ready

to go, I said, unnaturally calm, "Could you do a circumcision at the same time?" The surgeon just stooped down (we were both on our feet) and wrote my name in his diary, 'Vasectomy and Circ' I could hardly believe my eyes! I walked out and drove home on air. The only slight hesitation had come when I asked for all to be done under a local.

Still two or three weeks were to pass, but, at long last, I began my preparations. I borrowed a good camera, and started to get used to having my foreskin forward once again, as the last thing I wanted was last-minute awkward questions. I kept it so for longer periods than ever before, and eventually, to my surprise, it became positively uncomfortable. But exactly why I am not too sure.

I took as many representative photographs as I could of the 'old order', but was in such a nervous state that I set the focusing somewhat inaccurately. Then I shaved carefully and as completely as I could.

After a surprisingly good night I drove calmly to the hospital for the 0630 admission time. I really felt that, at last, all the hassles were over, and resolved to enjoy the whole experience – after all, I'd waited for it long enough.

I went in along the familiar passages, to be greeted with smiles. I was expected, and knew everyone to a greater or lesser extent. I sat down for a blood pressure check, which was sky high despite feeling icy calm. During the check I glanced around and saw the day's theatre list. Sure enough, my name was at the end – 'Vasectomy and Circumcision'. No more secrets now! I wondered how far it would go afield and what people would think.

I undressed and hopped up onto the high bed, settling down to read a magazine and wait. All the routine pre-op procedures gradually took place (what a difference from the quick visit to the doctor's surgery): more shaving, enema and form-filling. The latter was the acceptance of a general anaesthetic, so I did not sign, but this minor misunderstanding was sorted out when the surgeon appeared. Prior to this, Susan had appeared. I suddenly became aware of her regarding me with a quizzical smile, doubtless wondering what on earth I thought I was up to. After she explained that 'it' was normally done under a general in the UK unless time pressed, I reaffirmed my wish, and she just said, "Tough cookie." which made me think a little. I really imagined that, for me, the whole thing would be a walkover compared with some of my experiences in dentists' chairs.

Now, for the first time since my tonsil op, I was being wheeled along a hospital corridor, rather an enjoyable sensation actually, and then, theatrically it seemed to me, through swing doors into the theatre itself. I was told to remain passive while I was lifted off and on the respective trolley and beds or tables. I had been in there before on a social visit, and knew it to be very impressive and modern-seeming, but I was slightly amused and rather gratified to hear muzak coming from a loudspeaker somewhere. A clock on the wall beyond my feet stood at 0950.

The surgeon bent down and, from behind his mask and a powerful pair of bifocals, said, "First I will do the vasectomy, then the circumcision." I said, "OK," and wondered fleetingly if he thought I would have a change of heart – at least, vasectomies are supposed to be reversible.

I could see an impressive array of instruments somewhere around my knees and thought, perhaps all my wishes would come true and that I would be able to watch, but I was not really surprised when the ward sister wheeled up two stanchions and stretched a linen cloth between them in front of my face. The surgeon scrubbed up, and then injections, one each side as I remember. In no time he said, "Can you feel that?" – a sharp pain, and I winced, to my shame. The ward sister was by my right shoulder, and she nodded. Seconds later, "Can you feel that?" (What?), and we were off on the great adventure, part one.

I had no idea what was being done at any time, and only remember a stretching sensation at one or two stages, and, near the end, a kind of buzzing noise, which I was told later might have been the cauterisation.

At 1030 the surgeon came up to me again, seemingly from about twenty feet away, and said, "I have completed the vasectomy, now I will do the circumcision." Looking back, I can remember a feeling of detachment at this news. Perhaps the total bodily surrender involved in these proceedings brings about a degree of mental detachment also. Can anyone see a link here with the female love of medical books, dramas, and visits to the doctor?

(To be continued)

There will be another edition out before Christmas and I hope that we can manage some more pages for that. I must thank everyone who has sent in contributions, and if they haven't appeared yet, they will.

If anyone wishes to write to me personally without being published, please feel free to do so. I'll be only too happy to receive them, just say they're not for publication.

*D.A.*

# ACORN

1992 Issue No 8

**Editor**  
**David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

Here's the last one for 1992, and as promised, a larger one. I hope everyone has enjoyed the issues, and will continue to do so. 90% of them are from, and about, you yourselves, your experiences and your feelings, and I know from my own experience that it is a great feeling telling your innermost thoughts and feelings, albeit anonymously. One member put it so well when he said that when he read the newsletter a kind of brotherly feeling came over him. As for me, the newsletter is a labour of love.

Right – put the wet handkerchief away! Those who have been following 'Henry Pratt' on TV over the last few weeks will have seen the episode where he went to a private school. The prefects lined up all the new boys and made them drop their trousers. A list was compiled of all those with foreskins (there were 13, Henry among them) and they were told that they would all be circumcised. Henry thought it was for real, but it was a mock ritual of the school (circa early 1950's). David Nobbs (apt name), the author, must be one of us. Homosexuality was talked about as the 'in' thing, but it didn't appear to be going on. In fact, Henry's chum said to him one day, "I had a wank this morning. Have you started yet?"

Keep the letters rolling in in the New Year, there's still plenty to be said, I've no doubt.

*D.A.*

## **Questionnaire Comments**

Here are some more comments that came in with the completed questionnaires:-

### Anon.

While I am quite happy being uncircumcised, I dislike my long elephant trunk type foreskin. What I do now is to retract the skin fully, pinch it and pull forward again, so that the foreskin then only covers about  $\frac{3}{4}$  of the knob. This both looks and feels better and, for instance, means that I don't have to pull it back to pee.

I find that masturbation is only possible with the skin pulled back fully, and, with lubrication (usually saliva), applying direct friction to the bare knob, as a roundhead would. I am now finding that my knob is less sensitive than the foreskin itself, which is fairly tender and liable to damage during sex. This is possibly an indication for the 'cut', but I am hesitant because I am not certain how it would change things – for instance, how much sensation is through the frenulum. If circumcised, I would definitely opt for the most radical form, with no skin left at all – otherwise, why circumcise and leave skin behind? I noticed in the page of pictures, from the video 'Dick', published in a magazine last year that, although most were roundheads, many of them seemed to have

a ring behind the knob, and very few had the knob totally bare.

[See my comments on this in the last issue. — D.A.]

I am therefore interested in others who are considering the 'cut' or who have recently gone through it; mainly in comparing sexual sensations, both intercourse and masturbation, before and after. I like the foreskin for providing an added dimension to sex, and I like the convertibility of having the skin back or forward (although my foreskin is too long and my knob not sufficiently prominent to keep it retracted all the time), but I would want to have definite benefits in having it removed.

M.E. – London

My foreskin is easy to retract, slack at the end and is slightly longer than my glans. I am sorry about being uncircumcised because I feel the 'cut' organ is much more attractive, and seems more masculine.

K.L. – London

My foreskin is easy to retract when flaccid, although harder when erect. I am pleased about being uncircumcised because my foreskin can be fun. I just pull it back when I feel like having it exposed.

S.K. – N. London

I am indifferent about being circumcised but want to know more.

H.M. – Colchester

I was circumcised at about 6 years old in the local hospital under a full anaesthetic. The scar line is even but sloping. I am indifferent about being circumcised because I have got used to it and it no longer bothers me as it did for about 10 years.

J.C. – Ayrshire

I was circumcised at the age of 51 because I had an unsightly and very tight foreskin, and premature ejaculation was a big problem. I am pleased about being circumcised because I no longer suffer from premature ejaculation and my penis is now cosmetically perfect.

With regard to sexuality, I resent very much society's attitude that all homosexuals are 'mincing poofs', and that homosexuality is regarded as an illness. This is not helped, of course, by the way they are portrayed on television, etc. There are thousands upon thousands of couples in stable relationships, and these relationships go much deeper than just the physical.

I do not accept that it is not normal or that it is unnatural. What is normal or natural for one person is not necessarily so for another. Is it normal and natural for priests and nuns to remain celibate? One could go on and on.

Perhaps I shall write an article for the newsletter some day on the subject.

### G.J. – Devon

I was circumcised at the age of 22 by an R.N. surgical specialist for reasons of a special assignment operation abroad in 1941. I am pleased about being circumcised because, family-wise, I was no longer the odd man out, and I enjoy a feeling of well-being.

## **The Yanomami Indians**

Sometimes I tie my penis up against my stomach with the aid of a clothes peg attached to my belt. It is very comfortable and I often go to sleep this way. A small (lightweight) penis like mine stays up easily. With every movement I am conscious of my scrotum.

I got this idea from a (gay) Spanish lover from Latin America called Geraldo, who learnt it from the Yanomami Indians, who live in the Brazilian Rainforests. Geraldo, who had a nice long foreskin, tied up his penis (a decent 5" flaccid) to his stomach permanently. His scrotum, which was very long, swung like a pendulum, and he never wore underpants.

In the early days, he used the cubicles when peeing, but eventually he became so adept and quick at tying and untying his penis that he used the 'stands' again, pushing his trousers down in full view of other men standing nearby, totally unembarrassed.

It transpired that Geraldo, who had a genuine interest in primitive culture, had spent several months (about 10 years before I met him) living amongst the Yanomami Indians. With him was his American friend Alan, an anthropologist writing a thesis on these people.

So as to gain the trust of the Indians more easily, they had agreed to live naked if needs be. On the very first day that they had made contact with the village elder, and gained his confidence, both Geraldo and Alan, in full view of the whole village population of naked men, women and children, had removed their clothes.

These two big Caucasians, with their large physiques, hirsute bodies, big penises and heavy scrotums, were a source of curiosity to the smooth and small Yanomami Indians. The sight of a naked glans was offensive, thus foreskins are never retracted in public. Alan, who was circumcised, and moreover, with an 8" penis and a giant glans, very well hung, was apprehensive that his lack of foreskin might give offence.

The glans' of the Yanomami men themselves, being never exposed except perhaps for brief moments during sexual intercourse or masturbation, were probably a raw liver colour, shiny and damp – the common lot of all fully



foreskinned men. But their curiosity about the big cocks of these two visitors, and especially about the pink dry and desensitised massive glans of Alan, made them forget to show disapproval over his non existent foreskin.

It is a sign of friendship to offer the guest one's own penis-string and then help to tie up the guest's penis with it. This the village elder and a younger man (probably his son) proceeded to do. Alan's penis string had to be wound tightly round his corona, causing some discomfort and pain. He never got used to it, and untied it each night before bedtime.

Geraldo took to his penis-string like a duck to water, and has ever since remained permanently tied up. Moreover, his scrotal sac, long, dark, heavy, and pendulous, looked sensual in its unobstructed display.

The above narrative was told to me by Geraldo and I have every reason to believe it true, as it was substantiated by excellent colour photos which he showed me of himself and Alan, both stark naked with penises tied up against their stomachs, surrounded by a sea of small Yanomami Indians, similarly naked and tied up. Geraldo was around here for only about six months, and we met about twice a week. Seeing him undress each time was a big turn-on.

Halfway across the world from the Brazilian rain forests lies Papua New Guinea. The western half is now called Irian Jaya and is ruled by Indonesia. In the Baliem Valley of Irian Jaya live the Dani People. Their sole clothing consists of a penis sheath or gourd, called by them, 'Holim' or 'Horim', held upright by strings around the waist and around the scrotum. The scrotum hangs exposed and free.

Other than on the head, the Dani men remove all body hair, which they consider ugly. Hair removal is done by manipulating two grass fibres between the fingers. Their pubis is hairless, and colour photos show their scrotums to be tight, black and crinkly, and on the smaller side. Perhaps a lifetime of allowing the scrotum to hang loose and uncovered, and subjected to the ferocious heat, has tightened and shrivelled it up. An anthropologist has described the Danis' scrotum as looking like black walnuts.

Their penises are probably not very big, and being still in the stone age, circumcision is probably unknown. Even though married, men and women sleep separately in their own communal huts. Women wear a brief reed skirt barely covering their vulvas, and suckle pigs at their breast as well as babies.

There are other Pacific tribes that wear penis-sheaths too, though the Dani is the most numerous. *The Observer* recently reported that a tribe had adopted Prince Phillip as a God, and sent him a consignment of penis-sheaths as a tribute, via their local Governor. Buckingham Palace received it.

Another tribe of these Papuan people, the Sambia, practise what anthropologists call 'ritual fellatio'. When a boy is about twelve years old, he

begins sucking the cocks of all the healthy virile men in the clan on a regular basis to drink their semen, in the belief that by doing so he will absorb all the desirable masculine qualities on the way to manhood. This habit carries on till he is about 25 years old, which is a tremendous amount of cocksucking. Then he in turn will offer his penis to other pre-pubescent youths. This cocksucking is carried on in private between the two individuals concerned, and is not enacted as a ceremony. But regardless of whether the parties concerned want it or not, it has to be done, and regularly.

Naturally, with so much energy spent on gay fellatio and not heterosexual sex, this tribe is dying out.

*H.C. – London*

[No dashing for Papuan Airways timetables. — D.A.]

## **Revision**

Many thanks for Issue 5/92, an excellent edition. I thought I'd drop you a line to tell you about my recent experiences and their relevance to your editorial subject.

I was circumcised in October 1988 at the age of 26, having at last found enough information about where and cost, then finally getting time off from work. I went ahead via the S.A.S. in London, and was initially pleased with the result – the scar was about  $\frac{3}{4}$ " behind the glans rim, but was fairly uneven; leaving the frenulum intact. When I had completely healed and settled down (around 6 months later), I found that what was left of my inner foreskin was still overhanging the rim of my glans when non-erect, and was fairly slack when erect. I should mention that I am about three and a half inches flaccid and seven erect.

Having spent the last year in various tropical countries, I was finding that the effect of this was causing irritation again, and so decided, on return to the UK, to go back and have a complete revision. I contacted the S.A.S. again and managed to talk to the surgeon, who suggested a complete revision – and within a week I was there on the table.

We discussed what he could do to help me and what I wanted, so I took the opportunity to ask him in great detail what exactly was possible. I decided to go through with the following:-

All the inner foreskin has now been removed, the scar being around 2mm or less from the base of the glans. The frenulum has been completely removed, again the scar being 2mm. As a result, when I am not erect I have a perfectly smooth shaft skin with no bunching or wrinkles at all, and when erect the skin is extremely taut and very sensitive – far more than before. My wife is absolutely thrilled with the result now that things have calmed down

again, and I must admit that I only wish I could have been cut like this in the first place. But it is very pleasing to have tried out a 'standard' circumcision and then be able to alter it later.

*D.J. – Gwent*

[I don't know who sent the next item in, but I must thank him, as it's not often we have a nationally published article so well done. It comes from the Arts section of *The Guardian* of June 9th. this year, and was written by Jay Rayner, who collected the prize for 'Young Journalist of the Year'. — D.A.]

## **Boyz 'N' The Hood: The Uncut Version**

Sometime around the middle of 1504, when Michelangelo came to put the finishing touches to his David, the artist appeared to have been overcome by an extraordinary attack of modesty.

Sure, his David was naked, remarkably naked for a lad who was about to go out into the middle of the desert to fling some sharp rocks about. But he wasn't naked enough. David, a Jewish shepherd boy, would have been circumcised; Michelangelo carved him with foreskin intact.

Maybe Michelangelo knew he was no cop when it came to carving glans. After all, he wouldn't have been alone in being stumped by the human body. There are some artists who just can't get hands right. However hard they try, they always come out looking like a bunch of mutant bananas. So they cheat and do their figures with their arms behind their back, beneath the table or in the sink. Maybe Michelangelo hid his failing beneath a foreskin. It's unlikely; Michelangelo was one of the best anatomists in the business.

Perhaps, then, he was overcome by sloth. An uncircumcised penis would certainly merely have meant less effort, a little rubbing with sandpaper to get the detail right. The circumcised variety would have required some heavy-duty hammer and chisel work. "Ah, sod it," he may have thought one hot Florentine afternoon. "What's one tiny foreskin between friends? I'm going for a little lie down." And with that he would have downed tools.

Or perhaps Michelangelo simply didn't find the circumcised penis aesthetically pleasing; maybe he thought it too exposed. He would not, it appears, be alone. There are very few penises in the history of art which appear sans foreskin. In the eyes of the art world, the male nude and his foreskin should not be separated.

At Hamilton's, the photographic gallery off Berkeley Square in London, they have a large collection of male nudes, genitals to the fore. All the penises that appear are uncircumcised. Michael Roberts' two blond adoni, rippling with muscle and foreskin; Bruce Weber's Jeff, Tuscon Arizona, similarly clad.

And then there is Robert Mapplethorpe's Man in Polyester Suit. It is

a close-up of an open fly, a length of flaccid penis complete with foreskin, hanging out towards the camera. It is a veritable celebration of foreskin, a tribute if you like. But then Mapplethorpe always did have a thing about the uncircumcised penis. Perhaps it was the rarity value. Up until quite recently almost all American boys were circumcised soon after birth as it was believed to be healthier. As a result, one volume of Mapplethorpe's work, 'The Black Book', has become highly sought after by women art students. Many have never seen an uncircumcised penis and so needed a book of reference.

"I think the uncircumcised penis in art comes from the Greek tradition of sculpture," says Emmanuel Cooper, art critic, and author of 'Fully Exposed: The Male Nude in Photography'. "The shape of the ideal male nude was always linked with sport. He would be muscular, hairless, the penis would be small and uncircumcised. In essence the body would be boyish, and that tradition still remains."

The circumcised penis, apparently, gives off rather a strong message. In the uncircumcised variety, the glans only pops out when the penis is aroused. With a circumcised penis, it is there all the time, flaunting itself. For the timid Greeks, this was all a bit too much. They wanted their heroes macho, not randy.

They would certainly have approved of *For Women* the new top-shelf magazine for, well, women – its pages fair dripping with oiled male flesh. This seems a circumcision-free zone. Even the artist's impression that appears in the magazine of what Messrs. Kinnock, Ashdown and Major would look like stripped to their basics puts them firmly in the uncircumcised camp. (A press officer at Downing Street refused my request that he ask the Prime Minister if this was, indeed, the case). *For Women* say that they will always be running a mixture, as they want to please everyone.

At the end of the day, which is often when these things are examined, which version you find more aesthetically pleasing will probably depend on what you know. Those of us who have had the job done may well extol its virtues. Personally, I think the circumcised penis is neater; I also find the uncircumcised model deeply peculiar, an alien slug-like thing which bears no relation to anything I have. That little hood covering the glans personifies English reserve. It is a perfect disguise to hide behind.

Such feelings can run deep. When the video, *The Lover's Guide to Sex* was released in Israel, many people complained, not because of the explicitness of the title, but because none of the men featured in it were circumcised.

It is pointless raising the subject with women. The majority consider the penis to be a ludicrous organ. What is really needed, they will say, is a total redesign, not cosmetic surgery.

As a Jew, I underwent the ceremony when I was 9 days old. This, I am told, is part of a covenant we, the Jewish people, have made with God. Fine.

What I don't know I won't miss. But there is one question I can't get out of my head: what in heavens name is He doing with all the bits?

*Jay Rayner*

[The article is accompanied by three pictures, one of David, another of Picasso's 'Two Brothers' and a large one of 'Man in Polyester Suit'. The penis is over 2" long and half an inch thick, in the picture. The foreskin curves right under the glans, and ends with the opening on the top face of the glans, with a little bit of the glans showing. It obviously retracts correctly. The glans rim can be seen through the foreskin but does not alter the slug-like profile, and a large vein runs down the side. The penis, although flaccid, is as long as the hands, which are hanging beside it. A real specimen, and I'm only sorry that it couldn't be copied. Robert Mapplethorpe died from AIDS in 1991. — D.A.]

## **Infliction**

You asked me for further details of my three stage self circumcision (4/92), perhaps not realising that most of those details are already out in Issues C and V, and a fuller version appears under the pseudonym 'Pat' in Alan Thomas's excellent monograph on circumcision. I will not go over the three circumcisions again, but will describe further modifications that I have inflicted on my penis.

There is one penile modification which is described as fully as the literature allows in Alan Thomas's monograph, but which has not been mentioned in the pages of *Acorn*... subincision of the penile urethra, as practised by many Australian Aboriginal tribes. As with ritual circumcision among other tribal peoples, the reasons for the practice have been lost in myth and folklore, but in the few 'western' articles on the subject, speculation is rife about both the origins and the effects of the modification.

In many more than three stages, I have sub-incised my penis for about two inches from the tip of the glans when flaccid (three inches when erect). From the topside you would never notice any difference: from the side there is a slight excess of skin for about an inch behind the circumcision scar. From the underside there is a slit where the two halves of the glans meet, and a channel about one-eighth inch wide from the back of the glans to the end of the subincision, about half an inch from my scrotum. When I'm erect the glans becomes even more firmly closed, but the groove in my shaft opens to about half an inch wide and deep, and about two inches long, leaving two inches of intact shaft and urethra beyond my scrotum. Contrary to the speculation referred to above, ejaculation within my partner is easy, and peeing is also easy, with a well-formed jet emerging behind my glans. Ejaculation after masturbation

is spectacular... I regularly achieve six feet, and have shot it nine feet on one occasion. There is no sensation in the urethral groove, but the frenal skin, which lies either side of the groove, is as sensitive as before. The end of the groove nearest the rest of me fixes the shaft-skin halfway down the shaft.

During the intermediate stages, peeing was more difficult to control than it is now, and ejaculation was no more than a drool because of the persistent closure (by tissue pressure, not healing together) of the subincision in the glans.

I don't think that any sane western male will imitate me (I know of only six that have subincised before me), but just in case any *Acorn* reader is tempted, a word or two of warning. The first cut(s) to the beginning of the vee under the glans are deceptively easy, and are relatively painless and bloodless. After that point, the urethra proper starts, and while cutting it is less painful than cutting the skin down the median line, the underside of the urethra contains a midline blood sinus, which has none of the usual shut-off mechanisms of veins, and which bleeds profusely, especially on erection. If you cut into it and cannot control the bleeding by cauterisation, or by local stitching, an embarrassing emergency hospitalisation may result.

As some of your readers already know, I welcome correspondence on *Acorn* matters, and am keen to visit for a chat and mutual inspection any time that I am in the UK.

For R.B.W., who required a recipe for foreskin tightening. This involves some cutting, but no significant removal of tissue, and is the reverse of the operation called the dorsal slit.

1. Pull your neo-foreskin as far forward as it now lies naturally.
2. In both flaccid and erect states, estimate how much circumference you wish to remove.
3. With your foreskin forward, cut along its folded edge, either symmetrically about the top midline, or better, at three points (40, 80, and 120 degrees, viewed from the front), so that the total incision length equals the circumference you wish to remove. You may have to remove a sliver of skin in doing this.
4. Stitch the ends of the cuts together.
5. Pull your narrowed foreskin back to ensure that you haven't given yourself a phimosis, and put in extra stitches into the cuts, which should now lie parallel to the long axis of your penis, to ensure rapid healing without obvious scarring in six month's time.

*P.D. (Dr.). – Dublin*

## **Bolivia**

First of all, thank you for all your work with the *Acorn* journal. I always look forward to receiving it. Of course I do not agree with all the views expressed, but life would be very dull without controversy. I have been subscribing to *Acorn* ever since it started. I am pro-circumcision although not yet circumcised, but I don't believe in universal infant circumcision. I would be interested to correspond with those circumcised as adults, especially if they have had a revision. I have already had some correspondence with other members, which has been thought-provoking and stimulating.

The following item was given to me by a friend who is very pro-circumcision. He has subscribed to a computer Bulletin Board in the States (BBS), where he found it. The BBS was founded for those who are very pro-foreskin, as you will see.

"Message 467

10.05.89 08:50

From: FRANK FORESKIN (SYSOP)

To: ALL

Subject: Bolivian Foreskins

Folder: G. UNCUT men discussions

I just read a most interesting article about Bolivia. It seems that Bolivia has a REQUIREMENT that all citizens of that country must be uncircumcised, and that is written into their national constitution. The article describes the process by which an application for citizenship in Bolivia must prove to an agent of the Department of Health that they are uncircumcised before Naturalisation into Bolivian Citizenship.

Looks to me like Bolivia would be high on the list of places to visit for the foreskin hound."

*D.P. – London*

[And do they let people die from phimosis etc.? — D.A.]

## **The Spanish Scene**

Some time ago I wrote *Acorn* a report on the Spanish scene. I explained that circumcision was not carried out on babies and young boys, but noted that, during their school years, military service, college days, and prior to marriage, some 15-20% of the Spanish males have themselves de-hooded. Also I reported that there are adverts in their Yellow Pages for the op. and that doctors advertise for it in the newspapers.

Now in Issue 6/92, a young Spanish chap from Madrid is reported as knowing no Spanish men being circumcised, and never having seen adverts for the op. anywhere. No, I didn't mislead *Acorn* readers, and having lived in Spain for 22 years, and sure of my facts, a small explanation will clear up the apparent different reports.

In English we have two words: 'foreskin' and 'prepuce', but everyone knows they refer to the same thing. In Spain there are two words: 'circumcision' (Circuncision) and 'the phimosis operation' (operacion de fimosis), and the vast majority of Spaniards do not connect the two at all. They never realise that the circumcision of the Bible, of the Jews and Moslems, of African tribes, and which the Spanish Inquisition burnt people at the stake for practising, is the same procedure that Spanish doctors refer to as the 'phimosis operation'.

Of course, a bright Spanish boy with a medical atlas and a few good dictionaries could figure out that the two terms mean the same thing. Never in his life will a Spanish man hear a doctor pronounce the word 'circumcision' when conducting a medical examination, or when removing a foreskin and sometimes the frenulum too.

I have spoken to a few Spaniards who did connect the two expressions, but most do not. I would assume that the young Spanish chap our editor spoke to in the Canary Islands would have replied differently if the question had been phrased in terms familiar to him.

The teenager spotted on the beach with a newly circumcised organ would probably be surprised (or shocked) if he learned that it was a circumcision that had been done to him. This linguistic strategy serves its purpose well in Spain. Men can get trimmed in a medical setting and no thought/reference or apology to the Jews, Moslems, or the Inquisition need ever trouble anybody.

Today's Barcelona newspaper has 2 adverts for circumcision. Madrid's also has 2, and a provincial paper has three. [He kindly sent me copies. — D.A.] In doing research I have noted adverts for circumcision as far back as 1952.

I don't think I claimed that circumcision was on the increase in Spain. I don't have any evidence for that, but it is about 15-20% of men in their 20's. My own theory is that Spanish men have longer foreskins than most races. Hence, probably more tight foreskins, and perhaps more phimosis, than elsewhere. Also, boys are not taught to retract their foreskins when young. Having inquired of many Spaniards when they first retracted their foreskins, I am impressed by how often the age given is 14. This, by the way, is one of the common ages for circumcision.

One gathers that our editor's conversation with the chap from Madrid was none too lengthy on our subject. He knew nobody done in Spain, seen no adverts anywhere, and had seen no cut cocks in Sweden either. I confess this reminds me of a typical conversation with a Spanish male about our topic.



[How right you are J.M. I had to really push the subject, with those meagre results. — D.A.]. Other nations have men who can write pages. Rare is the Spaniard who can produce a paragraph.

Readers of English language sex magazines know how frequent it is to state a preference for a cut or uncut partner. Since the death of General Franco, contact magazines are everywhere in Spain, but I have never seen a contact (gay or straight) where a preference was stated.

Because circumcision has so little importance given to it in Spain, it is not a taboo subject. I remember a university student some 17 years ago, and I was dying to ask him if he was circumcised. After some months and after he'd had a few drinks I got up the courage to ask him (No, he had not been cut). He realised that I had had to get up my nerve to ask him. He added, "Jimmy, you could have asked me that the first day."

So, while you can't get much information from Spanish guys, you need not delay in picking their brains. From what I learn, Spanish boys don't do much cock comparisons during their schooldays. Foreskin games appear to be non-existent, even though they have foreskins galore. They are not, however, unteachable. But they are always amazed that this can interest American and British men.

*J.M. – Spain*

## **Retrieving My Short Foreskin**

For 15 years or so I had worn my foreskin retracted, with a desensitised glans. When pulled forward, the upper part was short, and the lower (frenulum) part dangled forward like a duck's beak, and overhung the glans. For a small glans, my frenulum is very thick and highly sensitive.

For the past one and a half years, I've been hanging heavy weights (max. 800 grams) from the frenulum part of my foreskin, at first for titillation, as all this pressure on my frenulum brings on an intense orgasm. My frenulum is so resilient, that it can carry 600 grams for a full evening, and 800 grams for half an hour each time. I usually carry the full 800 grams, with a ten-minute break every half-hour, for a full evening.

Gradually I found my foreskin, especially the shortened upper part, beginning to lengthen again. Perhaps it had just rolled in on itself from frequent masturbation. Now I have a foreskin again, with a slightly crinkly overhang, and a rather open and big, long rosette. My rosette is a dark brown, almost black, colour. Father's very short foreskin was ever a mystery. Maybe this is the explanation too, it had merely rolled in upon itself.

*H.C. – London*

[Some good drawings here too, which unfortunately can't be copied. — D.A.]

## **Royal Circumcisions**

### **Item from *The Jewish Chronicle*, April 9th. 1982**

I was intrigued to read in the *Sunday Mirror* that 'a royal tradition is likely to be broken' if the baby of the Prince and Princess of Wales, expected on July 1st. is a boy.

The paper recalls that for generations all males born into the royal family have been 'circumcised' by a Jewish doctor 'experienced in ancient ritual'. But now the royal family's medical advisers want a royal surgeon to perform the operation. Apparently, medical men who advise the Queen and her immediate family are against the idea of a mohel performing the operation.

The Jewish physician who 'circumcised' Prince Charles was the late Dr. Jacob Snowman, recognised as a world authority on circumcision. The operation on the infant Prince Charles is referred to in Anthony Holden's biography of the prince. Soon after the birth of Prince Charles, on Nov. 14th. 1948, Dr. Snowman was called to Buckingham Palace.

For more than 40 years, Dr. Snowman, chief medical officer of the Jewish Initiation Society, and honorary medical officer to Jews' College, had secretly been called to the palace to carry out 'circumcision' on male members of the family. He passed on his skills to many medical men.

There had to be an intervention by King George VI over Prince Charles' 'circumcision'. Dr. Snowman wrote in his diary, "When Prince Charles was born, the obstetrician, Sir William Gilliat, was anxious that I should perform the circumcision. He had, however, some hesitation because he thought that there might be some court etiquette or tradition which required a surgeon officially attached to the Royal household to perform the operation. When King George heard that the doctors in attendance advised this operation, he remarked that he thought Jewish practitioners were the most expert at that particular surgical procedure."

"The Princess (Now Queen Elizabeth) occupied a first floor suite on the north side of the palace. While scrubbing up in the bathroom of the suite, my attention was directed to a rare example of hygienic refinement. One basin was marked 'hands' and the other was marked 'face'."

Dr. Snowman returned to the palace the next day to see how his royal patient was progressing. While he was in the nursery, Princess Elizabeth came in. Dr. Snowman expressed his great satisfaction that he had been entrusted with the operation on the little prince. The Princess replied, "It was a great satisfaction to us to know that you would undertake it."

*Sent in by J.M. - Spain*

## True Or False

Reference your suggestion in 1/92 [glad to see there's more than one of us browses over back issues, Harry!], and the discussion items listed:-

1. I disagree that masturbation can only be achieved with a fantasy, taking masturbation to mean exciting one's erotic areas to achieve orgasm and/or ejaculation. I understand that infants, prepuberty children, mammals, especially herd members, and some cetaceans, masturbate and achieve some sort of satisfaction (orgasm?), but I doubt that they fantasize.

Speaking personally, I have masturbated from about 3 or 4 years of age. I certainly didn't fantasize – just enjoyed the sensations produced by my manipulations. My first fantasy occurred about the age of 15. My mother had been given a pair of flyless pyjamas by the lady upstairs, that her daughter had outgrown. The daughter was an attractive well-built brunette of about 19. I spent that week riding the crutch of those pyjamas, imagining the daughter as my partner. But, much enjoyment was lost between holding the dream and keeping the sensations active.

Personally, when I need relief or fun, I just rub up, finger and thumb, whole hand, plastic bag – whatever suits. Sometimes lubricated with talcum powder, soapy water, oil or cream, but usually dry, especially if I am riding the mattress.

2. I agree however that fantasies lose potency with time, except where an actual incident is relived.

3. I don't know the answer to this one. Just persevere and don't try too hard. After all, you can't score at everything all the time.

4. I would agree that masturbation is more potent than copulation. Like fantasy, one's concentration is divided between partner's satisfaction and one's own pleasure.

5. Probably. But a cockring should always be 'failsafe'. I make mine with a split, held closed by a U-shaped clip, so that it can be released quite quickly if necessary.

6. Agreed. My frenulum forms a natural piercing between glans and stem. Although it will accommodate a  $1/4$ " ring or rod, a couple of hours use makes it uncomfortably sore – a certain turn-off.

7. Each to his, or her, own. I like hairless quims but only shave my prick and scrotum occasionally. 10 times this year so far, but at intervals of between 12 and 78 days, an average of 34 days. I like the smooth silky feel after shaving and dusting with talc. Sometimes I use my Remington triple head electric dry shaver, but this is rather bulky, although the solid head is safer than the curved foil types which are very likely to graze or nick the skin. But dusting with talc clears this up very quickly. I prefer dry shaving with a Wilkinson

twin-blade disposable.

8. No experience yet, but I hope not.

9. Definitely not in my case. The left one is larger, heavier and lower, and, much to my tailor's surprise, I 'dress on the left' too.

10. No comment.

11. No experience.

12. Ridiculous! Taking my definition of masturbation, I've enjoyed it for 74 years and still do. Moreover I love the sensation of my hand on my prick, and the feel of my prick being held in my hand as I walk – hands in pocket.

I hope this helps research, adds information and aids correspondence.

*H.M. – Colchester*

## **Unhappy**

I was circumcised as a family tradition at 3 months old by the local G.P., "We always have the boys 'done'", "We believe in it" etc. etc. I'm sure my maternal grandmother would have insisted. I was told that my mother had great difficulty in getting the doctor to do it, hence the 3 month's delay. I was circumcised at the same time as a cousin born 3 months later. I suspect the same G.P. capitulated in the face of a combined female onslaught. I know that when the matter was again raised at the birth of the next generation, all of whom remained intact, the story of how they had had to insist was told, and I was expected to be grateful.

The scar line is very uneven, varying  $\frac{1}{4}$ " or so. In places the actual scar line is very neat and in others is very irregular, with lots of brown scar pigment and general disfigurement. Where the scar comes closest to the glans rim, at one point there is a slight adhesion with some scarring of the actual glans rim itself. I have no frenulum and virtually no slackness of skin. I always need a lubricant to masturbate.

It is obvious that I am not at all happy about my circumcision. I was aware of the 'difference' from an early age, and at first followed the family line that my condition made me superior to more common people with foreskins.

As I became sexually active at an early age I soon changed my view, and I am now, at this relatively late age, trying to come to terms with my resentment and anger. However, alongside this resentment, I have an erotic fascination with the whole subject of circumcision. I love to see and examine circumcised cocks, and to study the differing techniques, results, etc. I have found, as a gay man, that, generally, circumcised men have made more satisfying lovers as they have a better 'grasp' of technique.

I am grateful to *Acorn* for the opportunity to share my feelings on this most sensitive subject.

*G. – Birmingham*

[Your completed questionnaire arrived too late for inclusion in the final list, but I think you've said it all above except your dimensions which are all average. — *D.A.*]

### **Questions For Dr. Ray**

Since my circumcision I have a shallow spiral of darkened skin for which I should like an explanation. This is in the middle of a narrow band of lighter skin behind the circumcision scar, in the main wrinkle when totally relaxed.

It is not to be confused with the broader band of darkened skin to be observed just behind the corona on the retracted foreskins displayed in every *H. & E.*, which I know from my own experience to be the area round the tip when unretracted.

My circumcision scar line in the frenal area is in the form of a vee, but is in the opposite direction to the natural vee of the frenulum itself. I should be more than interested to know if this indicates the employment of any particular-named technique.

A last question. How would you rate the chances of success of transplanting the foreskin, or even the whole penis? I thought, albeit briefly, of offering my foreskin, bearing in mind the anguish expressed by some, but I allowed the opportunity to pass. Many Thanks.

*J.B. – Oman*

[*J.B.* is the author of 'Saga' and his circumcision operation is contained in the following episode. I was hoping that Dr. Ray would have given his reply in this edition before we went to press, but it looks as though he's got stuck in the dusty archives of the British Museum or the B.M.A. or some such research establishment. Never mind, it'll be in the next. — *D.A.*]

## Saga (Continued)

More injections now, about three or four, and a certain movement round the table. There was to be a spectator, it transpired. Two, to be precise, but one was the anaesthetist taking a busman's holiday.

Throughout my stay, the whole atmosphere, despite the modernity of everything, was redolent of the third world: in this case the Indian sub-continent with a small Filipino minority and a tiny number of locals.

I was just aware of a local approaching the ward sister, who was saying, "Abdullah, come – you want to watch?", in a tone suggestive of his having made his request earlier. He was not, though, to escape lightly, for the ward sister said, "Are you circumcised?" (Grunt). "Where?" "Zanzibar." "How?" (Silence) "How – with a stone?" (Snigger) "With a razor blade in the mosque. I was in agony." "What dressings did you get?" "They dressed it with spirit". He was released from his embarrassment and the conversation became general. "The parents come in too, often." "They don't do it to women." "Some women come in with it done." "Some tribes do." "Why do Moslems do it?" (Most of the staff are Hindu or Catholic). "Better for sex," repeated around with sniggers. Even the surgeon had something to add, although not to the general throng, of which there seemed an awful lot; but to the anaesthetist. "I've done a lot of these," (reassuring, aimed at the patient, I wonder!). Then, "Some people cut here, but I don't" (frenulum, I wonder. No point in worrying now).

Now, another exploratory slice, another sharp pain in, I think, the right side of the foreskin, but very quickly, another, then to work, "Number 11 blade, please." This time I never felt a single thing, and could only speculate about the scene so tantalisingly close behind the linen, until 11:15, when I received the news that my circumcision was complete. What an event! Still, though, I was drained of emotion. After my first urination, he told me, the bandage would become soaked, and I must discard it. I must have looked puzzled, for he raised the cover to reveal a white gauze dressing where once I had a penis, something I had long wanted to see; and also, I must be sure of a daily bath for the first week at least. The stitches would come out unaided – there were none used for the vasectomy. I thanked the surgeon and hoped that I'd not been too tensed up for him – a reason, apparently, for their normally preferring generals. He said that there'd been no problem, and to return for a review in about a week's time.

Back on the trolley to the ward, trying to look nonchalant, to the best cup of tea of my life, and a foil of distalgesic pills to kill the pain. I was told to take one. I thought a moment, and decided that any risk here was worth taking to obtain some insight into what is endured without such benefit by so many. After being chided for not taking it, I hid it, and about half an hour after leaving theatre I felt a fiery pain which was strong enough, to be sure, but not unsupportable. Unlike other wounds in my experience, it did not seem to reduce at all and settle down to a lower level, but, of course, I was

forgetting that I had missed that phase, and if this was the 'settled down' intensity, then what I would have felt during the actual cutting must have been pretty impressive.

Until now I had planned to drive myself home, and started to feel that time was slipping away, as the surgeon had said that it was preferable to do so sooner than later. The British nurses, of whom there were a few around, took a hand in the proceedings and applied the veto, so I arranged a lift with colleagues. The particular nurse in question said, "It's a painful operation." Since I had just had two I felt entitled to ask which, although I knew the answer, and she said, "Circumcision," quietly and modestly. Thus, for the second time that morning, I saw the reluctance to use the exciting word – Susan had just referred to 'It', and her free use of it over our coffee table by contrast, reinforced for me my theory that she enjoyed seeing men getting worked up. The other term favoured, as I now know, is 'small op'.

By contrast, the locals and Indians do not seem to have the same inhibition, although it might be possible that, as they were referring to it in the context of a Moslem ritual, they felt no embarrassment. Certainly, when the death of one Sultan's mother was announced on Malay television, the female announcer mentioned that one of her public duties during her life was officiating at the circumcision of the present Sultan, without batting an eyelid.

I digress somewhat, but now I was home and settling down for a bit of peace and tranquillity. And also research of course, to discover as time went by what sort of a job had been done on me. I felt pretty confident, as it was hard to imagine the surgeon varying his technique just for me, and, at the time, I understood that the Moslem was the most radical of circumcisions. I had arrived at 13:30, springing out of the car for the benefit of one of the lady secretaries who was just returning for lunch, and who must have known that I had gone for a vasectomy, anyway, as that had been the reason for my absence.

Nevertheless, I felt pretty unimpressed when I thought back to the *Forum* letters, which seemed to imply that the writer returned home after circumcision in the doctor's surgery, to an afternoon's digging in the garden.

I rested most of afternoon, resisting any temptation for painkillers – by now, not so hard, actually – and got up at 4pm for a gentle walk round, dropping in for idle chats and cups of tea. It was not so easy to go to bed at my usual early hour, but I got there eventually, and had my first painkillers, two aspirin, at 11pm, followed when again awake by two more at 1.30 in the morning. The pain that I was combating was by now an ache.

I kept a detailed log of progress throughout the first 46 days, and thereafter until 4 days short of a year. What follows is a summary. It includes a record of ejaculations as I needed this before the sperm count. D1 is the day of the ops; 12 o'clock is the site of the frenulum; 6 o'clock the top vein.

The ops took more out of me than ever I thought they would, remembering others' accounts. For the first 5 days I managed the mornings fine, but was starting to feel decidedly seedy by early afternoon, with increased inflammation. I was only to learn the latter's remedy a year later, after the revision.

Early on I described the appearance and effect sought. On the afternoon of the op (D1) I had my first inspection. Even before the dressing came off I could just see where the glans frenulum attachment had been: I could no longer see it, only a little cleft and a spot of blood. Sure enough, the first urination resulted in drops running back and wetting the dressing, so off it came. A sad sight was revealed. The line of stitches was prominent, with swellings surrounding each to give an effect as if the member had been garlanded with a string of sausages. There was a blood blister in the corona adjacent to the end of the dorsal vein, and the whole underside was swollen and inflamed, too much so for an accurate assessment of the fate of the frenulum, although it appeared that the latter had been merely replaced by a stitch.

40% of the scrotum was blackened by internal bleeding. Generally, the effect was that the skin around the cut was swollen, hardened and numbed, and, a little later, also appeared to be shrunken – certainly the usual elasticity was absent for some time.

After two months the swellings were still slowly reducing, the last being the frenal zone, and the penultimate between 10 o'clock and 12 o'clock. This latter would be the main cause of my later revision., I found to my disappointment that this portion folded forward to cover the corona when totally flaccid, whereas the right side seemed perfect.

It also gave me, on the whole, the most discomfort, together with the stitches. A day after the review with the surgeon, who told me to swim in the sea instead of the pool, and to continue the daily bath, and when I had foolishly failed to mention it, and having tried both Adcortyl-A and Cicatrin, I encountered two of our nurses at our club disco (D8). The problem was that it was painful and moist. One would be on duty the following morning and I was welcome to come along.

She asked me to get up on the couch and provide "Access to the desired part." On seeing it she said, "What's this, a hydrocele?" (What's a hydrocele?), then, "That looks normal to me." Not agreeing with my use of Cicatrin, she gave me some gauze dressings and said to wear jockey pants, as the pain was from the vasectomy. As I was leaving she asked me the reason for the op. I said that I had always wanted it done, whereupon she smiled, and seemingly becoming quite excited, said, "Why did you wait until this incredibly advanced age instead of having it done around 18?" I failed to catch her mood, not feeling that much had been achieved, and just said, "When I was 18, if I'd asked for something like that, I'd have been sent straight to the shrink" (not an unjustified comment, I think). With her advice to see the surgeon with any further problems, I took myself off for a swim in the sea. The salt water stung



enough for me to be out after about 5 minutes.

To this day, there are small lumps between where the stitches were, although now barely visible. I now know that the cause of all this was the amount of local anaesthetic used, which resulted in swelling during the operation and stitching. Until the revision it was the source of little twinges of pain. The free ends of the stitches began to stiffen out straight on D4, and began to cause a reasonable amount of discomfort which would continue until the last one was out. I mistakenly cut them short near the knot, which increased their rigidity so that they were like pins sticking in, and gave a hedgehog-like effect to see. In the bath they waved around like seaweed. The first dropped out on D6, the last on D28 at the frenulum/scar line (12 o'clock) after 4 days of trying (thank you *Forum*, for ensuring, through your correspondents, that I didn't try too enthusiastically).

Healing, as such, progressed at varying speeds, the right side being the most rapid and the frenal the slowest. My notes say that I considered it complete on D201, having been the cause of the most abiding discomfort, being tender when pulling out the member for a pee, and also feeling tightly stretched. This would be another motivation for revision; in fact the opening gambit when I drew attention to the tiny tag of skin remaining at the glans end on its own, the rest having been removed.

In the early hours of D5 I was awakened by pain which I thought was from snagging of the stitches, as I had unwisely left off my pants; but clearly it was the first erection that pulled. Some time before D12, I maintained one long enough in the bath for a first orgasm, which had to be achieved by simply rubbing the glans. With the mental joy at what I had at last achieved, I came as near as I have ever done to passing out. D12 had the first recorded one, and an alarming sight it was too. The aforementioned damage to the skin caused stretching sufficient to pull up the covering skin from the rest, and back around the glans so that it was mis-shapen around the erectile tissue and reduced in size, shining as if polished.

Pain in general was generalised at first, then began after 24 hours to localise into:- penis root (injections – or vasectomy?) and stitches, especially where the dorsal vein had been tied off. These began to itch after any had been removed on D7, when the testes also began to ache somewhat.

I kept a careful record of the ejaculations until the magic 30 for the sperm count, which was done on D197. I had hoped just to be able to bring in the proverbial little bottle, but the lab staff asked where I would “collect?” As 30 minutes was about the bogey time, I agreed to “collect” at the hospital. The surgeon gave me the result a few days later, when I mentioned my ‘complaints’. He looked slightly taken aback, but examined, and said, “I can tailor that,” then, “Is it worth it?” I agreed to let things be for a few months.

It was just over a year after the ops that I decided to do something about things. Apart from the little tag left of the frenulum, there was enough of the

latter still to pull down on the glans by being less elastic than the surrounding skin, and by being still attached far enough forward on it. Also, the pull on it when extracting for urination was uncomfortable. The flap coming forward to cover the corona was frustrating too.

I was loath to return to the same place, as I found the surgeon a little unapproachable, so I thought at least I could try the easy way out. An attractive Australian lady doctor had been appointed to our local clinic a fortnight after the ops, and I had had cause to mention them. Later we were both together in a group at our club, and, in response to some comment of mine she had said jokingly, "Your circumcision scar?" I felt therefore that at least I would not get an unsympathetic hearing – and what better and more appropriate way of helping to rectify my long-standing 'hangup'?

So, I went along, and sure enough, she heard me out attentively and asked me to sit on the couch for examination, pulling a screen round, and bolting the doors with a smile, as people were always wandering in and out. Although there was food for a multitude of confused thought, I remained icy calm as I displayed what I had always covered for inspections in my youth. She said, "It's here, isn't it?" accurately, and the caress of her fingertips was like dew on burning lips, as she looked at the flap, and then, with two index fingers, gently stretched the remains of the frenulum – I suppose, my most intimate and guarded part. "That's the frenulum, the most sensitive part of a man's penis. It's not normally touched." As I dressed she asked, "Is it cosmetic, or because of discomfort?" I told her a bit of both, really, but I found the rolling forward of the left side when seated annoying. I could be referred to the main hospital, as, "I wouldn't do it myself. I've never done one, although I'd do that little tag", with a dazzling smile. I was disappointed, but not particularly surprised, as I knew she did little skin cancer removals, which are not quite the same thing.

Without delay, I went off to seek out the original surgeon at our own hospital where I found him in one of the wards. He asked if I had had the sperm count, and then, without demur, said I could come in in a couple of days.

With a slight sense of *deja vu*, I shaved and presented myself again. I glanced at the daily list, and, sure enough, there was my name and 'tailoring of circumcision'. I wondered what the staff, most of whom I knew, were thinking.

The usual discussion took place about a general anaesthetic, which would require a 'pre-med' (tranquillising and pain-deadening injection). The upshot was that I went off to discuss this with the surgeon between his ops. He explained about the quantity of anaesthetic required, causing swelling at the time and making estimations difficult, thus leading to unsatisfactory results. Would I accept the necessary reduced dose, with the slight possibility of having to be 'put under' if things became unbearable? Right, that seemed eminently reasonable, So off I went for the 'pre-med' – and further shaving.

Both nurses who did these were known to me, locals, the latter asking, "Didn't you have circumcision?" I answered yes, and he must have wondered what on earth was going on.

(to be continued)

## **Penile Enlargement**

A 'This Morning' programme on TVS included interviews and discussion on penile enlargement. An American surgeon has apparently developed the system, and has performed over 200 such operations without any complaints.

First, liposuction is used to remove fatty tissue from the patient's lower abdomen and pubic area, thus making the penis more prominent. If increased thickness is desired this same fat is injected beneath the shaft skin of the penis.

If further lengthening is required, the suspensory ligament is severed, allowing the penis to hang and project more freely.

Sexual function is not affected by this treatment, and it was also recommended for seriously under-endowed schoolboys if hormone treatment to promote normal growth was unsuccessful.

*A.W. – Sussex*

## **Contact Corner**

Member would like to contact other readers with foreskin interests. Discretion assured. All letters answered.

*J. – N. Yorks*

Finally, I expect Tony will be putting membership renewal forms in with this edition, so I hope you'll all be still with us next year, and both Tony and I wish you all a Merry Christmas and a prosperous New Year.



# ACORN

1993 Issue No 1

**Editor**  
**David Acorn**

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Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
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Printed & Published in England by Acorn

## Editorial

Hello! and welcome to a new year of *Acorn*. We are now in our 6th year and still going strong, so life can't be all bad. I hope we can still keep pleasing members from both sides of the fence. I know that most of you love all kinds of cocks but with a little preference to one.

Talking of preference! Those members who saw the second episode of 'The Good Sex Guide' on ITV will have noticed that when the lady presenter did a measuring job on 9 cocks, 6 of them were circumcised. This appeared to me to be against the national trend. Then, as she had just been talking to some gay males, I thought that maybe she had used their cocks for her statistics. Then, thinking of statistics, I went through the questionnaires, and lo! Of the members who filled in the questionnaire, 69% are circumcised and 31% have foreskins. When broken down into sexual status it turns out that homosexuals are 83% circumcised, bi-sexuals 88% circumcised and heterosexuals 50%. How's that for some food for thought!

The above does show how the statistics we ask of you can be used. I might add that the questionnaires are now all destroyed and the information is now stored in a secret file in the computer that only I can reach, with no names or addresses attached.

Bearing in mind how many members in the past, wishing to, but having trouble in, keeping their loose foreskins retracted, I have tried out an experiment with the following results. For three days and nights I clamped a 1¼" bulldog clip vertically, to the underside of my penis, just behind the frenum, thus constricting the retracted foreskin. I found that with a new clip there was too much spring in it and hurt a bit, but a fairly worn one was ideal as it doesn't have to be tight. Inside the jaws I put a small piece of lint. I found that it was very comfortable and couldn't feel the clip at all. The only difficulty was when peeing, getting it out of my briefs (boxer shorts might be better).

Conclusion:- After just a few minutes I didn't know whether my foreskin was retracted or not, and had to keep looking to make sure. There was no difference in feeling between the two states. This led me to believe that, for those who longed for, and got circumcised, it's not the fact of having a bare glans that is so satisfying, but knowing that you have a bare glans. More in the mind than anything else. Of course, that makes it just as valid.

Other observations were that, in no time at all, my knob became crinkled, and took on a lighter colour, just like a circumcised one. I think Drs. Masters and Johnson were right when they stated that they could find no basis for thinking that the circumcised glans was less sensitive than a foreskinned one. It appeared to me that with the crinkling that took place when flaccid, only about one fifth of the surface was in contact with clothes, etc., so that the other four-fifths remained just as sensitive.

After taking the clip off, my foreskin had got used to the constriction put upon it and refused to move for another day, so maybe if it was kept on much longer the foreskin might remain constantly retracted. As I am very happy with my present state, I'll leave that to others.

The last item on my agenda refers again to a part of the questionnaire. The most popular topic stated was 'Observations of Foreskins/Circumcisions'. On top of that a few members in their remarks asked if we could have information on celebrities' or well-known people's penis status, either from personal knowledge, reliable second hand, films, magazines, or anywhere else. I think I started the ball rolling a few editions ago, talking about Burt Lancaster's foreskin. So if you have any knowledge please let us know – still all confidential.

*David Acorn*

## **Russian Jews**

I was utterly gobsmacked to read of the Russian emigrés, trooping off the planes in Tel Aviv to be separated from their wives and children and herded into the nearest 'clip joint' for a quick circumcision. Surely, as good Jews, they should have had it done on the eighth day, or whatever.

Even if circumcision was forbidden, which it probably was, it didn't stop Jews in the past from defying the Roman death penalty and giving their sons the chop. After all, unless you're a rampant shafter, a flasher, or a nudist, who's going to know? So there has to be some other reason.

We know that in the States where 'over the top' is the norm, we have Jewish parents refusing to circumcise their sons in a novel interpretation of the scriptures, which is more than counterbalanced by the advent of the 'mohelet', or lady circumciser (I can't imagine anything more distasteful; you'd think a woman, even a Jewish one, would have a bit more reverence for the male sceptre).

Then, again, we hear that Israelis are battering down the doors of B.U.F.F, wanting foreskin restoration. Once again there is the noble historic precedent of the athletic Hebrews who, unable to face the humiliation of revealing their sawn-off cocks next to their Greek rivals with snake-like foreskins, underwent a primitive uncircumcision procedure.

Could it be that the Jews of Russia, too, have decided that the foreskin is aesthetically desirable, and enhances sexual pleasure for both sexes? I'd like to think that religious prejudice could be overcome by enlightened self-interest, but I'm not optimistic. Can any of your experts on the Jewish faith clarify why Russian Jews aren't circumcised?

*R.B.W. – Bedford*

## Remembering

My interest in circumcision dates back many years, at least to my years at grammar school. My father had been circumcised at the age of 21 as a result of a tight foreskin (a very large glans, but so much spare skin it appeared simply to have been rolled back; I never saw it erect), but neither I nor my brothers were cut. A regular threat, however, if we did not pull our foreskins back to wash behind them was that he would have us 'done'.

As I have remarked before, although the boys in my year were born in 1955/6, which, according to the article in 2/92 should have given over 40% incidence, it was nearer 10%. One was the result of an American father, and one for surgical reasons. As far as I know the others were all at birth. On 'spotting' a new one, the remark, "Oh, I see you've been done" was passed, but no reply was considered necessary. All cases were such that they seemed merely to have a retracted skin, but if they were pushed forward, it proved otherwise. There was also a theory current, that 'all men are circumcised by the time they are twenty' – ie that their foreskins, if not cut off, retracted of their own accord. This was, I think, put about by a boy whose own foreskin covered no more than about half his glans, to explain his situation! Any suggestions as to why this happens in some cases and not in others? It was about this time that I began experimenting with keeping my own foreskin pulled back not a very satisfactory experiment as it tends to slip forward, but I'm working on it still.

I remain extremely interested in the whole subject of foreskins (present or absent). Firsthand observation is somewhat more limited than at school; a college roommate had been cut, and also had the roll of skin behind the glans. But apart from sexual partners, and the odd sighting in public loos, there's little to report, not being a 'sporty' type, and thus having no access to changing rooms. I was interested to see a young man the other day in the public loo pull his foreskin right back before urinating, and not push it forward again until he had shaken all the drops off. You will notice that I have placed some emphasis on the style of circumcision; that all the ones I knew were with a generous amount of skin left. I didn't come across the radical version (ie a completely clean shaft) until a few years ago. I find it infinitely more erotic than the other style.

*Anon – Norfolk*



## A Multi-Lingual Dictionary

<b>English</b>	circumcise	circumcision	foreskin	glans	penis
<b>German</b>	beschneiden	die Beschneidung	die Vorhaut	die Richel	der Penis
<b>Dutch</b>	besnijden	besnijdenis	voorhuid	eikel	mannelijk lid
<b>Danish</b>	omskære	omskærelse	forhud		pik
<b>Norwegian</b>	omskjære		forhud		
<b>Swedish</b>	omskäre	omskärelse			
<b>Finnish</b>		ympärileikkaus			
<b>French</b>	circoncire	circoncision	prépuce	le gland	la verge le membre viril
<b>Italian</b>	circoncidere	circoncisione	prepuzio	glande	pene
<b>Spanish</b>	circuncidar	circuncisión	prepucio	glande bálano	pene
<b>Portugese</b>	circuncidar purificar (figurative)	circuncisão	prepucio	glande bolota	pênis
<b>Manx</b>	giar chymmylt circumcised: chymmylty chymmuiltit	giarrey chymmylt		kione woid	bwoid <u>slang</u> : bossan bwoid niargan rollian cudjal beg
<b>Gaellic</b>	timchioll-ghearradh				
<b>Welsh</b>	enwaedu	enwaediad	blaengroen		cala pidyn gwialen
<b>Czech</b>	obrezati	obrizka obrezáni			
<b>Polish</b>	obrzezac oczyszczać (serce, namietnosci)	obrzezanie	naplatek		
<b>Hungarian</b>	körülmeté	korulmeteles	fityma		himvesszo
<b>Romanian</b>	taia imprejur				
<b>Greek</b>	peritemno				
<b>Turkish</b>	sünnet	sünnet			

Any additional languages, or words to fill gaps, will be welcome.

## **Circumcision And Art**

Thank you for printing Jay Rayner's *Guardian* article "Boyz 'n' the Hood". Though a regular reader of the newspaper I missed this gem.

Reading the article brought some of my earliest negative feelings about my own circumcision flooding back. As a child taken on visits to art galleries, I was painfully aware that none of the statues of naked cherubs and nude gods were circumcised. I was particularly intrigued that none of the infant Christs displayed a circumcised penis. I knew enough about circumcision and religion by then to know that this was inaccurate.

My own circumcision had been explained to me as a privileged and desirable state (see 'Unhappy', issue 8/92). Why, then, were these beautiful figures and paintings showing penises with foreskins intact?

I spent many hours looking through art books seeking confirmation that circumcision was OK. I searched in vain. Apart from a few paintings of the actual ritual circumcision of Christ, I have never found a representation of a circumcised Christ. Why is this?

The only example of a circumcised penis in classical art, that I have seen, is on the grand staircase of the Winter Palace in St. Petersburg (formerly Leningrad). Amongst several marble statues of biblical figures, about two-thirds lifelike, I was amazed to see a naked David with a very definitely circumcised penis. Could it be that in Russia, very consciously aware of its own substantial Jewish minority, an artist would be very aware of circumcision, and that it would seem natural to show a Jew as being circumcised.

In California a few years ago, I came across cheap plaster copies of Michelangelo's David with a circumcised penis. The American friend I was with said that the large reproduction of the statue in Forest Lawns cemetery in Hollywood also displays a cut cock – perhaps my leg was being pulled!

Modern artists don't seem to have any problems in portraying the circumcised penis. Most notably, David Hockney's beautiful drawings of male nudes, most drawn from American models, show many examples.

*G. – Birmingham*

## **Plea For Female Views**

I've recently enjoyed discovering and catching up on the past issues of *Acorn*. Some of the views and angles are a bit OTT, but I really appreciate the letters from women, either pro or anti roundhead. Whilst taboos have relaxed to allow almost all sexual topics for discussion in after dinner conversation, circumcision still creates coyness when raised in mixed company. I suspect the ladies are reluctant to tell all for fear of offending their partners, but *Acorn* now affords them anonymity and an eager audience. In an effort to draw forth

more female comment, I outline several areas in which it would be good to have their views, feelings and experiences.

### 1) Early Years

The majority of girls grow up unaware of circumcision, but a few will have seen brothers or playmates who have been cut. How did parents answer their questions which would naturally arise? What explanation was given when brothers were whisked off for surgery and returned with penises which were dramatically altered? Was the sexual dimension ever discussed? Did it influence their own preference in later life?

### 2) Age of Discovery

Though circumcised boys are in a minority, I'm sure when one is encountered the word spreads among sexually active girls. Please tell us how you first learned of this mysterious male modification. Did you speculate about a partner beforehand? Were you right/wrong, pleased/disappointed? Did you ask? Were you told? Did you find out with your fingers? Was it a surprise? How did you react? Did you say anything to your partner at the time? Was it the truth, or did you lie to spare his feelings?

### 3) Motherhood

It's clear many women prefer circumcised penises and have a strong wish to see their sons cut, simply to express it! To achieve this they may have overcome fierce objections from their partners, parents (on both sides), and the medical establishment. Do tell us your story. Conversely, many mothers are anguished when, against their wishes, they have to see their sons cut for religious or medical reasons. In either case, did you witness or take part in the operation? What were your feelings and emotions at the time? What did you say to comfort boys who were old enough to understand what was to happen to them? Or to console them afterwards? Have your views altered as a result of your experiences?

### 4) Women Professionals

There must be many female doctors and midwives and nurses who perform or assist circumcisions every week. Are their views in conflict or accord with the action their work requires? Just what do they explain about circumcision to young patients before and after the op? Have any midwives or nurses performed the operation on their own sons, or those of family or friends? Or been begged to advise after frustration with the NHS?

### 5) Feedback

Mature mums may often be the buffer for their sons' reaction to being circumcised, especially when it was done outside the bounds of informed consent. How many have had to defend their decision? Or been thanked for it? Would they do the same again with hindsight? Of special interest is any woman to woman feedback from satisfied/dissatisfied daughters-in-law and

partners. Have they ever spoken out to promote or prevent the circumcisions of grandsons?

Every day, somewhere, this whole fascinating topic must be subject of conversation in all female company. Here's one man who'd love to be a fly on the wall! In many ways women are close to the deed and the decision, so yours is the view we value most. As an early edition of *Acorn* put it so perfectly, "it's the 'end' user's opinion that really matters."

So, fellas, show this to your wives and partners – persuade them to write to *Acorn* uninhibitedly.

The young mother just takes a decision  
and without asking her young son's permission.  
She takes him away  
to the doctor one day,  
who gives him a neat circumcision.

*Anon*

[No need, ladies, to even tell your partners that you are writing. Everything will be published completely anonymously. — D.A.]

### **Inevitable Trauma?**

The widely-held view of British childcare professionals is that circumcision performed at later ages than the postnatal stage and early infancy is inevitably accompanied by the risk of lasting psychological trauma, which can exert a damaging influence on the psycho-sexual development of the individual. While the intensity of such trauma will vary, with some children being able to control and subliminate the effects better than others, it is argued that all children will sustain some degree of underlying psychological and emotional injury. Some children will be more conscious of this than others.

This is an area, however, in which the amount of investigative research has been inadequate. The current climate, in which there is an unquestioned acceptance of the proposition that circumcision performed in later childhood, particularly between the approximate ages of four to ten years, is damaging, is influenced to a considerable extent by Freudian studies and long-fashionable castration theory.

There has been minimal study into the actual situation as it relates to differing ethnic and religious groups for instance, and the infrequent studies that have been made among Anglo-Saxon children do not convince in respect of their generality. Among other aspects of this issue requiring fuller investigation there is, for example, the child's perception of the relative role of responsibility

for decision-making he sees as being exercised by each of his parents in his circumcision.

Two examples cited in support of the general proposition of inevitable trauma in late childhood circumcisions, though differing significantly individually, are as follows:-

The first is a case reported by psychoanalyst Gerald Pearson, which involved a nine-year-old boy who had been referred to him because of a reading disability, enuresis, and a trance-like attack. The mother, who had adopted him as a baby, had a very warm loving relationship with him. When he was four years old, however, she became antagonistic to his frequent masturbation, and decided to have him circumcised as a means of stopping it. He was frightened by the experience and by the hospitalisation. Although he ceased masturbating, the problems for which he was eventually referred for psychoanalysis, subsequently appeared.

In a brief summary of his conclusions, and discarding as much psychoanalytic jargon as possible, Pearson concluded that the boy regarded his circumcision as punishment for masturbating. He had consequently begun to suffer typical castration fears, compelling him to repress his masturbation and sexual feelings – particularly towards his mother and older sister, who were sources of stimulation – because of the fear of losing the rest of his genitals as further punishment. Instead, the problems which developed were symptoms of his conversion hysteria.

Another instance of late childhood circumcision from which far-reaching deductions have been made, concerns the poet, A. E. Housman (*A Shropshire Lad*, etc.).

After the death of Alfred Housman's mother, his father remarried. At 50, his new stepmother was several years older than his father. She had a good relationship with her stepchildren of five boys and two girls, Alfred being the eldest. Shortly after the marriage, Alfred's father suddenly decided to have all the boys circumcised, Alfred being about fourteen at the time.

In later years, one of Alfred's sisters, Kate, commented, "I don't think that it was to fulfil a scriptural rite that he (her father) sought, for there was no Abrahamic tradition in our family, but on sanitary mosaic lines ... he ought to have thought of it in their babyhood. It was severe treatment, mentally and physically, for wellgrown boys."

Kate and subsequent Housman biographers have all expressed bewilderment at Housman senior's sudden and seemingly impulsive decision. Yet can it be mere coincidence that the decision to have the boys circumcised occurred so soon after they had acquired a stepmother who, understandably, would have her own views on child management.

But that is not the focus for the present. More importantly, for those who regard circumcision in late childhood as unavoidably damaging, psycho-

sexual implications can be identified from the experience of the Housman family. On Alfred's brothers there is little circumcision related information, as they have never been biographically scrutinised to the same degree as Alfred. In Alfred's own case however, there has been no scarcity of claims that his experience of being circumcised was so traumatic for him, causing him to regard heterosexual activity as dirty and forbidden (with the ultimate punishment of castration, as in Pearson's analysis), that this was the core experience influencing his subsequent homosexual development.

Space does not permit a more detailed examination of these two examples, but, while differing individually, they appear to be reasonably representative of a range of evidence used to support the view that later childhood circumcision inevitably produces negative effects, whether obvious in the individual or not.

In the two examples cited there may indeed be justification in believing that circumcision was the trigger for what occurred later, their validity in this respect not being challenged. But such assessments of individual cases raise more questions than they answer if extrapolated to support a thesis of both generality and inevitability of lasting psychological trauma.

What about, for instance, those non Anglo-Saxon children who are traditionally circumcised at later ages for cultural or religious reasons? What is the trauma incidence amongst them? If it is minimal or even non-existent, why?

These, and related issues will be discussed in a future issue of *Acorn*. Meanwhile, you may be asking: But is this just an academic exercise of posing theory against theory? Is the author's own personal experience in any way relevant to these issues, and sufficient at least to provide an overview?

Perhaps, yes – as a socio-anthropologist who has spent most of his professional life in Africa; as an English Muslim with cross-cultural affinities; and as someone with total recall of his own circumcision when nearly five years old.

*D. – West Midlands*

## **Asking**

I was reading the letter of a few editions ago by Brian of the West Country, and A.W.'s reply to it in the next issue. Brian suggests that we might talk to our friends about circumcision, but A.W.'s reply tells us that it would be too embarrassing. All I can say is that if it is done with tact and doesn't appear to trespass on people's privacy, it's perfectly possible to ask if a guy is cut. I've done it from time to time and no one has ever minded, although some

found it a big surprise, and one or two have not felt like answering (which is their right of course). The people you can ask easiest, it seems to me, are fairly close friends and total strangers; anything in between seems to be more difficult. I don't know why!

Another thing I noticed recently was an article in *The Guardian* in which the reporter had been talking to a Kenyan just before the elections there. They were talking about a particular politician, and the man said, "I couldn't vote for him, he is uncircumcised." What a great idea! If only our politicians would undergo a foreskin check.

*D.P. – London*

## **French Book**

Members who can read French will be interested to learn that a 220 page book on the history of circumcision came out in November in Paris (I have ordered a copy but have not yet received it). The author, Malek Chebel, is an Algerian anthropologist who lives in France. The book guide says it treats the question from religious, historical, and surgical points of view. The title translates directly to "History of Circumcision: from its origins to our day." Obtainable from André Balland, 33 Rue Saint - Audre des Arts, 75006 Paris. Price 135 Francs.

Please can anyone living in London find out the address of "The Brotherhood of the Cross and Star", the Nigerian Christian sect that requires circumcision, mentioned in Newsletter Issue 4/91.

Following the recent item in the newsletter regarding the fact that all Bolivians must have a foreskin, The Jewish Travel Guide lists 4 synagogues in Bolivia and a Jewish School in La Paz.

*J.M. – Spain*

[Seems to be a conflict of interests somewhere. — D.A.]

## **The Year Of The Cock**

Those of you who celebrated Chinese New Year on January 23rd. this year will know that it marked the end of the year of the Snake, and the start of the year of the Rooster. Australians tell me that a slang term for penis there, is 'one-eyed trouser snake', so last year should have been an auspicious one for snake-fanciers. But the new year should be even more auspicious. The term 'rooster' became widely used in America because people were too prudish to say cock, which of course is one of the most widespread slang terms for penis. It seems that just as good a translation from the Chinese would be 'The Year of the Cock'.

Cock is in itself an interesting word linguistically for its many usages, all of them with an ambiguous connotation, linking it to its slang meaning. *The Shorter Oxford English Dictionary* gives the following usages of cock:

1) the male domestic fowl (ever since Chaucer's *Canterbury Tale* about Chanticleer, a proverbially randy bird, as he was expected to service a whole flock of hens);

2) the leader, head or chief man as in the Cockney greeting, "Wotcher, Cock";

3) a spout through which the flow of a liquid can be controlled;

4) to turn up (e.g. hat rim) (or the erect penis);

5) to stick stiffly up or out (e.g. haycock) (or the erect penis)

So, with most of it still to look forward to, here's wishing all *Acorn* readers a very pleasurable and successful Year of the Cock.

Tony Acorn

G.J. of Devon sends in the following news item (as did others).

### **Laser Circumcision**

Israeli doctors have performed their first circumcision by laser on a 14-year-old Jewish immigrant from Moscow, who has a rare blood disease, and was unable to undergo the usual operation.

G.J. asks if anyone could comment on the laser method, because he for one would like to know more about it. It has obvious haemostatic advantages, but it is surprising that the method is acceptable in Jewish law, because circumcision is symbolic of the (blood-)Covenant between God and the Jewish people.

Our Oslo correspondent sends two letters from the very respectable newspaper *Aftenposten*, which Tony Acorn translates as follows:

### **Infant Circumcision (25 November 1992)**

Norwegian Broadcasting's documentary series about religions started on Sunday 22 November with the title, 'Faith meets Faith', a very informative meeting with the Jewish faith. It is quite unbelievable that the modern Jewish faith can survive old-fashioned and strange rites and customs. A scene in the programme showed a family gathering in which the circumcision of an eight-day-old infant boy was the central event. Three old men stepped forward, two held the child, laid it down and held it fast, whilst a rabbi set to with a knife and cut off the foreskin of the penis – not exactly the most unfeeling part of the body! As the rabbi began to cut, the boy began to scream. He was not anaesthetised.



It is a shame that modern Jews keep to this bestial circumcision. It is illegal to give a child a smack on the back. But the Jews in this country are obviously allowed, in relatively unhygienic conditions compared to an operating theatre, to carry out, without anaesthetic, a very painful operation

## **Circumcision Of Jews (1 December 1992)**

Olav Skeie's contribution to these columns on 25/11 about the circumcision of boys is evidence of great intolerance and ignorance. Even if a ritual is foreign and unknown in this country, that does not make it 'old-fashioned and strange'. In many countries, such as U.S.A., Canada and Australia, a majority of non-Jewish boys are circumcised for hygienic reasons.

Jewish boys are circumcised eight days after birth because their sensitivity to pain is minimal at this stage. If they cry, it is partly because they are being held, and partly from some pain. This pain can be compared to the pain a small child feels when vaccinated. Most people accept vaccination, and are glad to subject their child to the pain of an injection, without anaesthetic, many times during childhood. As after a vaccination, a child calms down quickly after circumcision. The rabbis who do the operation have completed a special course on circumcision for several years, and have worked in hospitals. Manu hospital doctors have been present at his circumcisions to learn how it is done. In addition there is always a responsible doctor present at a circumcision.

Skeie writes about hygiene. Circumcision is done under sterile conditions, and complications are rarely seen. I would also point out that for many centuries Jewish people have survived great infectious epidemics precisely because of rituals in which cleanliness and hygiene are central — *H.F.*

## **Dr. Ray's Answer**

I've been looking at the photo of J.B.'s appendage, which he sent with the questions published in 8/92. I don't know why he should have this particular line of pigmentation, for that's what it almost certainly is, but I suspect that it could be that there was always a line at this point. I think that after his circumcision the remaining skin on his shaft has been stretched to lie in a slightly different resting place from its previous disposition. Maybe what used to be a slight fold is now laid flat because the stitches have just pulled the skin into a slightly different position. Skin which is usually in a fold is often slightly more pigmented than 'flat' skin. Now that the fold has been unfolded the line of pigmentation has been revealed. It's only a thought and it may not fit the facts, but I can't offer any other suggestion – and in any case, I'm sure it doesn't matter.

I confess to not being well up in the latest 'named' techniques for circumcision operation variants. Many surgeons have their own particular styles and I don't attach much significance to the 'V' line on the undersurface of the shaft.

So that's two rather negative answers. Just one more question to go: I suppose that careful tissue typing might make foreskin transplant a possibility, but the economics of doing it would almost certainly put the operation quite beyond the reach of any but the richest patient. The cost of discovering a tissue compatible foreskin, involving a search through possibly hundreds of foreskins from amongst dozens of different operating centres would be astronomical. It's worth it for a life-saving procedure like a heart or kidney transplant, and the necessary logistical machinery has been set up all over Europe – even the world. To establish the same for foreskins isn't on. As for transplanting the whole penis. Yes, again, subject to establishing a network to trace tissue compatible organs, it may be technically possible, but the transplanted penis would not have a natural nerve supply and wouldn't have any sexual sensation. Nor would it become erect on stimulation. Hearts, lungs and kidneys don't depend on a nerve supply to perform their automatic functions. Sadly, penises do.

*Dr. Ray Hamble*

[Editor's note: Due to the fact that they came from the same part of the world and their stories were similar, I mistakenly stated in the last issue that J.B. was also the author of 'Saga'. My apologies, J.B.]

### **Saga (Continued)**

The pre-med had had no effect by the time I was wheeled in at 9.20 to a scene less dramatic in its impact than before. One of the assistants said good morning through her mask – she appeared very attractive. The sister I recognised from before.

A thick folded cloth was put across my chest to shield my view, an evil looking weapon with some pinkish fluid on the end was used to swab, and then the injections. I hardly bothered to take much in this time. The exploratory nick was painful, followed very soon after by another hardly less so. "Not so much as before?" quoth the surgeon, and I must have grunted with misgivings, for off he went. Very soon I felt a sharp pain as the first cut was done, but I didn't worry overmuch, thinking that the deadening would soon take full effect. It didn't, and the slices came one after another, incredibly fine and sharp, each seeming to last quite a long time. I was able to avoid wincing or jerking, but my mouth went dry, and my face must have been a bit of a sight. The sister moistened my lips with a swab, and held my left forearm, once or twice stroking it back and forth (lovely!), and I enjoyed watching the assistant's

gorgeous eyes fixed intently on ... over her mask. So that, when the surgeon glanced at me and said, "I think I'd better give you a little chloroform, I had no hesitation in saying no, especially as things didn't seem in any danger of worsening. Shortly thereafter, I mentioned that it was better than the dentist – which was about true when I thought back to earlier experiences.

I feel that I might have dozed a little towards the end, being awakened by a few more slices and a strange stretching sensation. I glancing up, and suddenly realised that I could see my bloodied member reflected in the chrome rim of the big theatre light. Soon, though, I could see from the large arm movements that the stitches were being applied. For this, I could actually feel my penis being handled, so I wondered just how much anaesthesia I had actually had.

Conversation seemed to be in grunts. I couldn't tell what was being said, but wondered at one point whether anything had gone slightly awry (which was not, actually, the case).

Back to the ward, and a different ward sister, Asian, who smiled and said, "No pain?", to which I could easily agree. Interestingly, the only time I felt any at all was during the cutting. Lunch, and then some reading. But, by now, the pre-med must have taken effect, for I could not stay awake, and slept until 6.30, whereupon I got permission to dress and depart.

Again, I kept a log, but with so much repetition of past experiences, less detailed. Convalescence proceeded much faster, which I can only attribute to the lower doses, and also, perhaps, to the modified technique which the surgeon mentioned at the review on D9. Initial discomfort was confined to when I was moving around. I awoke at 9am on the day after without any pain, and was able to take a swim the same way on D3.

I removed the very much more substantial dressing after 24 hours in the evening bath, as I had learned previously how to keep it dry after urination, by judicious use of a little gutter of tissue held below and near the meatus.

The all-important inspection revealed far more than I ever expected: instead of a tiny removal, almost a complete recircumcision! At any rate, the cut extended fully round 40% of the periphery, this presumably having been necessary to obtain access to the offending parts.

Stitches were fewer in number, and the offending little tag had gone, leaving a spot of blood, but the usual bruising and swelling precluded any further conclusions being drawn – in truth, I was worried about the possibility of too much having been removed.

The hedgehog effect of the stitches began again on D4, but this time I left well alone. The first came out the next day, and all but one of the remainder at review on D9, when the surgeon busied himself plucking them out. Some inflammation was already starting, but he made no comment. All

he said as I left was, “I crushed it – now it ought to be alright”, with a pleased expression.

The following day I discovered one minute one left behind, which I got out with a tiny jab of pain and bleeding. Later in the morning the inflammation was starting to annoy so I decided to go to our clinic, remembering my unsuccessful attempts at self-treatment the previous year. I just asked for a treatment for post-operative inflammation. The nurse said that although old-fashioned, a saline solution should do the trick. I went home and mixed a tablespoon of salt in a toothmug of water, and sunk my length into it. Relief was immediate and lasted some hours. This might be of assistance to others and I wished I had known of it a year ago.

(To be continued)

### **Contact Corner**

D.J. – Gwent, would like to write to other members, or hear from them, on any matters relating to circumcision. All letters answered.

# **ACORN**

**1993 Issue No 2**

**Editor  
David Acorn**

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Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

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Printed & Published in England by Acorn

## Editorial

The few members that I have met have heard something of my first interest in circumcision etc., but most have not. Unlike any of the other stories that have been told, mine is principally a tale of poverty. Like most of the other stories, though, it will probably be a little longwinded and digressive, so please forgive me as I set the scene.

I was brought up in the country in a tiny cottage whose lath and plaster walls couldn't keep out the winter winds, and tended to blow the candles around when we went to bed. The hot water bottle was one of Mum's irons wrapped in a piece of old rag. The last thing that was done at night was to fill the kettle. The first thing in the morning was to clean out and light the range, boil the kettle and pour it down the pump outside to unfreeze it and prime it. The mats on the floor were made from sacks from the nearby farm with bits of rag woven into them, a task that the whole family applied themselves to. And, of course, the toilet was a bucket in a little wooden privy at the bottom of the garden, the contents of which my father buried every week. (It wasn't until the early sixties, the Macmillan government I think, that grants were given so that water, baths and toilets could be indoors). An oil lamp on the table was the only light. My father was never in work. So you see, when people talk about poverty now, I fall about laughing.

Came the time to start school. I enjoyed it and did very well. In those days, every lesson was a competition, with marks out of ten. Some of the time I came top, with only one boy consistently beating me. I couldn't understand why, not knowing that that sort of thing came from the brain, so I kept looking for an answer. Then, one day in the school toilet I found it. He had a different willy to me. This was the answer. God had made him that way because He favoured him. I remember going to bed at night, and when the iron had cooled enough to be bearable, I took the rag off, pulled my foreskin back and pressed the iron on my knob. I did this night after night in the hope that it would stay back permanently. I could be like the other boy, and in favour with God. Needless to say it didn't work. My foreskin could never have fully retracted anyway as the inner foreskin fully adhered to the rim of my knob until I forcibly freed it when I was twelve.

The next thing I noticed by chance, was that the village doctor's son was also different, as were the twins from the village shop. In fact all those who lived in big houses and wore nice clothes were just about all the same. This also applied to those in the small council house estate (I always thought of them as well-off and superior to me because they had water indoors and gas). The poor farm labourers' boys were all the same as me. So I then decided that those with bare knobs were the chosen ones in life, and that I had to know my place which was below everyone else. I couldn't possibly allow anyone to see my willy as I was so ashamed of it, it showed so clearly my lowly estate

(this stayed with me until I was about twenty). My self-esteem was absolutely zero, and thus began my life's personal pecking order.

Everyone, in life, puts everyone they know on a scale of respect, and no-one uses the same scale as another. A football fan would put a footballer at the top with maybe a pop star next, while someone else would have a film star top with a tennis player next, and so on. This also happens with your personal acquaintances, each one being on a slightly different plane according to their attributes. Of course, one of the top requisites on my pecking order was circumcision, and I did my best to find out the penis status of everyone. None of this was sexual, just a pure inner urge. I joined the Navy as a boy with 200 other boys, and to this day I can remember exactly what each boy's penis looked like.

In my late teens I decided that I would have to do something about my lack of self-esteem, so I did some amateur dramatics. After a time it worked with me saying to myself as I delivered my lines, "Five hundred people are sitting there hanging on my every word, so I can't be as low as I think." The final test came when I went out with a girl and plucked up enough courage to allow the petting to get to the feeling and looking stage. I was trembling with anxiety about what she would say when she saw my lowly foreskin, fearing the scornful rejection. Nothing. She didn't bat an eyelid. From then on I became, as it were, normal.

The peculiar thing about all this, is that even after I had learned all about circumcision, it didn't alter my basic thinking, which must show that what gets into your mind as a small child never leaves it, even when logic tells you different; something like the anorexic syndrome. Even though over half of the chaps that I knew were just like me, this was completely dismissed from my mind as being of no importance. Another peculiar thing is that after the first childhood wish, I never ever contemplated being circumcised. Later, I learned to love what I'd got and it has repaid me with hours and hours of pleasure. I still like to know everyone's status, but it isn't the desperate urge that it was.

How's that for baring the soul. There's not much about me now that you don't know.

*David Acorn*

## **Celebrities' States**

Since so many members stated on their questionnaires that they were interested in the penis status of famous men, six months ago I started searching for a man in America who had compiled a list over the years of about 1800 celebrities. I have had no luck until recently when a friend in California took up the quest for me, and I am expecting it any time now. Then I mentioned the idea in the last newsletter to see if we could get some British

names. J.M. of Middx. sent me the list that I had been searching for, many thanks to him. The list is so long and covers film stars, sportsmen, politicians and other personalities, that it couldn't possibly go in one edition. So for a start I'm publishing just the film stars in this issue.

### American Stars With Foreskins

Nick Adams	Lou Ferrigno	Audie Murphy
Alan Alda	Clark Gable	Eddie Murphy
Keith Andes	Ben Gazzara	Ramon Navarro
Desi Arnez	Christopher George	Hugh O'Brian
James Arness	Peter Graves	Jack Palance
Dan Blocker	Andy Griffiths	Elvis Presley
Marlon Brando	Dan Haggerty	Robert Preston
Rossano Brazzi	Charlton Heston	Anthony Quinn
Yul Brynner	William Holden	Aldo Ray
Ed Byrnes	Earl Holliman	Robert Redford
Maxwell Caulfield	Rock Hudson	Burt Reynolds
George Chakiris	William Hurt	Cliff Robertson
Charlie Chaplin	John Huston	Mickey Rooney
Montgomery Clift	David Jansson	John Saxon
Charles Coburn	Van Johnson	Arnold Sxhwarzenegg
Chuck Connors	Gene Kelly	David Selby
William Conrad	Alan Ladd	Tom Selleck
Frank Converse	Fernando Lamas	Frank Sinatra
Jackie Cooper	Burt Lancaster	Donald Sutherland
Bill Cosby	James Macarthur	Mr. T.
Bob Crane	George Maharis	Robert Taylor
Richard Crenna	Nick Mancuso	Rudolph Valentino
Bing Crosby	Ed Marinero	Raf Vallone
Bing's Sons	Dean Martin	Dick Van Dyke
Robert Culp	Marcello Mastroianni	Robert Vaughn
William Defoe	Victor Mature	Dennis Weaver
Buddy Ebsen	Sal Mineo	Johnny Weismuller
Vince Edwards	Ricardo Montalban	Lee Marvin
Douglas Fairbanks Sr.	Greg Morris	Rod Taylor

### American Stars, Circumcised

Woody Allen	Glenn Ford	Steve McQueen
Alan Arkin	Harrison Ford	Robert Mitchum
Ed Asner	Michael J. Fox	Dan Monahan
Fred Astaire	Tony Franciosa	David Morse
Christopher Atkins	James Franciscus	Zero Mostel
Max Baer Jr.	Robert Fuller	Paul Muni
Martin Balsam	John Garfield	Bill Murray
Gene Barry	James Garner	Don Murray



Warren Beatty  
John Beck  
Richard Benjamin  
Jack Benny  
Milton Berle  
Theodore Bikel  
Bill Bixby  
Pat Boone  
Joseph Bottoms  
Timothy Bottoms  
Bruce Boxleitner  
Scott Brady  
Beau Bridges  
Jeff Bridges  
Lloyd Bridges  
James Brolin  
Charles Bronson  
Mel Brooks  
Jim Brown  
George Burns  
Raymond Burr  
Gary Busey  
Red Buttons  
James Caan  
Sid Caesar  
Rory Calhoun  
Joseph Calliea  
McDonald Carey  
David Carradine  
Keith Carradine  
Richard Chamberlain  
Jeff Chandler  
Chevy Chase  
Lee J. Cobb  
James Coburn  
Gary Cole  
Jackie Coogan  
Gary Cooper  
Danny  
Kevin Costner  
Tom Cruise  
Tony Curtis  
Ted Danson  
Howard da Silva  
Jim Davis  
Sammy Davis Jr.  
James Dean

Tom Geary  
Richard Gere  
Mel Gibson  
Jack Gilford  
Michael Paul Glaser  
Jeff Goldblum  
Leo Gorcey  
Elliot Gould  
Harold Gould  
Farley Granger  
Cary Grant  
Lorne Green  
Joel Grey  
Steve Guttenberg  
Buddy Hackett  
Gene Hackman  
Larry Hagman  
Mark Hamill  
George Hamilton  
Ty Hardin  
David Hasselhoff  
Hurd Hatfield  
Van Heflin  
Robert Hegyes  
Darryl Hickman  
Dustin Hoffman  
Bo Hopkins  
Lee Horsley  
John Houseman  
Jeffrey Hunter  
Tab Hunter  
Jim Hutton  
Tim Hutton  
John Ireland  
Richard Jaeckel  
Sam Jaffe  
Al Jolson  
Kaye Harry  
Stacey Keach  
Michael Keaton  
Brian Keith  
Tommy Kirk  
Jack Klugman  
Kevin Kline  
Chris Christopherson  
Bert Lahr

George Nader  
Barry Newman  
Paul Newman  
Leonard Nimoy  
Carrol O'connor  
Ryan O'Neal  
Al Pacino  
Larry Parks  
Sean Penn  
Joe Penny  
George Peppard  
Anthony Perkins  
Tyrone Power  
Denver Pyle  
Dennis Quaid  
Tony Randall  
Basil Rathbone  
Robert Reed  
Christopher Reeve  
The Ritz Bros.  
Jason Robards  
Pernell Roberts  
Edward G. Robinson  
Will Rogers  
Bobby Rydell  
Michael Sarrazin  
Roy Scheider  
George Segal  
Omar Sharif  
William Shatner  
Charlie Sheen  
Martin Sheen  
Phil Silvers  
Red Skelton  
Tom Skerrit  
David Soul  
Sylvester Stallone  
Dean Stanton  
Rod Steiger  
James Stewart  
Dean Stockwell  
The 3 Stooges  
Peter Strauss  
Don Stroud  
Patrick Swayze  
Russ Tamblyn

Robert de Niro	Martin Landau	Topol
Bruce Dern	Bruce Lee	Rip Torn
Brandon de Wilde	Sam Levene	John Travolta
Bradford Dillman	Jerry Lewis	Jan Michael Vincent
Matt Dillon	Jack Lord	Jon Voight
Kevin Dobson	Peter Lorre	Robert Wagner
Troy Donahue	Chad Lowe	Christopher Walken
Kirk Douglas	Rob Lowe	Eli Wallach
Melvyn Douglas	Paul Lukas	Jack Warden
Michael Douglas	Kyle MacLachlan	John Wayne
Richard Dreyfuss	Guy Madison	Adam West
Patrick Duffy	Lee Majors	Cornel Wilde
Clint Eastwood	Karl Malden	Gene Wilder
Richard Egan	Fredric March	Robin Williams
Emilio Estevez	Stuart Margolin	Henry Winkler
Peter Falk	Steve Martin	Keenan Wynn
Norman Fell	The Marx Bros.	Effrem Zimbalist
Errol Flynn	Walter Matthau	Michael Landon
Peter Fonda	Doug McClure	

#### British Stars With Foreskins

Richard Attenborough	John Hamill	Ian McKellan
Richard Burton	Richard Harris	Dudley Moore
Michael Caine	Benny Hill	Christopher Neame
Graham Chapman	Paul Hogan (Aus)	John Noakes
Ian Charleson	Anthony Hopkins	Peter O'Toole
Nicholas Clay	Jeremy Irons	Vincent Price
Sean Connery	Gordon Jackson	Oliver Reed
Tom Courteney	Gordon Kaye	Leonard Rossiter
Roger Daltrey	Mark Lester	Terence Stamp
Albert Finney	Roddy McDowall	Richard Warwick
Peter Firth	Malcolm McDowall	Michael York
Stewart Grainger		

#### British Stars, Circumcised

Anthony Andrews	Roy Dotrice	Ron Moody
Phil Banyard	Barry Evans	Roger Moore
Ray Barrett (Aus)	Marty Feldman	Anthony Newley
Alan Bates	Laurence Harvey	Christopher Plummer
Stephen Boyd	Leslie Howard	Peter Sellers
Jeremy Brett	Derek Jacobi	Peter Ustinov
Simon Callow	David McCallum	Kevin Whately
David Cassidy	Warren Mitchell	Michael Wilding
Michael Craig		

## **More Circumcisers**

I have found out about two more places to obtain adult circumcisions which can be published:-

- |  |   |
|--|---|
| 1. West One Clinic,<br>57, Harley Street,<br>London. W1N 1DD               | Tel. 071-637 7614<br>Price £595<br>Local Anaesthetic  |
| 2. Transform Medical Group,<br>502, Eccleshall Road,<br>Sheffield. S11 8PY | Tel. (0742) 660798<br>Price £485<br>Local Anaesthetic |

Both are very expensive. I am continuing in my quest to obtain other names and addresses of those performing circumcisions.

Could we ask all roundhead members who have had adult circumcisions to pass on details of who performed the operation on them – might get some extra names.

*Brian of the West Country*

## **Old Spain**

Last year was an important one for Spain. It was the 500th. anniversary, not only of Columbus' discovery of America, but also of the expulsion of the Moors from al-Andalus, the last Islamic stronghold in western Europe.

In some respects, the Moors in Spain, who had been there for 800 years when they were finally kicked out, represented the pinnacle of Islamic achievement in scholarship and architecture, being way ahead of their Christian neighbours, who in those days were relative barbarians. But they were not highly regarded by other Muslims when it came to religious observance. They were far too keen on their booze and their women, and had a reputation for immodesty and lechery, a scandalous state of affairs to God-fearing Muslims.

Moorish Spaniards were very little different from Christian Spaniards in appearance, since assimilation had taken place over so many centuries, and, until the final push which expelled them, lived fairly amicably with their Christian neighbours. There were often disputes and skirmishes though, and any Christian warrior captured by the Moors was offered the choice of istislam (conversion) or death. A surprising number chose death: istislam meant the stigma of circumcision, which meant that they could never go back to their own society, since they would be branded indelibly as heretics.

Those who did opt for istislam were given a couple of weeks' grace before being divested of their foreskins, and if the man was well-born or of personable appearance this bonus extended to the sort of sexual favours he could only have dreamed of previously. In the free and easy society of Moorish Spain, whilst the men were out breaking the strict prohibition on strong drink, the women were left free to break the even stricter prohibition on female unchastity.

The novelty of having a bit of rumpy-pumpy with a foreskinned man was highly prized among these women, who could normally only expect to experience circumcised partners. Consequently, any dishy or well-connected Christian prisoner was immediately taken over by the girls of the harem, and for two weeks he was required to perform prodigies of sexual virtuosity to satisfy these saucy Muslim ladies' lust and curiosity for gift-wrapped winkle. Thereafter of course he was given the chop and had the rest of his life to lament his lost foreskin, made all the more poignant by the value put on it just before the knife descended.

After the expulsion of the Moors (and Jews) in 1492, Spain joined the rest of Europe in being a totally uncircumcised society. And so it continued to the present day.

*V.S. – London*

## **Observations**

For the first time I was disappointed by an *Acorn* newsletter – 5/92. Please don't let the pendulum swing too far and have it become an anti-circumcision manifesto. Instead of people bemoaning lost foreskins, they should be thanking their lucky stars for the comfort, cleanliness, and protection against urinary infection their circumcision has bestowed on them. As far as masturbation goes, and I have tried it with and without a foreskin, circumcised is infinitely more pleasurable. Before, I had to contend with a sore penis every time I sought some relief, which isn't much fun, whereas now it is a guaranteed source of pleasure.

I am the first roundhead that my present girlfriend has experienced, and she is a convert on the grounds of shape, cleanliness, feel, and staying power, not necessarily in that order. Prior to meeting me she worked in Italy, and has loads of horror stories concerning foreskins, from smell, smegma all over the place, to boys being able to have sex about once a fortnight because of sore and abraided foreskins. It seems that, in Italy, boys are not taught to retract their foreskins, and so a tight one on a boy ends up as a tight one on an adult. Catholic teaching, at least in Europe, shamefully and inaccurately, equates circumcision to being Jewish, and for this reason alone some parents are reluctant to have their sons done, hoping that the problem will 'go away'.

Back to my girlfriend. She thinks that all boys should be done, and has become very adept at working the subject into the conversation, which can be a lot of fun at times.

Now, some amateur statistics. Recently we spent a weekend at a very large nudist complex on the south coast of France. Walking down the beach, and counting in one direction only, so as not to count twice, I observed all the naked boys from babies to the age of twelve or so. On the first day I counted 133, of whom 13 were circumcised. Of these, one was an Arab, and two Jewish brothers (parent wearing the star of David), thus leaving 10 non-religious circumcisions – or 7.5%. On day two, at a different time, the count was 98, of whom 8 were circumcised, or 8.1%. This proves to me that the message of the health benefits of this benign and simple operation are not getting through to modern parents, which I simply cannot understand. Is it a conspiracy by the medical profession, and if so, why? From overheard conversation, the circumcised boys were from many different countries – France, Germany Italy, England, Scandinavia and so on, no country having a monopoly. Most semmed neatly done (plastibell?), but all seemed to me to have had too little skin removed, leaving it either bunched up behind the glans or even slightly covering the rim, which surely cuts down on the hygiene benefits. One unfortunate boy (French) had the left side of his glans completely uncovered, but the right side covered halfway along its length. Scandalous. When I reload film in total darkness in my darkroom I cut it much more accurately than that. This, of course, is a catch 22 thing. If more circumcisions were carried out, the person doing it could achieve and maintain a high standard. I still feel that the best method is freehand by a skilled operator.

We all know that America and Australia are the main proponents of non-religious circumcision. A few years ago I was in Mexico on business, and I noticed that at least 50% of the naked boys on the beach were circumcised, both the 'European descent' upper class and local Indian children. Could this be because of the proximity to the USA? I once saw a collection of photographs of male nudes taken in Brazil by a very talented lady photographer, and 90% were circumcised, with visible circumcision lines on the shaft some way behind the glans, so they weren't faking it. Not like that pathetic sight so prevalent on nude beaches, of the cavalier with his foreskin retracted with all the skin bunched up, fooling nobody.

V.W. – France

## **Vasectomy**

As an ardent supporter of *Acorn* I always look forward to receiving the next copy. Long may the publication run, and many thanks for giving us, the readers, such a vehicle. Like, I suspect, most males who give circumcision consideration, I fall into one of the two camps. For the record, I'm in favour – my parents were not – so I elected to have the cut privately, via a *Forum*

recommendation, some 12 years ago. Strange to say, I enjoyed the experience (the only loss I felt was that I would not be able to have it again!). My only regret at being circumcised was to find that I still had that ugly bunch of skin underneath my shaft, known as the frenulum. Like other views expressed, I too would like to see more articles on that 'little tag of skin' including the combined effects of the loss of same, and also techniques for properly excising it.

That however is not the main point of this letter, which is to develop a more contentious debate. Namely, who are the people who want circumcision, and what sex are they? The other, if it is relevant, is to make the readers aware of the details of vasectomy.

For a number of years I have gradually come round to the conclusion that, despite what we males hope, the majority of women are not interested in circumcision, and that, in general, we kid ourselves that we are cut for the benefit of women, when in fact it is to appease some hidden urge in ourselves. I suspect that, for those in favour of the cut, the reason is that it makes the penis look more 'penis-like' and ready for action even when flaccid.

Certainly, the reaction from friends, when on a recent first-time naturist holiday, supports the distinction between the sexes. Amongst a group of 6 couples from different parts of the UK who banded themselves together, it was interesting to note the reaction when, towards the end of the holiday – when we had all got on 'comfortable' together – we had a farewell meal and drinks to long in the night in one of the chalets. Late on, the topic changed to circumcision, caused by my wife warning one of the men to be careful with the scissors he was using (in trimming some rope-soled sandals he was making as his holiday project), as otherwise he would end up like me. This broke the ice, and it was amazing as to how something that had been ignored (I was the only circumcised one in the group) for the whole holiday, now was talked about by all present for the best part of an hour. What I did notice, was that the women were very direct, including some investigative 'clinical' handling (with my wife's permission). But once their questions and statements were made, that was it, whilst the men were more 'furtive', and did not want to drop the subject. Basically, the women's comments that could be treated as being favourable were, that it looked neater and was easier to keep clean; those against were that there was nothing to play with. Of the other five couples, three wives concluded that they did not mind either way, one was vehemently opposed and felt sorry that such a barbaric thing had been done to me, and the last one was in favour, but only if the surgeon could do it thoroughly enough so that masturbation could be made more difficult. She felt strongly that sex should be just that – internal – and was upset at the thought of other alternatives as they implied that she couldn't satisfy her husband. Four of the men preferred the cut look, with two of them actually thinking about the operation seriously. Amusingly, the one against was the husband of the wife who was in favour. Food for thought!

Finally I come to the other point of my letter, and that is vasectomy. I knew the theory and seen small articles, but never really in the actual sense of how is it done and how do you feel (apart from the propoganda view – I went back to the office in the afternoon. Or the joke – I was in intensive care for about three months). I would say that my pain threshold is average and my healing qualities are good. I'm reasonably fit. So what happens?

First of all you have to make the decision in your own minds. My wife wanted to come off the pill, we are in our early forties and have children (I for one feel a shudder at the thought of more sleepless nights and have no urge to return to them). We are monogamous so AIDS is not, hopefully, a worry, and I hate the sheath as I find it a real turnoff to stop and put a condom on as events get exciting. With that in mind we decided on sterilisation, and as my wife did the work with the 'kids' it was decided that I do the work with the 'snip'.

The next decision was NHS or private. From what we could see the choice was really 'you pay if you want it done tomorrow'. I made three or four enquiries and found that private prices verged from about £80 to £400, with a maximum wait of about a week. The NHS was free but the wait was 12 weeks. We went for the wait (apart from the cost it also give a breathing space for reconsideration which I feel is no bad thing).

I rang the local family planning clinic and got an appointment within the week for both my wife and myself. Personally I was disappointed with this interview as I felt it went through the motions and was just a vehicle. This may well have been purely the individuals responsible. I left with an appointment card.

On my own initiative, closer to the actual vasectomy date, I rang the centre and was luckily put through to the vasectomy nurse. From my questions I learnt things, most of which should have been explained or advised me at the interview.

1. Travelling – If you are driving yourself it's OK as long as the trip is not much more than thirty minutes, as by then the local starts to wear off.
2. Work – Unless you're a macho hero take at least one day off after the operation.
3. Shaving – Shave yourself all around your scrotum (and penis) for about a week before the operation. Your skin is stabilised better regarding irritations. Use a ladies shaving cream as it is more oily, and do the shaving whilst lying in the bath.
4. Support – Forget the line about tight underpants for support, swimming trunks are best. You really do need all the support you can get, not only for your testicles, but to keep the dressings in place (in my case two squares of dressing on each cut).

The day came. I duly arrived and was ushered into the vasectomy suite (for want of better words) by the vasectomy nurse, a nice calming middle-aged woman, not a dragon or a young slip of a girl. She asked me to remove my trousers and underpants and climb onto the table, where she arranged me lying with my legs together. She cupped my testicles and asked me to forget being vasectomised, but did I still want my testicles sterilised so that they could not make any more children. When I said I did she then gave my whole genital area a thorough antiseptic wash. For the record, as she was doing this she remarked that she saw someone had done a very thorough job circumcising me and “did it ever feel too tight, poor thing” It was then time for the surgeon. A man of very few words who got to work quickly. He injected around my scrotum and the base of my penis (the same degree of pain as the dentist’s injection), and, after pausing, he dug into my sac where it joined the groin, made a cut of about an inch and a half and fished out about 2” of my vas deferens tubing. He then clamped, tied, and cut off each end, and stitched. The only sensation was a dull pulling feeling when he was teasing out the tubes. This was repeated on the other side, and then he left, leaving the nurse to dab away the drops of blood and put a dressing over the incision on each side. Picking up the tubes that had been cut off, she remarked that the surgeon believed in doing a thorough job, and once my residue sperm had cleared out of the tubes she would be surprised if my testicles hadn’t been sterilised, which proved to be the case.

My observations are:-

1. Yes, the operation as claimed is simple, quick and relatively painless.
2. Afterwards you’ve got about three or four hours before the local fully wears off.
3. Forget about going to work the next day. Despite what’s said, you feel pretty rough.
4. For the first month or so afterwards you need a jockstrap.

*C.W. – Fife*

## **The Multi-Lingual Dictionary**

Here are a few more words for the dictionary.

Finnish:- Circumcise = Ymparileikata.  
Foreskin = Esinahka  
Glans = Terska  
Penis = Penis or Siitin  
Willy = Kikkeli or Pippeli  
Cock = Kyrpa or Mulkku



Swedish:- Foreskin = Forhud  
Glans = Ollon (Acorn!)  
Penis = Penis or Manslem (Male member)  
Williy = Snopp  
Cock = Kuk or Pitt

Arabic:- Circumcision = Khitan

*J.H. – Helsinki*

## **Saga (Conclusion)**

The first erection was, again, on D4, but during the daytime. This again was truly alarming, but for a slightly different reason. Whereas before the whole organ was stretched to truly drumtight intensity, only the underside now was, with the result that the knob tipped over like a nodding head, so that I was looking along its top surface obliquely instead of down on to it. For a while this really was worrying, as the previous result had not been that unsatisfactory, and I hated the idea that too much had been removed. Nevertheless, by D45 the returned elasticity of the affected area almost entirely eliminated the effect. By the sixth month the tightest spot was by the dorsal vein, where the corona is pulled very slightly out of line by the shaft skin when erect – the whole glans being pulled also slightly out of shape all around the erect tissue. The frenum, despite the earlier refusal, appeared to have been almost completely eliminated, and the scarline there seemingly further back than before, possibly as a result of the release of what tension had been caused by it.

Now, nine months after my 'tailoring', I feel ready to take stock and try to give an overall impression of something I can still scarcely believe has come to pass. Many are interested in the difference before and after. Even to one retracted for more than four decades, they are still considerable, although the exposure of the glans and its desensitising, which must be the main one, are for me, back in history.

In the first few days, the first thing I noticed was the extra exposure of the corona, which caught the light in a way never before. Behind it, a thin dark groove denoted a truly circumcised state. Here, I was pleased to see that the sulcus was free of the little roll of skin, even when fully flaccid. A little later, when feeling started to return, I could feel a new sensation: of the all-round pull of the shaft on the corona about which nothing could be done, there being now no way to release the small amount of tension which caused it. Before, the tension, such as there was, was taken up by the frenum. Even when erect, the tension would gradually diminish from it around and upward, so that a slight fold of retracted foreskin at 6 o'clock (the dorsal vein area) was visible.

Later still, when walking around, I had an odd sensation as if the underside of the foreskin only had been replaced and was forward. Investigation revealed that this was caused by contact with the scrotum by the newly exposed

and still slightly sensitive inner foreskin – areas of which having been given exposure because of the almost complete removal of the frenum, and resultant flattening out of the skin which before had lain in folds around it. Visually, this results in a distinct ‘undercut’ on the underside, which is very satisfying to me, although it makes the whole penis feel smaller – something which is felt every time it is pulled out for a pee, as all four fingers were normally placed along here with the thumb above in order to take a grip.

Urination was inclined to be messy until I realised that I had changed my grip from my normal first and second fingertips above and below the glans, to either side, because of a tender frenal area. The usual squeezing on completion was less effective in exhausting the last drops this way, and when I had re-learned to place my fingers above and below for the final squeeze, all was again well.

The little roll of skin mentioned earlier when fully flaccid, can obviously be the cause of difficulty in differentiating between the two states. However, with most retracts, a dark area among the folds betrays the existence there of a foreskin, being the area around the opening when forward. This can be seen in many *H. & E.* photographs. This roll is un-noticeable, unlike a retracted foreskin, which always gave a feeling of constriction, however slight. The effect now is of total comfort – something I had never dreamed of.

I consider myself as satisfied as possible with the present result, which has achieved the aim of keeping the corona free at all times. The only slight reservation is the slight untidiness when totally flaccid, but this could be the result from my mature age when cut.

The scarline is intriguing, as it makes a big departure on the underside from the main line at 0.6 to 0.8cm from the corona, to form a vee at 2cm to enclose most of the remainder of the frenum, much of whose sensitivity (although far from all) has now returned. The scar on the left is now neater, presumably as a result of the crushing technique used. The stitches used were at either end of the recut length, which followed the original cut line entirely, only departing near the frenum, presumably as the result of a slip. The little twinges of pain appear to be a thing of the past. When erect, the glans is pulled very slightly out of shape – a very acceptable penalty.

I have been confined to masturbation for about two years now (I consider myself as hetero as possible). I found after the first op that I had to experiment a fair amount, the second making no difference to my problems. My method had been the normal foreskin backward and forward routine, although very occasionally I would fantasise about being circumcised while just moving the shaft skin, gliding the fingertips along the whole length. And, in the shower with soap, taking a deep (but not tight) grip and sliding. Now, I tried all these, the first requiring a lot of effort and giving me an elbow ache just to barely cover the glans. (Just moving the shaft skin, circumcised or un, was never really satisfactory; the extra effort had to be made to get the skin available up

on to the corona). I used this method in a horrible Asian loo with the aid of a mental picture of a particularly lovely model, to 'collect' my specimen. The method I now use without elbow ache is with the thumb loosely along the top. I find that it provides almost the same effect and satisfaction as the foreskin, as the shock of covering the corona, which is so important, is fleeting only – lasting just as long as the pressure point (the thumb) passes overhead on its way forward.

Nevertheless, it is not quite the same, and coupled with the loss of the sensitive frenum, I can easily understand and sympathise with those who didn't want the op. All the same, I find orgasms enhanced, presumably for psychological reasons.

I was confused by the term 'crushing', so one day I asked my Australian doctor friend about it. She said, "It's used for the reuniting of any fine flesh which has been severed, such as internally, or where the edges can be accurately realigned, such as the foreskin. They are clamped hard together for a few seconds, after which they stick together."

*(The End)*

## **Does Circumcision Affect Penis Sensitivity?**

### **By Dr. C.A. Tripp (Writing in American Forum)**

Yes, certainly. Circumcision causes a number of penile changes and, strangely enough, both circumcised and uncircumcised men tend to claim 'advantages' for their respective conditions.

The glans of the penis, and especially the corona, is loaded with nerve endings. When these surfaces are protected by a foreskin, that is mainly drawn back only during sexual excitement, they are sensitive.

But is that good or bad? Retention of foreskin is a clear disadvantage for the male who happens to have hair-trigger responses and who is often thrust into premature ejaculation. But other males may especially enjoy playing with this very same kind of high sensitivity – first revving themselves up with delicate stimulations, then suddenly stopping all stimuli to allow their arousal to wane, then again building up their excitement, perhaps to ever increasing peaks, and so on.

When the penis lacks a foreskin, its exposure to air and to routine friction from clothing leaves it less sensitive to small tactile stimulations – in effect, making it require more arousal before it gets started. But, as the circumcised male might be quick to point out, there is seldom any shortage of stimulation in sex.

A far more common problem in sex is painful overstimulation – especially during mouth-genital contacts, and in various other situations in which a man may not have instant control over the amount of pleasure being delivered. Here, a circumcised male's less sensitive penis surfaces may give him an advantage. Not that that debate ends anywhere near here: like sex itself, it goes on and on.

A major complaint for a great many males is a nerve-jangling, excruciating over-sensitivity of the penis immediately following orgasm. (For an especially unlucky few, this pain occurs right before and during orgasm, sometimes causing them to have to withdraw instantly and/or scream in anguish). The specific origins of this probably neurologic condition are not known.

But in its more ordinary, everyday form (an immediate post-orgasmic leave-me-alone or let-me-out-here reaction that many wives interpret as 'selfishness') the uncircumcised male may have a surprising advantage. His withdrawing penis tends to be promptly covered and thus protected by the foreskin – all the more reliably so if, as with most males, he begins to lose his erection immediately following orgasm.

Various cultures around the world have long held beliefs in favour of circumcision. For example, circumcision is said to help prevent cancer of the penis, and that it is otherwise necessary for cleanliness. In fact, the smegma that is secreted under the foreskin is largely antibiotic, and the limited kinds of bacteria that do survive there tend to be slightly itchy, forcing males in even the most unhygienic societies to keep this area most remarkably clean.

While various advantages and disadvantages can be cited for or against circumcision, they all tend to be trade-offs. In any case, it is clear that circumcision does affect the penis and alter its sensitivities.

## **Contact Corner**

I am a 30 year-old American tattoo artist who was brought up with a foreskin, but had myself circumcised at 20. I would like to correspond with any member circumcised as an adult.

Bil Brierley  
P.O.Box 26465  
San Jose  
California 95159-6465  
U.S.A.

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A member, who wishes to remain anonymous, would like to hear the views from other *Acorn* members who have recently had circumcisions, before he finally considers the cut. I will forward all letters on to him. *D.A.*

# **ACORN**

**1993 Issue No 3**

**Editor  
David Acorn**

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Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

to:- TONY ACORN

P.O. Box 113, WESTON-SUPER-MARE, AVON, BS23 2ED

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Printed & Published in England by Acorn

## **Editorial**

My American friend Bill, who advertised in the last issue, found himself on the wrong side of the law, a very easy thing to do in California apparently. He had what is known as a 'traffic violation', and found himself in the local jail for a statutory 90 days. However, he has managed to extricate himself and got out after about 30 days. His findings in the prison were a little of a revelation to him. There were 100 men in his wing, 55 Mexican/Latino, 25 black, 15 white and 5 Asians. What bugged him was that he saw more foreskins than he had ever seen, just about only the whites being circumcised. And this, America.

Another thing that puzzled him was the fact that nearly all retracted their foreskins in the showers; he thought, to emulate the circumcised. I had to tell him that this was normal practice with foreskinned men.

I've received quite a few letters thanking goodness that 'Saga' is over at last. When I started it I had nothing to put in the newsletter even though I'd begged around the members and, once started, there was no stopping. As I've said before, I don't like cutting items around – and it was a good space filler, giving me no problems on filling all the pages accurately. May I say here that I'm always short of 'personals', and overloaded with literature from books and magazines etc. How about some 'beginnings' like what I wrote (Ernie Wise) in the last issue?

*D.A.*

## **Your Morning Hard-on Explained** **An article in *The New Scientist* sent in by P.D. – Dublin**

Forget the oysters – reach for the oxygen cylinder. This, roughly interpreted, is the implication of a joint study on the common causes of impotence by researchers from the U.S. and Israel.

Irwin Goldstein of Boston University and his colleagues from Ramban Medical Centre in Israel and the University of Southern California carried out clinical and experimental studies on humans and rabbits. They say that the physiological mechanisms that promote the erection of the penis are driven by oxygen. Anything that stops the oxygen from getting to the penile tissue – high blood pressure, atherosclerosis, diabetes, smoking or physical injury – can cause impotence.

A year ago, the same research team challenged conventional wisdom by claiming that most cases of male impotence are the result of physiological, not psychological factors. They and other researchers reported that crucial to a successful erection is the local production of nitric acid – by certain nerves to the penis, and by the endothelium, or cell lining, of certain penile blood vessels. Via the autonomic dilator nerves, sexual arousal promotes the production of

nitric oxide, which causes the penis's spongy tissue – corpora cavernosa – to relax and flood with blood from the penile artery. Meanwhile, the penile veins are constricted, blocking the outflow of blood, causing a sustained erection.

The new study by Goldstein and his colleagues reveals that the production of nitric oxide by penile tissues is completely dependent on a high level of oxygen. Blood in the flaccid penis has low oxygen, typical of venous blood, while blood in an erect penis is fully oxygenated like arterial blood. These findings came to light thanks to volunteers, from whom blood samples were drawn at appropriate stages of their penile activity. The researchers tested the effect of varying levels of oxygen on nitric oxide production in laboratory experiments on human and rabbit tissue. They found that a high level of oxygen stimulated nitric oxide to be made, from the amino acid L-arginine and citruline, under the activity of the enzyme nitric oxide synthase. Nitric oxide, either produced via the enzyme system or added directly, stimulated the tissue samples to relax, the first step towards erection in the intact animal. Low levels of oxygen inhibited nitric oxide synthesis.

For most of the day, the penis is in a state of low oxygen, a circumstance that allows males to go about in a state of comfort. During sleep, however, an automatic system comes into play, producing four or five erections, each lasting about 45 minutes. It would appear that the possible function of these night-time erections is to give the penis the oxygen it needs to function normally.

[A lot of long words, but I'm sure you get the drift.

D.A.]

## **List of Penis Statues (Continued)**

### World Figures With Foreskins

Spiro Agnew	US Vice Pres.	Martin Luther King	
Prince Albert	of Monaco	Sir Paul Latham	Bart
John Dean III	Nixon Aide	Rod McKuen	Poet
John Gavin	U.S. Amb. to Mexico	Henry Miller	Author
Prince Harry		Ezra Pound	Author
Hugh Hefner	Playboy Mag.	Ronald Reagan	President
David Hockney	Artist	Justin Trudeau	Canada
Rev. Jesse Jackson		Harry Truman	President
Edward Kennedy's Sons		Jimmy Walker	N.Y. Mayor
Jack Kerouac	Writer	Prince William	

### World Figures Circumcised

Idi Amin	Uganda	Robert Kennedy	Senator
Prince Andrew		Ted Kennedy	Senator
Yasser Arafat	P.L.O.	John Maynard Keynes	Econ.

W.H.Auden	Poet	Henry Kissinger	Diplomat
Ray Bradbury	Author	Calvin Klein	Designer
Richard Burton	Explorer	D.R.Lange	N.Z.P.M.
George Bush	President	Robert Ludlum	Author
Jimmy Carter	President	Norman Mailer	Author
Prince Charles		Robert Maxwell	
Eric Delvalle	Panama Pres	Prince Michael	of Kent
Prince Edward		Brian Mulroney	Canada P.M
Edward V111		Richard Nixon	President
Albert Einstein	Maths	Oliver North	U.S.Army
Sigmund Freud	Psycho.	Joe Orton	Playwright
Uri Geller	Physics	Lee Harvey Oswald	Assassin
Prince Georg	Denmark	Shimon Peres	Israel P.M
George V		Csar Peter the Great	
George VI		Tsar Peter 111	
Prince George	Duke Kent	Prince Phillip	
J. Paul Getty Jnr.		Mark Phillips	
Barry Goldwater	Senator	Ronald Reagan Jnr.	
Sir Edmond Hillary		Vidal Sassoon	Hair
Sir Keith Holyoake	N.Z.P.M.	Neil Simon	Playwright
A.E.Housman	Poet	Lytton Strachey	Writer
Anthony Armstrong Jones		Gore Vidal	Author
Kadaffi	Libya	Evelyn Waugh	Writer
John F. Kennedy	President	Tennessee Williams	Author

### Sportsmen With Foreskins

Mario Andretti	Car Racing	Geoff Howarth	NZ Cricket
Max Baer	Boxing	Magic Johnson	Basketball
Boris Becker	Tennis	Jean Claude Killy	Skiing
Jeff Crowe	NZ Cricket	Ivan Lendl	Tennis
John Curry	Skating	Joe Louis	Boxing
Jack Dempsey	Boxing	Diego Maradona	Football
Joe Dimaggio	Baseball	Mike Mazurki	Wrestling
Stefan Edberg	Tennis	Miloslav Mecir	Tennis
Bobby Fischer	Chess	Ilia Nastase	Tennis
Vitas Gerulaitis	Tennis	Pele	Football
Jason Goodall	Tennis	Guillermo Vilas	Tennis
Emille Griffith	Boxing	Mats Willander	Tennis
Bjorn Borg	Tennis		

### Sportsmen Circumcised

Muhammad Ali	Boxing	Bruce Lee	Mart. Arts
Arthur Ashe	Tennis	Sugar Ray Leonard	Boxing
Allan Border	Cricket	Carl Lewis	Athletics
Rick Carey	Swimming	Dennis Lillee	Cricket



Pat Cash	Tennis	John McEnroe	Tennis
Steve Cauthen	Jockey	Yannick Noah	Tennis
Jimmy Connors	Tennis	Ken Norton	Boxing
Peter Doohan	Tennis	Mark Spitz	Swimming
Bob Falkenberg	Tennis	Tom Watson	Golf
Tom Falkenberg	Tennis	Lew Hoad	Tennis

### Entertainers With Foreskin

Benny Anderson	Abba	Tom Jones	Singer
Paul Anka	Singer	Mario Lanza	Opera
Adam Ant	Pop	John Lennon	Beatles
Dezi Arnaz Jr	Singer	Daniel Lewis	Conductor
Eddie Arnold	Singer	Jerry Lee Lewis	Pop
Baryshnikov	Ballet	Liberace	Pianist
Chuck Berry	Pop	Johnny Mathis	Singer
Sonny Bono	Bono	Don MacLean	Singer
David Bowie	Pop	Keith Moon	Pop
Glen Campbell	Singer	Bob Newhart	Comedian
Kenneth Carr	Singer	Peter Noone	Pop
Johnny Carson	US TV Host	Rudolph Nureyev	Ballet
Johnny Cash	Singer	Tony Orlando	Singer
Gower Champion	Dancer	Charlie Pride	Singer
Francis F Coppola	Director	Johnny Ray	Singer
Franco Corelli	Opera	Jerry Reed	Singer
Walter Cronkite	US TV	Steve Reeves	Mr Univ
John Denver	Singer	Cliff Richard	Singer
Anton Dolin	Ballet	Keith Richard	R Stones
Placido Domingo	Opera	Little Richard	Pop
Donovan	Pop	Ringo Starr	Beatles
Duane Eddy	Pop	Sting	Pop
Everly Bros.	Pop	Bjorn Ulvaeus	Abba
Rainer Fassbinder	Director	Sid Vicious	Pop
Bob Geldorf	Pop	Bobby Vinton	Singer
Boy George	Pop	Andy Williams	Singer
Robert Goulet	Singer	Bill Wyman	R Stones
George Harrison	Beatles	Billy Idol	Pop
Jimi Hendrix	Singer	Mick Jagger	R Stones
Julio Iglesias	Singer	Elton John	Singer

### Entertainers Circumcised

Don Adams	Comedian	Marty Ingels	Comedian
Larry Adler	Harmonica	Michael Jackson	Pop
Peter Allen	Singer	Jackson Five	Pop
Herb Alpert	Musician	George Jessel	Comedian
Mory Amsterdam	Comedian	Billy Joel	Singer

Frankie Avalon	Singer	Brian Jones	R Stones
Burt Bacharach	Composer	Alan Ladd Jr	Producer
Jon Bauman	Pop	Frankie Laine	Singer
BeeGees	Pop	Steve Lawrence	Singer
Tony Bennett	Singer	Ted Lewis	Musician
Edgar Bergen	Ventrillo	Barry Manilow	Singer
Irving Berlin	Composer	Manfred Mann	Pop
Shelly Berman	Comedian	Sir Nev Marriner	Conductor
Leonard Bernstein	Conductor	Tony Martin	Singer
Joey Bishop	Comedian	Jacky Mason	Comedian
Mel Blanc	Cartoons	Paul McCartney	Beatles
Marc Bolan	Pop	Yehudi Menuhin	Violin
Victor Borge	Comedian	Arthur Miller	Playwright
Lenny Bruce	Comedian	Mitch Miller	Singer
Eddie Cantor	Comedian	Jim Morrison	Doors
Alice Cooper	Pop	Rick Nelson	Singer
Aaron Copland	Composer	Osmonds	Pop
David Copperfield	Magician	Jan Peerce	Opera
Billy Crystal	Comedian	Roman Polanski	Director
Xavier Cugat	Musician	Cole Porter	Composer
Bobby Darin	Singer	Otto Preminger	Director
Neil Diamond	Singer	Andre Previn	Conductor
Walt Disney	Cartoons	Carl Reiner	Comedian
Jason Donovan	Singer	Buddy Rich	Musician
Bob Dylan	Pop	Rubinstein	Pianist
Ziggy Elman	Musician	Tommy Sands	Singer
Brian Epstein	Beatles	Neil Sedaka	Singer
Eddie Fisher	Singer	Artie Shaw	Musician
Art Garfunkel	Singer	Dick Shawn	Comedian
George Gershwin	Composer	Stephen Sondheim	Composer
Ira Gershwin	Lyricist	Aaron Spelling	Producer
Stan Getz	Musician	Steven Spielberg	Director
Peter Green	Pop	Bruce Springsteen	Singer
George Hamilton	Singer	Isaac Stern	Violin
Marvin Hamlisch	Composer	Mick Taylor	R Stones
Lorenz Hart	Lyricist	Mike Todd	Producer
Jascha Heifetz	Violin	Mel Torme	Singer
Ernest Hemingway	Writer	Frankie Vaughan	Singer
Jerry Herman	Composer	Andy Warhol	Artist
Horowitz	Pianist	Charlie Watts	R.Stones
Houdini	Magician	Billy Wilder	Director
Eng Humperdinck	Singer		

[I've left hundreds out, but they're all those that I think are well-known in America but not here, such as baseball, ice hockey, TV, and comedy stars. Now here are some comments I've already received regarding the first lists.]

## Reliability

I am fascinated by the lists of famous cuts and uncuts, but what certainty is there that the information is correct. From the errors I have spotted I doubt that the lists are really reliable. For example:-

Charlie Chaplin and Johnny Weismuller were Jews and so would have been circumcised. George Maharis, when he appeared in *Playgirl*, although his dick was meant to be discreetly hidden, in one shot you can see a well-defined and exposed dick-head. As the photos were not meant to be full frontal I doubt he had skimmed back his foreskin for the sake of his American viewers.

Also I have seen photos of Arnold Schwarzenegger looking very much like a roundhead, unless he has such a naturally short foreskin it is permanently behind the rim.

I happen to know, but cannot without breaking a confidence say how, that Tom Selleck has a big cut dick. [The more up-to-date list that I have received does put Tom Selleck as circumcised. *D.A.*]

To turn to the cut list, neither of the Carradines are roundheads, nor is Kris Kristopherson; and Errol Flynn was famous for his foreskin – there is even a limerick with skin and Flynn rhyming.

On the British list, John Hamill was a bodybuilder before he became a star. I know from a friend of mine who was competing often with him, that he went off and had himself done, and thereafter was proud of showing it off 'backstage'. If you saw Caligula then you will know that Malcolm McDowall is also a member of the cut club.

So you see I am sceptical as to how accurate these lists are. To the circumcised American list you can add Don Johnson and Brad Pitt.

*R.H. – London*

In the list of uncut U.S. actors I was bemused to read the name of Yul Brynner. Many years ago I saw a nude full-frontal picture of the man in one of the Sunday paper magazines. It showed the young Yul sporting a full head of hair and a long thick, heavy organ with a fully exposed acorn. I am searching my files for this picture, which I know I have saved.

Just before his death, Rudolph Nureyev made a TV documentary about his art. At the end he appears nude, fully frontal, displaying a long well-formed organ with a fully exposed glans.

Possibly both men retracted their foreskins for the photo opportunity.

*A.D. – Oxford*

## Commonwealth Statistics

The list of 'famous foreskins' made quite interesting reading, and gave rise to three observations:-

1. How on earth was this list compiled? I will admit to discreet 'cock-spotting' at the swimming baths and on the local naturist beach – does this go on in Hollywood too?

2. I think Peter Sellers was born in India, where circumcision of 'British' children was common. His fellow Goon, Spike Milligan, was born to an army family and circumcised in Poona circ. 1920. He admits to this in one of his many army autobiographies.

3. Some of the names given as American are not so. Charlie Chaplin was British and Schwarzenegger German, hence it is quite probable that they were not circumcised at birth (which they almost certainly would have been if born in the U.S.). I note that British born Bob Hope is on neither list. Many of the names seem to be south European in origin – Brando, Brazzi etc. and also Dean Martin (born Dino Crocetti). Were parents from such backgrounds less likely to have had their sons circumcised.

A pattern of this nature has certainly been seen in Canada. In 1973/74 47.4% of baby boys and in 1974/75 46.8% were neonatally circumcised (source: *Medical Journal of Australia*, 1977, p.760). However, whereas circumcision is very common amongst Canadian families of British origin, it is virtually unknown in French Quebec. Out of interest, members might like the Australian figures too; 49.5% and 48.6% for the years in question. The Australian figures are thought to underestimate the true numbers, as they relate only to those performed on babies whose parents had health insurance. All baby boys of uninsured parents, boys born in the public wards of public hospitals, and boys born at home, could have been circumcised, not counted in the above figures. The Journal defines neonatal as under four weeks old, thus perhaps further reducing the figures. As an advocate of neonatal circumcision (though circumcised as an adult myself), I feel that Britain has abandoned a valuable health and hygiene matter, and perhaps ought to reconsider the issue in the light of the high proportions of U.S., Canadian and Australian circumcisions.

Regarding Transform Medical Group (in the last issue). When I lived in the North I contacted them about circumcision. They wanted a recommendation from my G.P. before they would proceed. Mine was eventually done by Dr. Siffman.

Anon

[Chuck Thompson doesn't claim his lists to be infallible. In fact he asks for corrections and updates, and gets them as shown below:-

President Kennedy had been in the uncut columns until someone sent in a book called *The Kennedy's: An American Drama* where it noted that the future President was circumcised in 1938, while a student at Harvard. Writing to a friend at Princeton, John Kennedy wrote, "Get me a room away from all others, as I don't want you coming in for a chat and discussing how sore my cock is. As for your rather unnatural interest in my becoming circumcised, my cock has never been in better shape or doing better service."

Phil Donahue devoted one of his shows to circumcision (we get them in the middle of the night on ITV), and with the list in his hand stated that he was improperly listed, so we know that one's correct. D.A.]

## **Looking Back In Time**

When I was 13 years old I became friendly with a boy in our street who was 3 years older than me. Instead of playing kids' games I went to the cinema, billiard halls, and roller skating etc. with him. He was a nice boy who my parents liked and knew that I wouldn't get into trouble with him.

We sometimes called in the gents' on the way home, and one day I noticed that his penis was about three times larger than mine, with about a 1.5" overhang. I told him that I wished that I had one like his, and after looking at mine, he said that I would in a couple of years, and not to worry.

We went for a walk in the country one nice summer day and sat down behind a hedge in a field for a rest. I dozed off, and when I awoke I could see Dave carressing his 'pride and joy'. It was a beautiful sight, although it was fully erect. There was about half an inch of foreskin overhang. I have never seen anything to compare since. He asked me if I would carress it for him and I was only too happy to oblige. He gave me instructions on how he wanted me to do it. It was very flexible and mobile to manipulate, as though his foreskin was made of elastic. On the downstroke, although I drew it back below the rim, the tip never became uncovered. He took over when he reached the point of no return. Incidents like this happened frequently throughout that summer until he got a job, after which I never saw him again.

I have seen many cocks in the showers, but nothing to compare with Dave's.

*H.J.M. – Mid Glamorgan*

## **Vasectomy**

It was a vasectomy at the age of 28 that re-awakened my urge to be circumcised, in spite of having a permanently retracted foreskin since I had been about 21. My recollections, 22 years later, of the events are somewhat

patchy, but I remember I had no interview or counselling beforehand, as the job was done in East London, and I was living and working in Ireland.

It was in December and it was miserably cold. I had shaved the day before and was still uncomfortable. The operation itself was quite fascinating and painless, and was done with my wife watching also. We travelled up to Cambridge that afternoon by train, to spend the next few days redecorating our old house in between lets. That night we made love, which was probably a mistake, as the next morning my scrotum resembled a sort of double fig, dark purple, but not so swollen as to remove the wrinkles. I continued to add insult to injury by indulging in painting the house from top to bottom in the next three days, without adequate support in the injured region. The most discomfort that I remember came from the regrowing hairs in my groin, pricking both tender scrotum and less tender thighs. We had a needed rest at our parents' homes over Christmas.

When I got back I did my own sperm count immediately (14 days after the op) and found it to be zero. Subsequent counts at one week intervals for a month confirmed this, and my wife went off the pill in February. My semen changed colour from whitish to yellowish, and the vasectomy scars disappeared within a year. I also made my first attempt at self-circumcision within that year.

*P.D. – Dublin*

## **Bead Implants**

Following on from a question that we put to Dr. Ray, I recently saw an advert in the magazine *Piercing World*, of a piercing specialist who was offering to do 'foreskin bead implants'. As he worked very near to me I called round to see him and asked some questions. I found that the diameter of the beads were from 6mm to 10mm and they can be either pearls, glass or stainless steel, the latter being the most common. Although they can be inserted anywhere along the shaft of the penis, they are generally placed under the inner foreskin, otherwise when the foreskin is retracted for sex the beads would be down at the base of the shaft. In circumcised cocks they can be inserted anywhere. A 0.25" slit is made in the skin, the ball inserted and then either a stitch is put in, or a piece of medical cling film put over it. It then heals within a week. Removing them is the same procedure. A drawing he gave me makes it look like a wart-covered penis. A recommendation is to have a large one on the top of the shaft to keep rubbing the clitoris during each stroke in intercourse.

For more information contact Phil Barry, 201, Two Mile Hill Road, Kingswood, Bristol. Tel. (0272) 603923. He also offered to give a £5 discount on any implant or piercing on production of a copy of *Acorn*.

Phil also gave me a copy of an interview with a woman who lived as a mistress in the Japanese underworld, which I will paraphrase for simplicity:

The yakuza are the Japanese mafia who often have beautiful tattoos all over their bodies. Supposedly the custom originated as a means of guarding against would-be infiltrators and informers. Generally, parts of their fingers are missing because over the years they chop them off, knuckle by knuckle, for various transgressions committed. They have to do this in front of their boss, and show no pain.

Men who have been in the yakuza often go to prison for various reasons – these are the lower class that take the fall for their boss. In prison they do penile implants, taking a pearl and inserting it under the skin of their penis, one for every year they're in jail. They carve down a chopstick or toothbrush to a very sharp point, split the skin open about 1/4" wide (anywhere from about 1/2" below the knob to about 1/2" above the base), lift the skin up and away, insert the pearl, and then bandage it so that the skin heals over and the area resembles a really big wart about 1/3" in diameter. Her boyfriend had 13 in his penis, going all round the shaft.

Self-mutilation appears to be a sign of humility and sacrifice. She says they are also into shooting up 'speed', they shoot it into their finger before they cut it off.

I'm glad I'm sort of civilised, or at least an ardent coward.

D.A.

## **Double Willy**

I thought you might like to see the enclosed snippet from the *Daily Mirror* of 30.11.92:-

"A man held for a sex assault was found to have two penises. Jose Lopez, 26, was born with the abnormality, say the police in Malaga, Spain. A woman aged 30 had been held in his car for four hours, and he allegedly claimed other victims."

Other instances of double penis have been recorded, but this is the only example I have seen in the popular press.

A.W. – Sussex

[I was playing Trivia in mixed company one day, One lady was asked, under a biology question, what was the meaning of the condition known as 'diphallus'. She thought for a minute, then laughed to herself and said, "No, that's ridiculous". When asked, she told us that all she could think of was that di was the prefix for two and that left phallus, but whoever heard of anyone having

two penises. She was right, though! I remember thinking, “Who should be so lucky!”, but I’ve since read that there is accompanying malformation of the rest of the genital system to go with it. D.A.]

## **Preference**

A young lady set out on a mission  
to find out about circumcision.

And whether that way,  
it helped men to stay  
Provided she gave them permission.

This saucy young girl’s name was Harrison,  
and so she crept into a garrison.

She wasn’t oversexed,  
or jealous, or vexed,  
but just wanted to make a comparison.

The first lad was a slim cavalier,  
who thought he had nothing to fear.

Till she forced back his skin,  
before he went in,  
and said, “It’s a bit smelly, my dear.”

The next was a chubby young roundhead,  
and in him her fears proved unfounded.

As he pushed in his knob,  
it felt just the job,  
and the shriek of her orgasm sounded

*Anon. – Bradford*

## **Matriarchal Sexual Abuse**

I was quite moved by your account of triumph over adversity in 2/93. The fact that you managed to emerge from a background of grinding poverty so successfully, and did not give in to the pernicious neurosis of envy which drives so many weaker brethren to part with their foreskins does you considerable credit. I hope you gained as much relief from your worries in ‘baring your soul’ as I did from doing the same in Issue Q a couple of years ago. You are lucky too in having the support of a ladyfriend who takes the normal commonsense view on such matters.

My congratulations too, on restoring the balance in *Acorn’s* content, thereby enabling me to renew my subscription. If it’s too slanted one way or the other you stand to lose customers, and anyway, a bit of cut and thrust make the paper so much more interesting in this connection. Why is it, I wonder, that it’s only the circumcisionists who take up an intolerant and



unyielding attitude [only very few. *D.A.*], whereas the pro-foreskins tend to be a bit hesitant and apologetic? I seem to be the only bloke who is prepared to have a go at the sort of people who decreed that I should be mutilated at birth. What about some of you others who hint at how you feel (are you listening Anthony?) telling the blighters what their ill-considered actions can lead to? A bit of well-directed good-hearted resentment cannot go amiss. Incidentally, David, I do think people should be discouraged from writing sagas. The recent one did, unfairly in my view, monopolise a large chunk of last year's output, and, although entertaining in parts, the inevitable grind down the rose-strewn path to the nirvana of circumcision was so familiar. [See editorial *D.A.*]

Finally, something to exercise the minds of our more extreme tendency who aspire to the wholesale circumcision of mankind. There is an interesting report in *Stern* magazine of Mar 25th on the subject of women who commit child abuse in Germany. Apparently, about 10% of all sexually abused German boys are molested by women, two-thirds of them their own mothers or step-mothers. Prof. Gerhard Amendt of Bremen circulated about a thousand questionnaires on the subject and came to a surprising conclusion:- about one boy in every three is sexually stimulated by his mother when, out of fear of phimosis, she makes regular checks of his foreskin, thereby provoking sexual excitement in the lad. Amendt stresses that this is not abuse, but draws a fine line between motherly care and unacceptable acts, which could easily lead to incestuous activities and confusion.

The article then goes on to describe how some mothers bathe with their adolescent sons. Treating them as infants, they soap them all over and often worry that their offspring may have phimosis (seems to be a real source of angst in Germany), causing them to manipulate and examine their foreskins, thus provoking erections and sexual excitement. Matthias Dreß explains that many mothers, particularly if there's no man in the household, thus satisfy their own needs whilst justifying it as proper maternal concern. Such mothers have no guilt feelings; they claim it is for the child's own good. Dreß goes on to recount how a lot of mothers rationalise blatant sexual acts in this way, on the grounds of defusing the boy's sex drive. He cites a social worker who progressed from checking her 13 year-old's foreskin to full manual manipulation.

Now here's a chance for all you guys imbued with the crusading spirit! Why not form a mission to spread the word among the poor ignorant unenlightened and uncircumcised people of Germany? Sock it to them by leaflet and the spoken word how circumcision not only gives immunity from AIDS, pox, clap, urinary infections, excessive wanking and ingrowing toenails, but will also stop mothers from molesting their own sons, since they won't have anything to molest. And then, if in later life they discover, like I did, that their sawn-off organs are not acceptable to the German girl in the street, they can take comfort in *Acorn's* statistics which show they'll be welcomed by the gay community (who form a preponderance of *Acorn's* membership). Can't you just see all those hard-headed sensible German Fraus skipping about with anticipatory

joy as they register this message of hope and happiness, and rush to join the queue to get young Fritz's foreskin whacked off.

*R.B.W. – Bedford*

## **Masturbation — Getting It Right**

### Introduction

There is no doubt that masturbation is by far the commonest form of sexual release enjoyed by man. Often from long before puberty the habit is established as a regular source of deriving personal pleasure. Only 1% of adult males claim never to have experimented with masturbation, and 95% of teenagers admit to it as a regular practice. Though there is a decline in prevalence during the passage of the years, even beyond the age of retirement at 65, one respected piece of research a few years ago revealed that over 40% of men enjoyed masturbating at least once a week. In their teens and twenties, the most sexually active years, many young people toss themselves off twice, or even three times a day, though the average seems to be about three times a week.

Yet, for all its popularity, masturbation is still surrounded by totally outdated taboos and prohibitions, leading to guilt, shame, embarrassment on the part of the individual, and obsessive vigilance against its practice by the forces of law in even the most remote of 'public' places. Where a copulating heterosexual couple may be mildly admonished by a bemused constable, a lone masturbator is more than likely to be arrested for obscene behaviour, and the press will have a field day reporting the case.

But masturbation is nature's safety valve, enabling the release of sexual energy which might otherwise so easily be diverted into violence, rape, incest and other truly offensive forms of sexual behaviour. Masturbation should be interpreted as a Celebration of Male Sexuality, to be enjoyed, encouraged and developed into a sophisticated form of sexual expression in its own right.

Masturbation is 'the real thing', no more and no less than fully partnered hetero- or homo-sexual penetrative intercourse. It is not a substitute for these other sexual activities. It is a totally legitimate and potentially fully satisfying form of sexual expression in its own right. It should be fostered, nurtured and worshipped as such.

### Setting the Scene

Just as extreme hunger will drive a man to snatch at any opportunity to fill his stomach, regardless of the quality of the food or the ambience of the dining room, so there are times when masturbation is an urgent necessity to release high levels of sexual arousal. In such circumstance it may be

necessary to forgo the luxury of choosing the right moment and surroundings, and to enjoy a 'quick wank'. This will restore the genital discomfort, inability to concentrate and temperamental irritability which frustrated sexual desire can generate.

However, masturbation is at its most successful when careful attention is given to such factors as the availability of plenty of time, a completely relaxed state of mind, security from undesirable interruptions, and a suitable ambience to suit the mood of the practitioner. This latter may vary from the soft furnished comfort of the low-lit lounge or 'boudoir' to the alfresco freedom of open beaches, country pastures, rugged mountain wastelands, or even a lonely pitch-dark cave. And masturbation is usually at its best when the session is commenced from a state of total sexual 'non-arousal', so that the full joys of developing what we loosely call 'the urge' completely from scratch, can be savoured to the full.

Whenever possible, total nakedness is usually preferred so that all parts of the body may be readily explored and stimulated. Masturbation should always be perceived as a 'whole body' – physical and emotional – experience, not merely a genitally orientated burst of physical stimulation.

### Enjoying the Action

Sexual arousal is marked by several recognised stages which together form a complete cycle. At each of these stages there are techniques available to enhance the pleasure and to facilitate progression from one stage to the next.

#### i) The totally quiescent state – the resting state of non-arousal

This can be uplifted at least to a pleasant state of constant vague sexual awareness by the routine wearing of cockstraps, rings, snug briefs etc.

#### ii) The state of preliminary awareness and triggered arousal

Gradually, after a resting period, most men develop a vague, but persistent genital awareness or fullness, coupled with a sense of general irritability, inability to concentrate, and the emergence of sexual fantasies. This 'urge consciousness' is a spontaneous natural process which builds up as a period of sexual inactivity becomes prolonged. It can be triggered to occur more rapidly by such stimulants as pornography, sexy talk, explicit correspondence, visually attractive companions or passers-by etc.

In the context of masturbation starting from the resting state, this preliminary arousal can be achieved by stripping off in the chosen surroundings, consciously fantasising, relaxing and beginning the process of self-caressing and fondling.

(to be continued)

*Dr. Ray*

## **Snippet**

### **(From Forum Advice)**

I've noticed that when I go two or three weeks without sex or masturbating, my sperm comes out as a gelatinous sponge-like substance, with a more yellowish colour than usual. This only lasts for two or three ejaculations and then my sperm returns to normal. What could cause this and is it anything to worry about?

Answer: The ejaculate is less coloured and also known to be less viscous or thick after a few ejaculations or with frequent ejaculations. Probably the ejaculated material becomes more concentrated when it remains in the body for a period of time compared with the thinning and dilution that would take place by frequent ejaculations. There is a characteristic odour that is noted with ejaculation, and is normal.

## **Contact Corner**

Retired hetero couple, both depilated and circumcised, wish correspondence with ladies or couples having similar interests. All letters answered and confidence respected.

*A.W. – Sussex*

# **ACORN**

**1993 Issue No 4**

**Editor  
David Acorn**

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**Newsletter Contributions,  
Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

to:- TONY ACORN

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Printed & Published in England by Acorn

## **Editorial**

Not much to say this time. I was hoping to get this out earlier, but a lot of personal events have held me up. I expect to be moving house shortly, so I would ask those who write to my home address to use the Box number from now on. The telephone number should remain the same.

Also, I'm not altogether happy with the balance this month. I have loads of pro-foreskin material, but very little pro-circumcision. Anyone want to rectify matters a little? Anyway, happy reading.

*D.A.*

## **Guessing And Reading**

I wrote in 6/92 asking for ideas to provide a taper to my reconstructed foreskin, and am grateful to P.D. for going to the trouble of describing a D.I.Y. solution in 8/92, although I'm not sure which way the cuts should go. Even if I was, I'd still have problems because I tend to throw a wobbly at the sight of blood. And anyway, I can't even carve a roast without cocking it up. I've had one knife and fork job done on my unfortunate organ – I couldn't take another! Perhaps someone has a suggestion which doesn't require me to be surgically trained.

Incidentally I recently had an open-heart op. and found myself fitted with a urinary catheter up my pipe when I woke up. I got friendly with the nurses and, chatting to one of them, discovered that she'd been the one to insert the catheter. I pulled her leg about it, whereupon she hesitated and then said could she ask me a personal question. Apparently when the guy is under and being prepared, the girls run a book on guessing whether he is circumcised, before the covers are removed (the patients are mostly my generation so the girls have an even chance). Most of the girls guessed (rightly) that I'd been done, but had to pay up 10p each for the Xmas fund on seeing my reconstituted foreskin. But when this was pulled back to free the opening of the glans to insert the catheter, the anaesthetist noticed the unsightly remains left by the butcher who had mutilated me as a kid, and told the nurses they'd been right first time. So my nurse was dead curious. When I told her how I'd stretched it to relieve the deep distress and anger I'd felt, she was entirely sympathetic, saying she couldn't understand why they were so keen to deform little boys in those days when it was totally unnecessary – very few younger men had it done, even among the so-called educated classes, nowadays.

Now some recommended reading: If you've got a decent library you could do worse than read Albert Moravia's subtle and sexually titillating novel '1934', about a young Italian in Capri who falls in love at a distance with a neurotic German girl. She leads him on whilst gently rebuffing him, only to disappear back to Germany and be replaced a day later by her identical twin sister who is her exact opposite character-wise. Lucio, being all fired up for

the first sister, is attracted to the second by her close resemblance to the first, but slightly put off by her direct sexual approach. For example, when she invites him into her changing cubicle on the beach, and strips off in front of him, he admires her nude body but declines her insistent demand that he strip off too, and goes to change in private. They then take out a boat, and the girl starts questioning him about his background, eventually asking him if he is a Jew. He takes offence and wants to know why. She replies that she would have to go back to the beach and have nothing more to do with him if he was. He really takes umbrage, and says he'll row back anyway, whereupon she gets alarmed and stops him, but insists again in knowing if he's a Jew. When he finally admits he isn't, the girl asks him why he's not prepared to prove it – the Fuhrer (who had just come to power) forbade German girls to go with Jews. Lucio is perplexed, and asked what proof the girl expected. She explained that she had invited him into her cabin to undress only to see if his penis was circumcised; and thought his reluctance to do so may have meant he was Jewish and ashamed of it. Lucio was totally gobsmacked, but when she went on demanding proof, he gave in, pulled his trunks down and revealed his pristine fully foreskinned dong.

(This struck a chord with me, since I went through a similar process in Munchen-Gladbach in 1959 – but failed the test – see Issue Q.)

When Lucio goes to pull his trunks up, she won't let him, but stares avidly at his member until he erects. She then gets so aroused at the sight of his erect uncircumcised penis that she grabs his foot by the heel and toe, places the sole over her vulva and rubs it rapidly up and down until she comes. When she recovers, she says "Again!", and repeats the operation, eventually flopping back in total satisfaction.

This goes to illustrate the strength of the revulsion felt by German women for the circumcised organ, not just during the Nazi era either! From what I've heard they still feel the same way today.

*R.B.W. – Bedford*

## **The Lists**

I've just received the most recent journal, most interesting as usual, and I wanted to say a couple of things about the lists:-

a) Charlie Chaplin was not in fact Jewish, so it is quite likely that he had a foreskin.

b) Nureyev was born of Muslim Tartar parents in the late thirties or early forties (his name contains the Arab root Nur). So it is very likely that he was circumcised. Two other great dancers, Irek Mukhammedov and Faroukh Ruzimatov, are also of Muslim origin; the disgraceful Soviet attempt to stamp

out religious circumcisions from the fifties onwards may mean that they are uncircumcised.

c) There is a full frontal of Stallone in this month's *For Women*. It's poor quality, from his early career in soft porn movies, so don't rush to buy, but check it out in the shop. A close look shows that he is quite neatly circumcised.

d) We do need someone to do a similar list for British sportsmen.

*D.P. – London*

Further to my recent letter about my scepticism of the lists of 'celebrities' you have printed in Issue 2/93, you can add the following 'dead certs' to your American cut list:-

Brad Davies – run the video of *Midnight Express* frame by frame when he is naked before the police chief.

Sam J. Jones – he was Flash Gordon in the film, and a *Playgirl* centrefold.

Michael Brandon – of T.V. detectives Dempsey and Makepeace, but who, in another T.V. play, was clearly cut when he turned over in a bed scene.

I suspect you can add David Niven to the English cut list. In his autobiography *The Moon's a Balloon*, in his story of when caught short at a regimental dinner, he wrote about his 'acorn'.

*R.H. – London*

## **The Dictionary**

### A Malay Vocabulary.

- |                     |   |
|---------------------|---|
| 1. Penis            | Zakar or Butuh  |
| 2. Foreskin         | Kulup   |
| 3. Testicle         | Buah Pelir  |
| 4. Scrotum          | Kandung Buah Pelir (Kandung means to carry in a sack/sac) |
| 5. Semen            | Mani  |
| 6. Masturbation     | Rancap  |
| 7. To Masturbate    | Merancap  |
| 8. Circumcision     | Khatan, Sunat   |
| 9. To Circumcise    | Mengkhatankan or Menyunatkhan                             |
| 10. Penis (obscene) | Lanchiao  |

*H.C. – London*



### Latin

- |                              |              |
|------------------------------|--------------|
| 1. Circumcise                | Circumcidere |
| 2. Circumcision              | Circumcisio  |
| 3. Foreskin                  | Praeputium   |
| 4. Glans and Penis are latin |              |

### Greek (Classical)

- |          |                                 |
|----------|---------------------------------|
| 1. Penis | Posthe (grammatically feminine) |
|----------|---------------------------------|

### Olde English

- |                 |              |
|-----------------|--------------|
| 1. Circumcise   | Ymbeceorfan  |
| 2. Circumcision | Ymbeceorfnes |

### Arabic

- |             |                          |
|-------------|--------------------------|
| 1. Foreskin | Qulfa-t                  |
| 2. Penis    | Zakr (pronounced thak r) |

### Gaelic

- |             |                |
|-------------|----------------|
| 1. Foreskin | Roimh-chraicin |
|-------------|----------------|

### Esperanto

- |               |            |
|---------------|------------|
| 1. Circumcise | Cirkumcido |
| 2. Foreskin   | Prepucio   |

One of the topics that interests me most is the permanent retraction of the foreskin. This was not an 'option' in the questionnaire as I recall; either cut or not. Amongst uncut guys, there are those who are very fond of their foreskins and keep them in the 'natural' state always. But there are those who, for various reasons, prefer to keep them retracted. There has certainly been plenty of evidence amongst the newsletter material to suggest that this is fairly common. I have compiled a further questionnaire on this topic and would be very willing to analyse the replies if you would be willing to send them on to me. It would save time and money if all replies were forwarded at the same time, so perhaps a 'cut-off' date of four weeks or so after the publication date of the next newsletter could be imposed.

*N.G. – Norfolk*

[A questionnaire is included with this edition, and will go to the circumcised as well as the foreskinned, just for interests sake. D.A.]

## **Masturbation – Getting It Right (Continued)**

### iii) The Stage of Active Arousal and Foreplay.

We are now moving into the 'big time' and talking of the developing erection, more positive body caressing with concentration on the erogenous areas and specific methods of genital stimulation. The erogenous areas of the body vary somewhat from individual to individual, but tend to be concentrated in certain specific parts. These include the inner aspects of the thighs, the lower back and loins, the nape of the neck, the soles of the feet, the palms of the hands, the areas surrounding any natural body orifice – eg: mouth, nostrils, ears, eye orbits, nipples, umbilicus, anus – and of course, the whole genital area of cock, balls, perineum and pubis.

The pleasure of caressing any of these areas may be enhanced by the use of a lubricant such as baby oil or lotion or, in some areas, an astringent like after-shave or, even, a heat producing balm like Ralgex or Deepheat. Those who are 'nipple sensitive' may enjoy stimulating them with a nailbrush or with 'tit-clips' or weights. Silk, velvet cloth or soft fur can be gainfully employed in body caressing activities.

Techniques of penis stimulation by hand depends to some extent upon whether or not an individual is circumcised. Those with a mobile foreskin will be able to draw this to and fro over the glans penis by establishing a fairly firm grip on the shaft of the penis. Those without a foreskin, or those who prefer to masturbate with their foreskin fully retracted, are likely to employ a looser grip on the shaft, or simply the glans, and stimulate themselves with a sort of friction rub. The hand rubs over the glans to produce the arousal. This latter technique is rather more likely to cause minor abrasions and friction burns, but the risk of these can be reduced by the use of a lubricant.

As a general rule it should be remembered that the frenulum, the fold of skin on the under surface of the glans which attaches it to the foreskin, is usually particularly sensitive.

Penile 'containment' in a tight condom or proprietary masturbating device – eg: the 'Jac Pac' or the latex 'glove' of a penile vibrator – is often a very successful aid. It should not be forgotten that, where such devices are made of rubber, a non-oily, waterbased lubricant such as KY Jelly should be used.

A simple and very effective cock-containment device can be made from hollowing out a length of thick cucumber. The sleeve thus produced provides a deliciously cool masturbating tool.

Other aids, such as cock-straps or rings around the base of the penis or scrotum, to strengthen erection, or as a collar around the neck of the scrotum above the testicles, to resist the natural inclination of the testicles to rise up as arousal advances, are often very beneficial.

Penile base straps of the sort referred to above, not only impede blood drainage from the penis, thus encouraging erection, but also, when fitted fairly tightly to the flaccid organ before the commencement of masturbation, impose a narrowing at the base of the shaft during erection. This narrowing gives the erect penis a considerable flexibility of movement at its base, facilitating, for example, the ability to pull it downwards and firmly backwards between the legs from behind. Masturbation in this position is favoured by many for enhanced sensation.

Scrotum collar straps, because they prevent the testicles from rising up as arousal advances, require that the muscles involved in this lifting process must contract more firmly in an attempt to overcome this restraint. The stronger the muscles pull, the more exciting the sensation.

Other specific physical aids – eg: butt plugs and dildoes, inserted into the rectum to stimulate the prostate through the bowel wall; anal and penile vibrators; gradually stripping out of carefully selected erotic clothing, etc – can be experimented with. The growing sense of arousal may also be improved by employing more subtle outside stimuli – eg, masturbating in front of a mirror, using porn mags or videos, dialling stimulating telephone ‘chat lines’, or choosing suitable background music (I find Ravel’s Bolero particularly exciting as it builds up to its crashing crescendo in time with a leisurely wank). The ability to fantasize can be nurtured. Some people are able to develop the imaginative process tremendously, enabling pictures in the mind to be so vivid that they can virtually achieve orgasm without any manual stimulation at all. This, of course, reflects what happens during the course of a ‘wet dream’.

Hand-grip techniques vary enormously: to each his own preference. Some will prefer a fairly light two or three-finger grip while others favour a full fist encirclement of the shaft, with the thumb either at the base or the distal end of the penis. Yet others enjoy a two-handed grip and there are also those who swear by ‘rolling’ the penis between their open palms as if they were rolling out a length of plasticine. Some masturbators place equal emphasis on the upward and downward strokes, while others prefer true stimulation in one direction only, virtually releasing their grip on the ‘recoil’ stroke.

There are those who masturbate quickly and with great energy, often utilizing short strokes, while others prefer much slower, longer strokes. Exploring the variation of stroke, timing and grip, rather than sticking to one established pattern, can be fun.

It has already been pointed out that masturbation should be a whole body experience and, during arousal, while one hand is engaged in penile stimulation, the other should be caressing and exploring the rest of the body – tweaking nipples, pinching buttocks, stroking sensitive areas, sucking on fingers, poking quite firmly into the umbilicus, ‘finger-fucking’ the anus, etc. Body writhing and pelvic thrusting add to the developing excitement. New postures can be tried – pulling the penis between the legs from behind has

already been mentioned – standing up, lying down on front, back or side, squatting, bending forward, drawing up the knees, arching the back and buttocks while supporting the body on feet and shoulders, etc. all help to bring into play groups of muscles which are more than happy, if given the opportunity, to get in on the action. Even tightly curling the toes can increase the general sense of well-being and excitement. A few young and supple men, apparently about 0.05%, are actually able to fellate themselves (suck themselves off) – there's no harm in trying. Another popular trick is to grip the penis between the thighs and masturbate by rolling it between them as they are worked backwards and forwards.

For many, the most successful of all solo masturbation techniques is simply fucking a mattress or pillow (the more sophisticated may invest in a rubber inflatable doll), or even the gap between a cushion and the chair on which it is resting. Others prefer the gaps in the folds of a folded up bath towel, possibly with a condom to prevent soiling the towel. One particular friend of mine uses a hollowed out bath sponge and surrounds his cock in a damp face flannel which he has pre-warmed in the microwave oven.

I am aware at this point that I should make a reference to the use of drugs to enhance arousal. A little judicious alcoholic imbibing helps to loosen inhibitions, but excessive indulgence is a sexual depressant, not a stimulant. For a variety of reasons, into which I do not wish to be sidetracked at this juncture, I am not happy about the general use of 'poppers' (amyl and butyl nitrates), nor can I encourage cannabis or 'crack', or any of the other illegal so-called drug stimulants. They are mentioned only for the sake of completeness alongside a strong background of prejudice against their employment on my part.

(to be continued)

*Dr. Ray*

## **Ian's Tail**

I was born in the north of England just before the outbreak of W.W.2, the first of my parents' two sons. Because my mother had suffered from rheumatic fever my birth was planned to take place, not in the local maternity home, but in the city hospital. Apart from being a week earlier than was expected, I gather my arrival was quite normal. On the Thursday before our discharge from hospital the midwifery sister breezed up to my mother and said that she had a fine young son and surely she would like him circumcised? My mother said that circumcision had not been considered and that she would discuss it with my father when he visited that evening. The midwife told my mother that there could be no delay as circumcisions were done once a week, on Thursday mornings. The midwife told my mother that it was a good thing to do to little boys, it made the penis easy to keep clean, it "prevented trouble later" (damning phrase!) and that I would be thankful for it when I was older and

when I was married. From discussion I sense that the midwife pressured my mother into agreement. I was circumcised later that morning. On learning of the operation on visiting that evening, I am told that my father was distressed, not because he particularly wanted me to keep my foreskin, but because I needed medical intervention so early in life.

When we arrived home, our friendly family doctor arrived to see my mother and take a look at me at the same time. He was horrified at the state of my penis, at the ragged scar, and at the incomplete division of the adhesions between my penis and glans. The doctor offered to have me return to hospital to be tidied up, but my father refused his offer. In discussion it was agreed that, should my parents decide to have my tonsils and adenoids removed, or should I need to have my appendix removed, the tidying up could be done at that time. Apart from foreskin and a few teeth I still have all the bits and pieces with which I was born.

When I was at school and about ten years old I was selected to go off on a 'field study'. The accommodation was basic but sufficient for our needs, we were required to bath in pairs, and it was here that I first discovered that I was not born with an exposed knob. Trevor asked if I had arranged to bath with anyone, and if not, could we bath together. I agreed. Trevor went on to tell me that he had had an operation and didn't like the water too hot. When we went off to the bathroom and stripped off, I asked to see the evidence of his operation and, much to my surprise, he showed me his cock. It was almost like my own. Trevor then looked at my cock and told me that I too had had the operation, that we had been born with skin covering the knob, but that it had been cut off. I couldn't believe him!

I remember returning home at the end of the trip and finding my mother in the kitchen preparing the tea. She was delighted to see me and encouraged me to talk about the trip, which I was pleased to do. Eventually I told her that the boys had been required to bath in pairs, and that I had bathed with Trevor. She said that she remembered Trevor, that our birthdays must be very close as his mother had also been in the city hospital maternity unit at the time she had given birth to me. I told my mother that Trevor had said that I had had an operation on my penis to cut away the skin. She confirmed this, and said that the operation was called circumcision, and that Trevor and I were circumcised on the same day. My mother also told me that she had been waiting for the time when I would ask questions about my penis so that she could explain to me why my penis was different from that of most boys. This was the first of several conversations I had with my parents about circumcision, my own and the subject generally. I believe that such openness between parents and their son is unusual.

I was untroubled by the appearance of my cock until I was selected for secondary education, and found myself in a school where there were three sessions of P.E. and games each week and, yes, showers were compulsory. It was here that I found that there were cocks with hoods (about 75%), some

hoods being long and twirly at the tip, others shorter and open. There were cocks without hoods, and then there was my cock. By this time the ragged scar had subsided and was less visible, but the bridge of skin had not. This bridge of skin started at the circumcision scar line, about a third of the way down the shaft measuring from glans rim to belly, half encircled the shaft, and tapered to about half an inch at the glans where it was firmly attached beside the urethral opening. The bridge was adherent only at the two ends, and I had been taught by my father to keep it clean by passing a soapy finger behind it each day when I bathed.

There was, however, another problem. I suffered from those irrepressible and aching erections that plague adolescent boys. When this occurred, the bridge of skin, which had not grown as much as my cock, pulled the glans firmly to one side. This was uncomfortable. Indeed, on a real 'boner', it was painful, but never painful enough to diminish my erection.

As a young adult I went through a stage of regretting, indeed, bitterly regretting, what had happened to my cock. I wished all manner of ill to befall the midwifery sister who had persuaded my mother to have my penis circumcised, and on the doctor who made such an unsatisfactory job of it. Having said this, I would defend the right of parents to take the decision to have their sons circumcised, but, incumbent upon parents electing for circumcision must be the commitment to tell their son that he is circumcised, and why that choice was made.

I did have a tidying up procedure, but that is another story.

*Ian*

## **Malayan Events**

A further experience of my Malay chauffeur, Rahbi, recounted by him in great detail, is perhaps worth a mention. The following I know to be true, as I later met, through Rahbi himself, two participants of this tale, who corroborated the evidence. To begin:

My previous essay 'Malaysian Experience', issue Z, Dec. 1990, revealed that Rahbi was circumcised in early boyhood by an English doctor who, to win his patient's trust and to forge a personal link, had stripped himself naked to perform the operation. In current parlance, the term is 'bonding'. For convenience I shall call this doctor, Dr. Smith -

Thenceforth, Rahbi became a regular patient of Dr. Smith. During visits for treatment, if they were alone in the surgery, some mutual fondling and horseplay took place, though not always reaching orgasm. Thus the doctor became a friend and a sexual confidante of sorts. When Rhabi married, Dr.

Smith treated his wife, dispensed sexual advice, and delivered his two babies. But to go back earlier:-

Dr. Smith was somewhat appalled that a large number of pre-pubescent Malay Muslim boys who came to him for circumcision, knew very little about sex. And they knew still less about the purposes and effects of circumcision, except that it was an inevitable religious ceremony. They were often nervous and shy, frightened at the prospect of being 'cut', and sometimes so embarrassed they even vehemently refused to reveal their cocks.

Due to the reluctance in Muslim families to discuss sex, most of them had never seen an adult cock, still less a circumcised one, despite the fact that their fathers, brothers, and uncles were all 'cut'.

So Dr. Smith decided to approach the Imam of the Metropolis (Imam = a religious teacher or leader, greatly respected in Islamic society) with a proposal. The Imam happened to be one of his patients and possessed great clout among the locals.

As a large proportion of candidates for circumcision came from outlying villages, where peasant parents were too unsophisticated to give their young a sex talk, Dr. Smith proposed to visit as many villages as possible and lecture to groups of boys on sex and circumcision. When their time approached, they would be prepared to lose their foreskins without fear, and look forward to a good sex life. The Imam agreed to this.

Each month, Dr. Smith would travel to two villages, usually by car, but if very remote, by army helicopter. For this project Dr. Smith needed the help of a companion and chauffeur, and he approached Rahbi with the offer. The job was periodic, entailing 4 or 5 days away each month. But it was well paid and promised adventure, so Rahbi agreed.

Weeks before they arrived, the sub-Imam of the village would be notified and board and lodging would be provided, and a schoolroom for the lecture prepared. The boys who were to attend had also been selected. Dr. Smith and Rahbi found nothing wanting, despite the primitive conditions. To maintain a friendly, personal and intimate atmosphere, numbers were kept low – each lecture not exceeding 15 boys. If there were more boys, separate lectures were given. Dr. Smith spoke Malay fluently through long residence in the country and close contact with the locals.

The first lecture, given to about 10 boys, went smoothly enough, though at the end of it the doctor had felt an inexplicable frustration. Inundated with questions, he had been unable to convey the 'look and feel' of a circumcised penis, despite some chalk diagrams and one or two illustrations from his medical books. This had somehow offset the joy he desired from having got the project off the ground.

That night, the doctor was restless, and towards dawn he shook Rahbi awake with a sudden inspiration. Would Rahbi be willing to let his naked body be used as a medical specimen and illustration? Rahbi's dark brown body (and his enormous black glans) was a fine example of a mature Malay male. Moreover, as all the boys were Malay and of similar complexion, their own cock-heads, when eventually circumcised, would probably have the same dark hue and texture as Rahbi's. This appealed to Rahbi's exhibitionism and he readily agreed.

At the next lecture, having explained 'the birds and bees', the doctor told the boys that he would now like to show them the naked body of a mature Malay male, and his circumcised cock. At this juncture, Rahbi stood up, removed his three items of clothes, and stood naked before them with his enormous black glans bobbing like a large jellyfish between his legs. He then moved slowly around the room, stopping close-up to each boy for several minutes to offer them a detailed scrutiny. Now and then he massaged his glans to demonstrate that it had become desensitised, or lifted his penis to show his small scrotal sac. That first time, he quickly became erect, and remained hard throughout the lecture.

The atmosphere was electric, and questions came thick and fast. Rahbi answered each question frankly, not shying away from marital details either. He added that as a good Muslim he shaved his cock and armpits, and exhorted the boys to do likewise if their pubic growth had already begun. Dr. Smith finally told the boys that the body was an object of pride and not of shame. With Rahbi's naked body in front of them, the boys had become more forthcoming about themselves. Some admitted already experiencing erections, pubic growth, masturbation and wet dreams. Others were still awaiting puberty. Penis size, foreskins and glans were all freely discussed. So Dr. Smith realised he had at last found the successful lecture formula.

The village sub-Imam was always invited to attend, but told beforehand what to expect. Objections were never raised for various reasons:-

- 1) He had to defer to the central Imam's authority.
- 2) It was in the interest of (sex) education.
- 3) Village life was so boring anyway, who would not welcome a free show – especially a free cock-show?
- 4) Anyone who had ever met Rahbi was always struck by his strong aura of sexuality, and a chance to see his cock was not to be missed. Also the Malays are a fairly bi-sexual people, and curiosity of one man over another man's cock was not uncommon. And indeed, not infrequently, the village sub-Imam would seek Rahbi out when he had some moments alone and make sexual offers. Dr. Smith had predicted this as a likely consequence, but left Rahbi to deal with it as he saw fit. He usually acquiesced.



This enjoyable job lasted for more than 10 years, from his late adolescence into his marriage, and beyond his fatherhood. It terminated just before he came to work for our family – in his early thirties. In a strict Islamic society where sex and nudity were anathema, Rahbi became the proud possessor of the country's most well-known cock. A whole generation of rural Malay youths had reason to be grateful, for, without his cock, they would never have been initiated so smoothly into the secrets of manhood and circumcision, and directed onto the path of a good sex life.

*H.C. – London*

## **Forward Women**

Britain in the mid-seventies was the pits, with the economy in free fall and a dead-beat government in charge (seems familiar, doesn't it?). So I accepted the chance of an overseas post and found myself in the Middle East. The expatriate British community covered the spectrum from hopeless drunks to real characters, and it's about this last category that I'm writing today.

Sadie was an outrageous lady by any standards. She was terribly well-connected with a cut-glass accent, and was blessed with a luscious body of which she and her many admirers were constantly aware. She was in her mid-thirties, had two young children (known to Sadie as the brats), and a rather precious artist husband (that great poofter) who she said tended to skip when walking. She worked for an Arab trading company and so impressed her millionaire Arab boss, that he showed his appreciation of her talents by giving her the use of an expensive and sexy sports car.

Sadie particularly distinguished herself on the expatriate beach by wearing a thoroughly obscene chamois leather bikini. When wet, not only did her nipples show through in stark relief, but she always seemed unable to prevent a fold of the material getting trapped between her lower lips. As you can imagine, this intriguing sight created considerable emotion among those who had the privilege of looking at her; in particular a bunch of rampant army colonels (known as "Sadie's junta") who used to gather round her like flies on a jampot, vainly trying to hide their erections.

I got friendly with Sadie and managed at times to tear her away from her junta – although flattered by hanging tongues and standing cocks, she said military types bored her – and took her up-country in my company Range-Rover for the odd desert picnic. One day I went with her and her friend, a lady schoolteacher called Joan, who seemed her exact opposite, being quiet, thin and generally mousey, on a trip up the Wadi Ghawaref into the mountains. This was a spectacular run which left the desert behind, and entered a world of steep stony gullies, sudden rainfall, and consequently, deep pools of cool water surrounded by oleander bushes – the Arab version of paradise in one of the hottest regions in the world.

Coming upon one of these pools in a remote and isolated spot after a hot, tiring drive, we didn't hesitate, but jumped right in. The girls went in in their blouses and shorts – light clothing dries in minutes in that heat – while I stripped down to my Y-fronts. After a glorious half-hour in the pool we got out, demolished the smoked salmon and champagne, and laid down on a blanket to relax. We got talking and I regaled them with a little story about my Arabic classes. I told them how I'd turned my elegant Egyptian lady teacher into an incoherent and near-incontinent jelly by translating the phrase, "the English here are all stupid", but instead of using the word "mughaffalin", meaning stupid, I'd used the word "mughallafin", meaning uncircumcised! This tickled the girls no end and they were nearly as creased up as my teacher.

This story fired Sadie up to tell a rather questionable joke which one normally wouldn't expect to hear from a sophisticated well-brought-up lady, but which certainly helped secure her outrageous reputation: "A sergeant-major, addressing his platoon, told the men that they were due for a short-arm inspection, but since the M.O. was a total wimp who got the vapours at the use of rough language, he said he'd do the whole thing by numbers. "On the command 1, undo your flies and get your cock out. On the command 2, pull your foreskin back. On the command 3, pull it forward again. And on the command 4, put your cock away, do your flies up and dismiss". The M.O. turned up, the sergeant-major went through the routine, and after the men did themselves up and dismissed, he was about to follow them when he discovered the platoon idiot, Private Berk, standing behind a pillar with a red face and glazed eyes going "2-3, 2-3, 2-3".

This time it was my turn to fall about laughing, and so did Joan of course, but Sadie wasn't finished yet. She went on to tell us how she had gone to dinner with her Arab boss and another group of western women who took his fancy, and the highlight of the evening came when he summoned the cook to present the guests with a steaming platter of goat and rice, seemingly unaware that his dhoti had come loose, showing him to be woefully devoid of underpants, since his enormous cock was rolling and swinging about in full view. The girls threw hysterics on the spot, but not before eagle-eyed Sadie had noticed that the gentleman was uncircumcised. Being the girl she was, she didn't hesitate to ask bossikins (as she called him) how his cock happened to have a foreskin in a staunch Muslim country, and was told that he was Hindu. (What she wasn't told was that such a sight was considered by the local Muslims to be a deadly insult to a woman, but since they looked upon all western women as honorary whores anyway, it didn't count.)

She then went on to talk about her husband who, besides ignoring her in favour of small boys, was circumcised, as was her male 'brat'. She said that all men-folks of her acquaintance had been circumcised, and that the Hindu cook's foreskin came as a divine revelation. There was a pause before she asked the question I'd been dreading – "What about you, Paul. Are you circumcised?" I tried to fend her off by telling her she'd have to get to know

me a bit better before I'd discuss such a personal thing, but if she played her cards right she might stand a chance. But she turned the charm on and got Joan, who hadn't said a word up to then, to join in. Eventually I admitted that my parts were the same as they were when I was born. That was a big mistake, because then the wheedling started again. "Come on Paul, be a sport and let us have a look. I only got a little glimpse of the cook's cock and I'm dying to see what a normal cock really looks like."

You might think it odd of me to even hesitate in what seems to be the sort of sexual scene that most men would give their eye teeth to respond to, but I have to admit that any urge I had was overshadowed by anxiety and inhibition. I am not overgifted with sexual confidence and I just couldn't cope with being browbeaten on an embarrassingly personal subject by two women (nowadays you could probably take them to court and get a few million for sexual harrassment). I continued to refuse, whereupon Sadie accused me of being a hopeless wet and had a quick whispered conversation with Joan. She then knelt at my head, whipped her blouse and bra off, and, holding my arms firmly, let her large shapely tits flop over my face completely, blocking my vision and nearly cutting off my air supply. Meanwhile Joan grabbed my waistband and pulled my Y-fronts off, leaving me wondering what had hit me. I looked down to see my willy shrinking even further under its skin cover before their inquisitive gaze.

"For heaven's sake stop looking so horrified," said Sadie. "We're only having a look at it. I think it looks quite sweet, don't you, Joan?" Joan just giggled, but Sadie went on, "It's much more streamlined than my husband's and looks like those statues in the Louvre." Joan replied, "I reckon it looks like a great fat worm crawling down his leg", and both girls collapsed with laughter whilst I just lay there red-faced and embarrassed. Sadie took her sunglasses off and used the arm to poke at my prick, flipping it up to lay along my stomach. She then got down close to examine it, fascinated by the seam which extended from the root right down to the floppy tip of my foreskin. "Mummy says foreskins are dirty", she said. "Is yours dirty, Paul?" Joan answered for me. "Soon find out", she said, and taking my cock in her hand, pulled my foreskin right back. Since I'm very particular about personal standards I had no fears on that one, but, snapping out of my inhibition, I started responding in the time honoured way to female handling and started to get a massive horn on.

I'd like to be able to say that this was followed by a fantastic sex scene with both girls taking it in turns to sample my unaccustomed wares so as to be able to deliver a verdict, but sadly my erection signalled the end to what had, for the girls, been purely a bit of fun. After commenting that she could find nothing dirty about my uncovered glans and drawn foreskin, Sadie realised from my burgeoning erection that things were getting more serious than she had intended, and both girls dropped the subject, seemingly losing interest in my rampant organ, whilst I hurriedly covered up and got dressed. I would

dearly like to have been able to report that Sadie had carried out the 2-3, 2-3, routine on me, but sadly this was not the case – not this time anyway.

On the drive back, Joan admitted that her boyfriend back in UK had been uncircumcised, and so nothing I had came as a surprise. Sadie, despite her strong sexuality, was surprisingly ignorant about such matters, and was very curious about the whole circumcision scene, wondering why some people considered it necessary, since, as far as she could see, there was no cleanliness problem and very little difference in fact when erect. I said I could see no reason for it either, but thought that the compulsion to cut bits off the sexual organs was very widespread: the locals not only circumcised their boys, but their girls got 'done' too, so as to destroy all sexual feeling and keep them 'pure'. Both women were horrified, declared the whole business unspeakable, and changed the subject.

I could write a book about my life as an expatriate, and the episode with Sadie and Joan was merely one in a whole number of experiences which just don't seem to happen back home. The subject matter covers too wide a spectrum though to be of interest to *Acorn*.

*P.G.W. – Chesham*

P.S. You ask to be told if stories are fantasy. This one is absolutely true, although the names have been changed.

# **ACORN**

**1993 Issue No 5**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

A while back Brian of the West Country and I inserted an advertisement in *Forum* for anyone interested in circumcision or foreskins. There was a response and we now have about a dozen new members. We wish them welcome and hope that they find a lot to interest them in the group. If there are any questions they want to ask, please feel free, and any contributions to the newsletter would be welcome. Don't worry if you think that what you want to say might have been said before, there are always new angles to everything.

D.A.

## **Knobs In Art**

In issue 1/93, G. of Birmingham raised the most interesting subject of 'Circumcision in Art'. I have always been puzzled as to why there are so few cut cocks in western art. There are only a very few representations of the circumcised infant Christ in early Italian painting, which is extraordinary since His is such a well-documented circumcision. I suspect it has something to do with the Catholic Church wanting to claim Christ as their own and not admit that he was first and foremost a Jew. In all the thousands of western European paintings of biblical subjects with nude males, one never sees, despite all Jews being so, circumcised cocks. In sculpture it is most strange, as it must be a great deal easier to carve a roundhead than a wrinkly bit of dangly skin. Maybe that is the reason – ie, it shows more skill, and obviously, one slip of the chisel and the guy would end up cut anyway!

Until the twentieth century, and except for primitive peoples and the circumcising religions, artists must have seen very few circumcised models or individuals. Perhaps readers could start sending in details of cut cocks in art that they have spotted?

I have noted in particular the following:-

A nude man holding a rope (probably a sailor, and of the East India Company who insisted their employees were circumcised if they could not draw back their foreskins) by Christen Kooke, the nineteenth century Danish artist, in a Copenhagen museum.

A bronze sculpture by Vincenzo Gemito 1852-1929 of a fisherboy, in the Bargello Museum in Florence. Although his net is discreetly covering the shaft, peeking out below is a most obviously circumcised cock.

The statue of 'Hercules and Diomedes Fighting', in the Palazzo Vecchio, Florence, where Diomedes has hold of Hercules' cock, the head of which is popping out, probably because the cock is being squeezed, rather than Hercules actually being cut, which I have seen in a bronze of Hercules by Gian Bologna in a London auction sale.

There are, of course, many representations of males circumcised in 20th. century art – eg, Munch, Hockney, Freud etc.

*R.H. – London*

## **Discovery Time**

I saw my first circumcised penis around the age of four. Together with a couple of friends I was playing in the back garden where we had been joined by two brothers from across the road. At the same time we all decided that we wanted a pee, and gathered around the grate outside our kitchen window. As we all hoisted up a leg of our shorts in the approved manner, I noticed straightaway that the newcomers had bullet-heads on their cocks and peed with a fine accurate jet, unlike the spray that issued from our wrinkled rosettes. I was immediately impressed and asked why they were so different. They told me in a disinterested way that the doctor had “put them new ones on”. No more information was forthcoming; thus began my consuming interest in the topic. How could I get one of those superior pricks? Ask Santa Claus perhaps?

Through school I observed that numbers were almost equally divided into two sorts of cocks. Nobody seemed to know why, but I gleaned that some sort of surgery was done at an early age and that was that for life! (as indeed it is). I certainly didn't realise that it could be done to older boys and adults, and thought that if you'd 'missed the bus' you were stuck with what you had. Strange thought when the reverse is the case!

Around the age of eight I was admitted to the Children's Ward of the local hospital suffering from pneumonia. After the crisis passed, the prescribed treatment was complete bed-rest for some weeks. Around twice a week the nurses came round and gave us bed baths – a sort of sponge down whilst placed naked on a blanket. On the first occasion, the nurse asked me to pull my foreskin back for washing, and as I had never done this before I tried somewhat gingerly but could only expose the eye. In a moment of impatience she grasped my willy and gave a short, sharp jerk downwards as per technique used for removing elastoplast. To my astonishment, a bright purple plum popped into view – something I never knew I possessed! It was speckled with spots of white smegma which she quickly washed away before flipping back the cover. As soon as I had some privacy I tried this for myself under the bedclothes. Two things were observed: the glans was so sensitive that I couldn't bear the sheets touching it, and the foreskin wouldn't stay back, as I would have liked to try it, for more than a minute or two.

At all subsequent bedbaths I was required to retract and wash my foreskin myself. Everything seemed to be in perfect working order, which made what happened a week or two later something of a surprise. I was suddenly wheeled into a next-door treatment room, lifted onto a table and had my pyjamas removed. A senior nurse examined my penis, retracted my foreskin a time or

two, then leaned forward and said, "We're going to make it easier for you to keep this little soldier clean." I now surmise she was probably a midwife. She floated between maternity and a small glass-walled side room on our ward where I saw her tend newborn babies. They were seemingly brought there for a day's observation (or circumcision?). Could it be that she was the chief sniper (or snippess)?

Whatever, she did the job on me. I have to say the nursing staff were very good; friendly but firm. They had helped me to bear penicillin injections and lung drainage. I was laid back, a nurse held my hand for comfort, and another swabbed my loins with something icy cold. I was told that there would be a sharp pain and then it would all be over. And so it was – something akin to a bee sting; painful but bearable, as, unseen by me, she presumably drew over my surplus skin and cut it off with scissors. I say scissors, because, probably due to the crushing effect, there was very little bleeding and I have a very neat, almost scarless result, with none of the puckered and stitched effect of which some complain. This now poses the point; isn't it better to let females shape our ends? Many of us are cut because our mothers, or in some cases our partners, wanted it. Although not possessors of penises, they have a vested interest in its appearance and performance. Women are generally better at needle and scissor skills, and my operator certainly took a pride in her work.

Another matter of interest is the questionable use of anaesthetic. Other than preventing a possible disaster if the patient moved at a critical moment (surmountable with a physical restraint?), there are risks with general, and as we have read from 'Saga', complications from a local. The pain is over in a split second, and aftermath pain has to be borne anyway, once anaesthetics have worn off.

From what I remember, recovery was swift. I didn't see my penis until the bandage padding was soaked off after a day or two. When it was revealed, with a swollen collar of red skin around the glans, I didn't at first realise fully what had happened to me, and thought, naively, that my foreskin was just temporarily retracted. However, as the swelling rapidly subsided and I found it impossible to push the skin forward over the rim, it dawned with slight shock, that my new state was permanent – a fact confirmed when I questioned the nurse, who said, "It's better for you like that." "Why?" "Because it gets washed every time you have a bath." Another remarked, "You're a gentleman now." "Why?" "You'll learn when you get older."

All this began a process of deep intrigue which is still within me today. I sensed that something significant had happened to me but, not being sexually aware, wasn't sure what. Like a girl starting her periods, a 'rite of passage' unexplained. My parents made no comment when I returned home, though mother doubtless observed me at bathtime. Somehow I was aware that it was not a subject for question or discussion with them. To this day I don't know whether my parents requested my circumcision, or the nursing staff used



their initiative and followed the fashion of the day. Looking back I think the latter, because they gave off vibes of satisfaction over the result.

One immediate change I noted was that I became more cock conscious. The constant rubbing of the sensitive exposed tip caused more frequent erections. Every time you pulled it out for a pee or stripped off, it was there to remind you that you had been cut (a feeling that still persists today, and is heightened even more during sexual activity). Whilst now I had the knob I'd always wanted, my pleasure was slightly tempered by the perverse thought that I'd had no choice in the matter. Someone else (a female!) had, in a few minutes, determined how my penis would look and the sexual sensations I and my partner would experience; – as a parental advice book on the subject is titled, 'Circumcision is for Life'.

Luckily, apart from a wistful curiosity as to how foreplay and sex would feel with a foreskin, I don't mind being circumcised and on balance much prefer it, but I can well understand the sense of loss in those who think otherwise.

My main legacy from the procedure has been a strange feeling of apprehension as to how women react to circumcision. But that will be the subject of another letter, another time.

*Anon*

## **Interview**

If you remember I interviewed a lady friend a while back on her views on cocks. Now I have a very different interview. It's a young man of 25 who, I think, is a little out of the ordinary. Although white himself, his penis is jet-black. His dimensions are:

### Flaccid:

Length 6.5"

Corona Circumference 4"

Base circumference 5.5"

### Hard:

Length 8.5"

Corona Circumference 6"

Base circumference 6.5"

These measurements don't take into account his foreskin, which overhangs the glans by about an inch when flaccid and 0.25" when hard. It is also tight, and won't retract when hard.

- Q.** As a little boy, do you ever remember your mother retracting your foreskin at bathtime?
- A.** No
- Q.** Can you remember any foreskin adherence round the knob rim?
- A.** No.
- Q.** Was your foreskin longer before puberty than it is now?
- A.** I can't remember.
- Q.** When young, did you ever consider that you were different from other boys?
- A.** No.
- Q.** Do you consider yourself lucky to be well-endowed.
- A.** Women show a great interest at first.
- Q.** If you retract your foreskin when soft, and then get hard, does it feel as if your knob is strangled?
- A.** No, it can't stay back when hard, it comes forward as it gets hard.
- Q.** Then does it hurt at all if you have a dry or tight vagina, which tends to force your foreskin back?
- A.** No, it goes back a little.
- Q.** How often do you masturbate?
- A.** Three or four times a week.
- Q.** What is the most sensitive part, that brings you to orgasm when masturbating?
- A.** The glans rim through the foreskin.
- Q.** Does your frenum play any sensitive part during sex or masturbation?
- A.** No.
- Q.** Is your foreskin itself sensitive?
- A.** Sometimes.
- Q.** Are you curious to know how other men feel about themselves?
- A.** No, not really.
- Q.** What did you think when you saw your very first circumcised penis?
- A.** I wouldn't like to have been like it.
- Q.** Are you happy with everything about your penis?
- A.** Yes, completely happy.

Sadly, as might be seen from the answers, he has no get up and go, no self-confidence sexually or otherwise, no curiosity. He wants sex badly, but cannot initiate it himself. How many thousands of us would like to own a tool like that, get it into our own idea of good working order, and sally forth confidently into the world?

*D.A.*

## **Another Bit Of Ian's Tail**

The time came when I had to make decisions about a career. I should like to have read Medicine, but a predisposing interest in Arts had landed me with the wrong O-levels, and staying on at school was not an available opportunity. Eventually I made the decision to train as a nurse.

I can recall only two circumcisions in the three years I spent as a student nurse. One was my thirty-five year old maths master with whom there was some mutual embarrassment when I shaved him prior to surgery. He dispelled this by taxing me with mental arithmetic questions:- "Filled to the brim the bath in your house holds 63.275 gallons of water. When you withdraw the plug it discharges 5.725 gallons a minute, and there is a leak which lets out 0.275 gallons a minute. Giving your answer in minutes and seconds, how long is it before the bath is empty?" And all this whilst I was removing the hair from his most treasured possession! The second adult circumcision was on an 18 year old boy who had spilled petrol on the front of his overalls which ignited when he lit a cigarette. He was severely burned, but the damage to his genitals was limited to his foreskin which had healed with some deformity, formed scar tissue and could not be retracted. I remember he told me that he didn't mind having to be circumcised, as lots of men were. I agreed, but to my shame I did not tell him of my own circumcised state.

At the end of my training I was sent to work in the outpatient department where I found that up to six boys were listed for circumcision on the first and third Monday mornings in the month. These were boys from one to five years of age, boys of five and above being admitted to the children's ward for circumcision, and stayed at least one night in hospital.

For outpatient circumcision, the boys were brought to the hospital by a parent for 8 o'clock in the morning, parents being required to give an assurance that the child had not taken food nor drink after midnight, as every child received a general anaesthetic. At this stage, my role was to weigh the child, calculate and administer the pre-anaesthetic medication, to ensure that a cot was available for the recovery of each child, and to reassure the parents when they signed the consent form. When this was done I laid up the instrument trolleys and called the Surgical Registrar to tell him we were ready to proceed. I scrubbed up with the surgeon to assist him.

The detail of the surgical technique used depended on the Senior Registrar or Registrar available. Clamps were not used – I doubt that Plastibells had arrived in England at that time. Usually the technique involved two pairs of artery forceps applied to the tip of the upper surface of the foreskin, a dorsal slit with scissors down to the rim of the glans, the turning back of the foreskin flaps, followed by the dissection of any adhesions. When this was done the outer foreskin was cut away following the outline of the glans rim, the inner foreskin was removed 2 or 3 mm from the glans rim, the frenum not usually being removed. Bleeding, if any, was usually slight (boys with ginger hair being the exception). The outer foreskin was sutured to the remnants of the inner foreskin at regular intervals, 4 to 8 sutures being the minimum and maximum. The material used for sutures was absorbent, therefore removal was not required. When the operation was completed, the penis was bandaged with ribbon gauze soaked in Tinc. Benz. Co. (commonly known as Friar's Balsam). Parents were instructed to leave the dressing in place for 5 days, then put the child in the bath to soak it off. There were small variations in technique, some surgeons not following the line of the glans when cutting away the outer foreskin. One left behind more than 2 to 3 mm of inner foreskin, another left most of the inner foreskin behind, giving a finished appearance of the glans nestling in a cup.

I had become quite familiar with this procedure when both the Senior Registrar and the Registrar left the hospital, one replacement being a bright, breezy and brash young Australian. At our first meeting he said, "Jesus Christ! Why are we circ'ing these kids now. It should be done at birth. That's when we do it at home." On looking at the sterilised instruments, he said, "Hell's bells, what are all that bloody lot for? Get me a pair of straight rib shears from the theatre." This technique was different – and swift. When requested I took the tip of the foreskin between finger and thumb and pulled it firmly forward. The surgeon felt for the glans, making sure that it was behind the tips of his thumb and finger. The blades of the shears were applied straight across (east to west) and the handles grasped firmly together. We counted three minutes by the clock, then a scalpel was used to cut off the foreskin beside the blades of the rib shears. When the shears were removed, the skin of the penis retreated down the shaft, the glans was fully exposed, and the frenum untouched. The remains of the inner and outer foreskin were bonded together by the earlier pressure of the rib shears at the level of the incision, which was usually some distance behind the glans. No sutures were used, but the usual dressing applied.

It was whilst our Australian colleague was in post that a most unusual event took place. Twin boys were brought for circumcision by their father. The man, older than most fathers of three-year-olds, was easily identified by his dress as a 'Deputy' in a coalmine. He carried a straight walking cane, wore a grubby trench coat, and a felt hat which he declined to remove. When I went to weigh the boys he asked if I was the doctor. When I said that I was a nurse he asked to see the doctor that would be "cutting my boys". I told

my Australian colleague and, as there were mothers around clearly intrigued by the presence of a father asking to speak to the doctor, sent them off into a vacant consulting room for a private chat. When my colleague returned he was smiling and said that the boys had a brother – 12 years older, that he had been circumcised and, “Had a spot of bother because not enough had been removed – just wanted to make sure they’d be properly cut.”

Writing this for *Acorn*, so many years after the event, has raised two particular questions in my mind. I can understand why the greater part of childcare is in the hands of women, but why is the circumcision decision, this important aspect of masculinity, so often left to the mother. I believe, from listening to the mothers who brought their boys in for circumcision, that some fathers would be unaware of what was to happen to their son on that day. Perhaps the scene has changed and, with the advent of compassionate leave schemes in most work places, fathers are now more involved in childcare, and indeed, may take their son to be circumcised. I sincerely hope that fathers of today’s youngsters inform and educate their sons about circumcision. The second question is, why does the patient (client or customer) so seldom seek information from the surgeon about the outcome of his surgery. Starting from the premise that all uncircumcised cocks do not look alike, all circumcised cocks cannot look alike. But surely, men having circumcision have an idea about the outcome they would prefer, for themselves or their boys, if only in the terms of complete or partial exposure of the glans. Yet in my experience, neither parents nor mature men express an opinion or seek information about the cosmetic outcome of this surgical procedure.

*Ian*

## **Masturbation — Getting It Right**

### iv) The Plateau Stage

Gradually the build-up of sexual arousal reaches the ‘plateau stage’ – a sort of top level of excitement just short of orgasm and ejaculation. If this plateau can be protracted, then the overall period of the masturbatory cycle from start to finish can be substantially prolonged. It is difficult to offer much advice about this stage, since it mainly involves learning to control arousal by a series of stops and starts in the stimulatory activities as the imminence of orgasm either approaches or recedes.

The well-known sexologists, Masters and Johnson, have described the ‘squeeze technique’ to defuse sensation when orgasm might otherwise be inevitable. This involves very tightly squeezing the glans penis between finger and thumb at the level of the frenulum underneath, and the corona (rim of the glans) on the top until the acute sense of ejaculation dies away. This is a

useful delaying technique to those who learn the knack, but from personal experience it is very hit or miss.

Mental concentration is also very helpful at this stage. The psychological determination either to 'cum' or not to 'cum' at a given point in time substantially influences the occurrence of orgasm. The conscious mental act of relaxing the whole body, and thinking of other things, such as solving a complex sum by mental arithmetic, can manifestly delay orgasm.

During the plateau phase, all the techniques already described to encourage arousal should, of course, continue to be employed to maintain a controlled level of excitement. Often the simple expedient of suddenly changing from one particular form of physical stimulation of the genitals to another, may be nothing more than altering the handgrip, will be sufficient to postpone an imminent orgasm.

The plateau stage is often characterised by the emission of a few drops of 'pre-cum' fluid or 'love-juice'. This crystal clear sticky liquid is produced as a natural lubricant by glands in the urethra – the tube along the penis. It is not to be confused with semen as such, although, sometimes, early spurts of genuine spunk may occur in advance of any true sense of orgasm. The 'pre-cum' fluid can be smeared into the penis in order to perform its lubricating function as physical stimulation of the organ builds up in the moments leading to orgasm. This fluid is completely tasteless and, for those who may subsequently wish to imbibe their own semen at the time of ejaculation, licking droplets of it from a finger on which they have been collected is a useful mood stimulator and inhibition breaker.

#### V) The Stage of Orgasm.

The term orgasm is usually synonymous with ejaculation, but this is not always so. Obviously the pre-pubertal masturbator has no semen to ejaculate, and, similarly, older men may often fail to ejaculate at the time of orgasm. It is a very unusual phenomenon in healthy young men, but it does sometimes occur, and medical advice should be sought in such circumstances with a view to trying to resolve the problem. Prostatectomy (removal of the prostate gland) is usually associated with subsequent inability to ejaculate, though orgasm is not impaired, because it is the prostate gland at the neck of the bladder which is responsible for producing some 95% of the total seminal liquid volume.

Orgasm involves an intensely violent series of contractions of the reproductive system muscles, which result in the squirting out of a series of spurts of semen. Pleasure will be enhanced if these muscular contractions can be exaggerated. This can be achieved voluntarily simply by 'putting a bit of extra effort into it' and also artificially, by forcing the muscles to contract against restrictions – eg. by squeezing the penis shaft, or by leaving a tight cock-strap or ring in place. The primitive 'Coitus Saxonicus' method of birth control can be employed. This consists of finding the 'bulb' of the urethra in

the deep-base under-surface of the penis by pushing the testicles to either side and pressing almost into the perineum. Very powerful finger pressure here will compress the urethra and prevent the emission of semen during orgasm. Muscular contractions will be intensified which should heighten the feeling of orgasm. Truly successful 'Saxonicus' actually results in the semen being forced backwards through the muscle sphincter which closes the bladder. Inside the bladder the semen is mixed and diluted with the urine, and will then be passed to the exterior completely without the knowledge of the individual when next he has a pee. However, finding the right spot by trial and error at which to apply the pressure, may mean that early attempts will simply delay emission only until the pressure is released. It will then dribble out without sensation.

Orgasm, like arousal, once again calls to the fore the concept of whole body experience. The more generally convulsive it can be contrived to be, and the more muscle groups which can be brought into action, the more fully satisfying is the overall effect. Just as 'arousal' in some postures is more interesting than others, so some will find it more exciting to 'cum' while lying face down or face up or stooping or squatting or pressing into a pillow or ejaculating into a condom etc., etc. Of course, during orgasm, the whole range of sex aids to which reference has already been made in earlier stages can still be employed – from vibrators to videos, and from poking the prostate to watching pornography. Many like to vocalise their feelings, shouting out erotic phrases often associated with their fantasies, like "Fuck me hard, now, now, now." They may violently overbreathe or moan and groan. Quite a few people close their eyes at orgasm.

The duration of orgasm, usually barely half a minute, can be prolonged by the intensely exciting – almost painful – process of continuing to stimulate the penis quite violently throughout the period of the climax. Quite a number of people find this virtually impossible to do by themselves simply because the sensation is too intense.

Having emphasised the total body convulsive/explosive technique for orgasm, an occasional alternative idea is to try lying completely still, discouraging any form of heightened muscular tension whatsoever, and concentrating on keeping breathing at a low and regular level. In short, doing nothing beyond allowing the semen to emerge in as innocuous a way as possible. Strangely, this can sometimes be remarkably satisfying.

A fascinating trick, well worth cultivating, but not easy to perform, and frequently needing a long period of repeated trial and error, is to learn the knack of having a full orgasm while at the same time consciously preventing ejaculation from occurring by refusing to allow the muscles of ejaculation to contract. In any orgasm it is usually possible to voluntarily delay inevitable ejaculation for a few seconds by concentrated mental effort. With repeated practice it **may** eventually become possible to train oneself to experience the full sensation of orgasm while completely holding back on the emission of semen.

This is not the same as stopping just short of orgasm in the plateau stage and letting the sensation die away. This is mind over matter, involving a complete withholding of ejaculation at the time of orgasm. The main advantages of this technique are no mess, and repeated orgasms can be achieved with the same erection. There is no resting period and re-arousal is possible as soon as the sensation of orgasm has finished. Multiple orgasms achieved in this way are a bonus, but the technique is hard to learn.

Somewhat related to the above is incomplete orgasm. When this occurs, usually as the result of holding back at the crucial moment, after a fairly long plateau phase, and not being totally successful, a sort of semi-orgasm occurs. It is virtually impossible to control this. There is quite a strong orgasmic sensation and a partial ejaculation, but the erection does not subside, and, after a few minutes, re-stimulation will result in a second climax and completion of the ejaculation.

True repeated orgasms following upon the same arousal and plateau phases, and off the same erection, unless voluntary withholding of ejaculation has occurred, probably never occur. Orgasm is normally followed by detumescence and a refractory period, both of which are described in the next section. These phases may be very brief, but they serve to distinctly separate one incident of sexual arousal and climax from another, so that, in fact, two separate cycles have occurred.

A final word on orgasm concerns wipe-up arrangements. Preparation for the wipe-up operation should always be made beforehand. The ready availability of a damp flannel and a few paper tissues can eliminate many a pleasure-disrupting panic dash to the bathroom at a crucial moment.

(to be continued)

*Dr. Ray*

## **Some Requests**

I was going through some old newsletters and came across the list of particulars. After reading it I became aware that there was an interesting point that needed to be explored. Twelve of the circumcised respondents have a scarline that is from 1" up to one with a scarline of 2" behind the glans. It would be most interesting to find out, as they were done as adults, what method was used. Did they have any say in the matter of the location of the scarline? Were any done with the adult version of the Hollister Plastibell? Is their skin now taut and, I think it unlikely, did they have the frenulum removed?

[Would those referred to mind giving the information? D.A.]



Do we have any correspondents who are from ethnic groups; ie. West Indian, Indian, Chinese, Malayan, African?

[H.C. – London (Chinese) is the only one I know, from whom we have had some very informative articles. Any others? D.A.]

Another point made at the end of the statistics was the split between hetero, bi, and gay members. I think it would be nice if an indication was made against the reference who is what. This would allow a little more freedom in writing to other members without assuming they are one or the other. The anonymity would still be preserved as they are only known by initials and town.

[I pondered over this a lot at the time, but a few members asked that this be left confidential – in two cases they had been introduced to Acorn by friends who didn't know they were gay, and felt that it might harm the friendship. So I thought that if a few were left out that alone would let the cat out of the bag. Thus I left it all out, giving a sure indication that confidentiality would not be betrayed even implicitly. Anonymity is everything to a lot of members, as witnessed by the lack of names at the bottom of the letters in this issue. D.A.]

It should also be pointed out to members that if you ask for correspondence for any reason, you should in all fairness reply to the correspondent who has taken time and trouble to write to you, even if only to say thank you. I personally find it irritating when I am in this situation.

[I probably should have apologised for this before, which I do now. The fact is that my time is limited (I already correspond regularly with a few members), and it would cost me about a hundred pounds a year, which I haven't to spare. What I can say is that over 90% of what is sent for publishing eventually finds its way into the newsletter, unless it reiterates too much on what has already been said (in the interests of freshness). It just might take a little time as I have to try to make a balance of the material. If anyone feels that I should note in the newsletter the correspondence not yet used, please let me know and I will do it. D.A.]

Lastly, another name of a group doing circumcisions. It was in the Evening Standard:

'Harley Street Consultants' Tel. 0296 641543

*B.H. – Leeds*

**For R.B.W.**  
**'Recollections'**

1. While standing in the shower  
I peered down at my feet,  
and glimpsed the shrivelled power  
so sadly incomplete.
2. I spent ten years not knowing  
of what the knife had done,  
while others went on showing  
sleek organs in the sun.
3. My loss I never figured,  
I finally got wised –  
'twas when a schoolmate sniggered,  
"Ah, you've been circumcised!"
4. Beside the neatly covered,  
mine seemed a ragged tool.  
That time I first discovered  
that I'd been 'cut' \_ at school.
5. Now what had I been missing?  
Sensations never known...  
The warmth of urine passing?  
Retraction's cooler zone?
6. I rose and pee'd, grimacing,  
I shook it to and fro,  
as with the hood's replacing,  
the last uncertain flow.
7. Then came a sudden issue.  
Forgetting I was shorn,  
I thought I bore all tissue,  
with which I had been born.
8. False hopes had not intruded  
reality so far.  
My roundhead stood denuded,  
set high upon a scar.
9. My mother thought it 'nicer',  
'Far easier to clean'.  
"You'd seen the circumciser,  
a surgeon dressed in green!"

10. Her manner then was snappy.  
But there's no need to care,  
in heaven she'd be happy.  
There are no foreskins there.
11. My wishful hope restraining,  
uncovered, in disdain  
the scar ringed shaft remaining  
a naked severed shame.

Not only did I take your comments seriously, Mr. R.B.W. of Bedford, I thought I'd reply in simple verse. That way feelings can be more effectively expressed.

*Anthony – North Devon*

## **Ageing**

I've found that ageing takes its toll in many ways, not the least being bits and pieces of my favourite hobby, wanking. It works on both the physical side and the mental side, but that's not to say that it's all bad.

On the physical side the most noticeable things are that the squirts of come that used to be are now just oozes – and not much at that, and balls tend to hang much lower and swing around during the beginning of the action until the head of steam arrives, getting hurt as they bang against legs and things.

On the mental side the problem is the effort to get and hold fantasy pictures in the mind, so necessary for reaching the vinegar stroke. I don't mean that I've done everything there is to do so there's nothing left to fantasise about, more that the mind wanders a bit in the middle of it and starts thinking about mundane things, like feeding the cat. This results in a wank lasting anything up to two hours. There really isn't any grumble about that, because every minute is pleasurable in itself. What happens is that the shaft skin, but mostly the foreskin, which in my case is loose and long, thickens very quickly within an hour of finishing, and ends up with my cock more than twice its usual thickness. My knob, which is generally quite prominent, is lost inside this great big sausage. Again, no grumble, because with a slightly numb sensation as well, it keeps making its presence felt, which is no bad thing, and it goes down within a day. It certainly doesn't hurt at all, and no lasting ill effects are evident, as it first happened to me over 50 years ago when I used to experiment with how many times I could wank on the trot before I got fed up and didn't feel like it any more, or at other times to see how many times it took to run out of come. For the curious, it would generally be four to run out of come, and eight to get fed up. All in less time than it takes me to come once now. That's ageing.

I'd like to know if anyone else has experienced having a big sausage-cock through doing that.

I've also got another question. At the start of a wank there is the loveliest sensation in the world as the foreskin is pulled back off the glans for about the first twenty times. This is caused by the slight stickiness between the inner foreskin and the knob. It's exquisite! Then it dries and the sensation stops. It would be nice if the foreskin caused some sort of abrasive action on the knob, but it doesn't. I've tried various sticky substances (jam, honey, syrup, etc.) but they all seem to turn to liquid – the warmth I suppose. Forgetting the Loctite glues etc. has anyone got any ideas?

*Anon*

[I admire a man who sticks with his hobby, through thick and thin. Sorry - I just couldn't resist that. *D.A.*]

## **Funnies**

Did you ever come across the girl who liked tight foreskins?  
— She was never at a loose end!

Rampant randy roundhead to his girl:

“I guess I carry my brains in my cock!”

Girl: “Perhaps that's why people say you're not all there!”

When did smegma first appear?

The garden of Edam!!

A straight youth to a gay friend:

“I thought coming out was when you developed a redundant prepuce.”

“No, it's when you grow to love Sonny and Share!”

*Anthony – N. Devon*

## **Contact Corner**

Depilated and circumcised male would like to correspond with Depilated lady interested in circumcision and depilation. All letters answered with the utmost discretion. 100% secrecy assured. Photos are also available to interested persons. Must be genuine. Contact through *Acorn* in first instance.

# **ACORN**

**1993 Issue No 6**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## Editorial

It's not often that our favourite subject gets a large airing in the media, so I make no apologies for the amount of space that I'm giving to the latest facet that's been under debate

On August 3rd. *The Independent* gave a large spread in the Health Section to an article on uncircumcising. My thanks go to the several members who sent me a copy of the article. The interest arose from a book just published in America by a doctor (psychology) on methods of regrowing a foreskin. He had been circumcised as a baby and resented it and was determined to put himself right in his eyes. I won't print the entire article but will paraphrase it as best I can. The article was entitled 'They took my foreskin, and I want it back'.

Like many other middle-aged American men, Jim Bigelow was circumcised at birth but was never happy about it. "I often prayed that God would give my foreskin back to me," he recalls. "As I got older I tried to convince myself it was for the best. But the feelings of loss and violation never went away."

Now 60, four years ago he began hopefully to redevelop a foreskin. He started to stretch the skin of the penile shaft over the glans, keeping it in place with surgical adhesive tape, cut in such a way that he could still pee. When it fell off he replaced it with some more. After four years he has a foreskin that, when flaccid, permanently covers more than three-quarters of the glans. He hopes to cover completely in another 18 months. He says the foreskin has made the head of his penis more sensitive, and the glans has changed in texture from toughened skin to become more like mucous tissue. It has also given him a psychological sense of wholeness which was missing.

His book has sold over 5,000 copies so far and has engendered much interest such as this article and radio items. His programme may sound unlikely, but it is based on tissue expansion, by which existing skin is progressively stretched, a technique common in plastic and reconstructive surgery. He has had to be very persistent as he had a very tight circumcision, but some of his 'patients' have been able to fool their doctors into believing them uncircumcised, within a space of two years.

Some doctors now accept that without the foreskin the glans becomes less sensitive and tough skinned, a process taking place called keratinisation. The greater the exposure to abrasion, pressure and use, the thicker the layer of keratin, a fibrous protein that is the main constituent of the outer layer of skin. This toughening process continues throughout life. In the uncircumcised, the glans and the inner covering of foreskin resemble the mucous tissue of the inside of the lip, which offers "exceedingly intense" sensations by the mutual stimulation as the foreskin slides back and forth over the glans during foreplay and intercourse. A Canadian doctor states that the foreskin's inner surface contains a "tightly pleated zone that is more endowed with specialised nerve endings than the glans itself".

One disadvantage, they state, of the restored foreskin is its “unruliness”; it doesn’t always stay in place over the glans, since it doesn’t narrow at the tip like a natural foreskin. If this is really troublesome, minor surgery may be used to reduce the opening of the new foreskin.

### The Method of Foreskin Re-creation

Stage 1. The skin of the penile shaft is pulled forward over the glans and kept in place with a two-to-three-inch strip of adhesive tape, which runs from both sides of the penis and over the glans. The tape is worn virtually 24 hours a day. Another square of tape is stuck, sticky side to sticky side, in the centre of the first piece so that the tape does not stick to the glans.

A small weighted device (two-ounce lead fishing weight) can be attached to the middle of the tape to provide further pull.

Stage 2. Once enough new skin has developed for it to be stretched over and beyond the glans, a strip of tape  $\frac{7}{8}$ ” long is wrapped around the tip of the skin to form a ring. Again, a small weight can be attached to the tape to add further tension.

Stage 3. Expansion devices are used to allow for further skin expansion. A foam-rubber cone (which comes in various sizes) is fitted over the glans to give extra length, and the foreskin is taped over it.

A few days after the article I sent the following letter to the writer, a lady called Cherrill Hicks.

Dear Cherrill,

I read with great interest your article on uncircumcision.

Although it deals mainly with the feelings of some Americans on the subject of circumcision, it is also a very emotive problem for many men in this country. It is not generally broadcast as it is a very private matter and there is the very real risk of being derided for having deep feelings about what is considered a petty subject (“You’ve got it, now learn to live with it”). G.P’s, psychologists, urologists, therapists, wives, partners etc. all think it’s too trivial to bother with. Even the Samaritans would, I think, tend to bracket this subject as a sex pest call and discourage it. In fact there are very few places for men to turn to with sensitive sexual emotional problems.

A group called *Acorn* (for obvious reasons) was set up about 5 years ago so that, through a regular newsletter, those who have deep and traumatic feelings on the subjects of foreskins and circumcisions could, with total confidentiality, confide their feelings with like-minded people and find that they aren’t alone. Members all say how wonderful it is to be able to disclose

their innermost feelings and not only find that they are taken seriously, but also find others who feel exactly the same feelings.

Of course, over 5 years, the subject matter has inevitably widened to encompass all manners of associated subjects, and the six-weekly, 16 page newsletter is never short of material, 90% of which are members letters.

To write an open letter to *The Independent* would probably bring responses from undesirable sources, so I thought I would ask you if you wouldn't mind putting anyone who responds to your article, and you feel they would benefit, in touch with us.

Your co-operation in this would be greatly appreciated, and we would be much obliged if you would convey our thanks to the Health Editor of *The Independent* for the number of articles on the subject of circumcision which he has sanctioned over the past year or so, which has so helped this formerly forbidden subject to become more commonplace.

I received a reply from her saying that she would indeed pass on any information about *Acorn* to anyone who might be interested. I have since had one inquiry from an interested person who I feel will soon join us.

I have been sent a cutting from the October issue of *Playgirl* in which a question is asked about the restoration of a foreskin, and their answer is to quote some passages from the above mentioned book.

D.A.

## **Radio Phone-In On The Above Subject**

A day or so after the article appeared in *The Independent* a discussion was held on Mike Deakin's early evening phone-in on London Talkback Radio on 1152 AM and the following is a resume of most of the contributions, taped and transcribed.

Mike Deakin was clearly attempting to follow the lead from the article, to agree that infant circumcision was an unnecessary (in most cases) mutilation, and callers were invited to comment/express their views and experiences.

The first caller I heard was Alan who agreed it was a mutilation which was unnecessary and could be avoided in most cases. Religious reasons were acceptable but hygienic reasons were not valid, and he felt that the sensitivity of the knob was lost if it was permanently exposed (he was not circumcised!) and stated you didn't need to be sans foreskin to be hygienic.

Sarah had a three-and-a-half year old boy whose foreskin was extremely tight and which was forever causing infections which had to be treated with antibiotics. The boy's doctor said circumcision was the only answer and, while



she was not keen on him being done, felt it was better to be done now than later. A Jewish friend of hers had refused to have her son circumcised and had been 'cut off' (excuse the pun) by the rest of the family for not following Jewish tradition.

John had been done at the age of 44 and found the operation an extremely painful process, despite the fact that it solved the even more painful tight foreskin he'd had. His G.P. had referred him to a consultant as he was always very sore after intercourse. He wondered how many men actually needed the operation but didn't go through with what they needed.

Eva felt that if the operation was carried out on children over the age of about three it could have dire psychological effects, particularly as it made the child different from other boys. Her husband had had their son done when 8 days old and he had haemorrhaged badly. She felt that the operation was not explained very well, to those done. Mike Deakin said he had no idea whether most boys were done or not. (Can people really go round not noticing all their lives?)

Julian agreed that it was mutilation at birth, but had his son done at aged 2 because of phimosis, and stated that the child still had a problem about it now, a year later. He however said that there was nothing wrong with it being performed later in life, but at an early age it was barbaric.

Mike Deakin in referring once again to the article, said there was little justification in the 20th Century for following old customs – the child should decide.

Tom referred to an article he had read in a French magazine which stated that circumcision could help to stop the spread of AIDS, and also assisted in stopping sexually transmitted diseases. The article alleged that there was a higher incidence of AIDS amongst the uncircumcised. A Canadian study of various regions of Africa showed fewer cases of AIDS and sexually transmitted diseases amongst the circumcised. Mike Deakin made little of the magazine report, but there was no doubt that he was in favour of circumcision.

Molly said she was beginning to feel guilty about her 4 sons, 3 of whom she and her husband had had circumcised. The first son had problems and was done at 14 months, the second son being done at an earlier age some 13 months later to avoid problems previously encountered with the eldest. The third boy had not been done and she couldn't remember why, but the 4th lad was again circumcised. She wondered whether they'd done something awful, but as the doctor had advised it at least for the first son, and it was clearly in the 40s/early 50s when the operation was more widespread, no one ever questioned why. (I bet the one not done felt different however!) Molly had never discussed the matter with her sons but would now, though she did say that all were long since grown up and healthy.

Yvonne worked for a medical firm who perform circumcisions at their clinic, it being the most popular operation. An enormous number of men wish to be circumcised, some for phimosis, but mainly for cosmetic reasons in their's or their partner's eyes. She stated it helps prevent cervical cancer in the man's partner and research had been carried out in the USA on that very point. The operation was carried out on a day case basis using a local anaesthetic, taking about 20 minutes, she said. A dressing was applied for 48 hours, a course of antibiotics was prescribed to avoid infections and all should be healed in 3 weeks. Cost £400. She reiterated that it was the most popular operation performed and said it was all ages between 19 and 65, some being referred by their G.P., others being strictly private patients. Mike Deakin asked her which she preferred aesthetically but she said that she'd only known roundheads (a term not mentioned during the phone-in!).

Hilary stated that it was the quality of the gent that was important, not the apparatus, and she referred to female circumcision being a mutilation, not male.

The next gentleman didn't give his name but said that with an exposed glans, which was prone to being rubbed by clothes etc. a man was more able to control himself, and a circumcised penis was a hell of a lot cleaner and prettier looking.

Freda had recently accompanied her daughter and grandson to a London hospital for his circumcision. She stated that the operation on the baby took hardly any time at all and the baby didn't even cry. She felt we were listening to "an awful lot of guff". She was Jewish and felt that it was healthier, and helped to lessen the risk of cancer. A non-Jewish friend of hers had her 8-year-old son done recently and he'd had a lot of pain. She thought that it was better to be done early in life.

Joan knew a doctor in Chelsea in the early 60s who had told her that a survey had shown that unmarried ladies and Jewish ladies had a much lesser risk of cervical cancer. If there is such evidence shouldn't all males be done? Mike Deakin interjected and stated that there was no proof of this.

Then followed a discussion with Marilyn Milos of NOCIRC who stated that the operation started on the West Coast of Africa, and the Egyptians, Jews and Moslems all circumcise. In the English-speaking world it came into fashion in the late 1800's to prevent self-abuse. She stated that excuses given for the operation – cleaner, more hygienic, infections less likely, had all been discredited, and that it was a quarter billion dollar industry in the USA. The media in the US refuses to address the situation. Marilyn Milos admitted to having three sons circumcised, as she was told by the doctor at the time that it didn't hurt. But when she became a nurse in 1979 she saw what actually happened to her sons. She stated that it was excruciatingly painful and caused both physical and psychological scars. The resistance to her campaign in the US is amazing, and she was fired from her job. She is amazed at how deeply

ingrained this unnecessary surgery has become (her words, not mine!). No one wants to talk about it over there. She stated that the incidence in Canada is about 25%, Australia 20%, and in Great Britain less than  $\frac{1}{2}\%$ . The operation on the NHS is now only performed for serious medical reasons, following Dr. Douglas Gairdner's exposé of 1949. In the USA, parents didn't want to listen to her, and she felt the operation was tantamount to sexual child abuse. The glans was supposed to be an internal organ, and once the foreskin was removed it became abraded and makes a callus to protect itself. Marilyn Milos stated that there were thousands of men wanting to follow Dr. Bigelow and reconstitute their foreskins. Most said that the sensations returned in two to three weeks once they had re-covered their knob.

Peter referred to the circumcision of his son who had had problems with a tightening foreskin, and was done at the age of 12. His G.P. stated that the method used by the NHS under a general anaesthetic was extremely painful, but he offered an alternative method which would cost £40. The operation was carried out under a local anaesthetic and Peter watched it. A small incision was made in the foreskin, a collar was put over the glans, and a ligature applied on top of the foreskin which was on top of the collar. It took 20 minutes, and 3 hours later he and his son were in McDonalds having a hamburger. There was no pain at all when the anaesthetic wore off and Peter said that this was quite clearly the way to perform circumcisions.

Richard was done on the kitchen table when aged 3 in 1922, and stated that it hadn't affected him or his sex life in any way. Both his brothers were also done. He was cut off in his prime, so to speak, by Mike Deakin, who stated that the discussion was about circumcision and not Richard's sex life.

Caroline stated that her husband had been done when he converted to Judaism, and he therefore had sexual experience before and after the operation, and there was no doubt in his mind that it was best after the circumcision. She referred to the Jewish origins when Abraham was told to circumcise Isaac, and stated that it was a mark of one's Jewishness. Mike Deakin wanted to know who was going to know, and Caroline stated that it was traditional and personal.

Mark referred to his twin brother who was done at the age of 28 for medical reasons, and apparently stated that he was worse off afterwards. Mark, not having been done, couldn't say himself, but wondered why his brother had waited 27 years. (It didn't sound as if the subject had been discussed between him and his brother).

The final caller I heard was Cyril, who was circumcised. It hadn't made any difference to his sex life, and most of his friends who are circumcised agree. Apparently he had seen in his doctor's surgery an article saying that it was definitely more hygienic to be circumcised, for without the secretions of the sulcus there was much less risk to partners in respect of causing an

aggravating disease of the cervix, and also a rare tumour of the penis could remain undetected if covered by the foreskin.

Mike Deakin again backed up Marilyn Milos, saying that these studies had been utterly discredited, but it was acknowledged that there were more than just one medical opinion to listen to.

After listening to the tape for most of the programme, I felt Mike Deakin to be a rather arrogant individual who browbeat those who didn't say what he wanted to hear, and that really seemed to be that. He agreed with everything that Marilyn Milos said, despite what was being said by a large number of callers. I leave readers to make their minds up. Is infant circumcision a mutilation? One thing is certain – there needs to be more information on the subject more readily available to the populace.

*Brian Of The West Country*

## **Different Ends**

There has been an abundance of correspondence, remarked on by the Editor, in favour of letting foreskins remain as natural. To redress the balance, and perhaps infer a warning, may I tell you about an incident which occurred when I was at school.

Just before the last war, the campaign by the medical profession against routine circumcision had only just begun, and some doctors had already started to refuse to circumcise unless the condition necessitated it. I was one of the early victims and although my parents wished me to be circumcised, their doctor considered it unnecessary, as he had done in my brothers' cases. However, our mother was an ardent defender of having her boys bare their ends. She had been a nurse in Canada before marriage, and, in lonely districts, had been the only medical person available to deal with cuts, maternity, breaks and small operations – stitching, making-good abrasions and so on. Although she never admitted to it, when asked why we had not been 'done', answered that, because the doctor refused to cut our foreskins, we had been 'snipped' – the loose tassel of foreskin had been cut off. Now, how she had persuaded the doctor to do this in view of his anti-circumcision stand, or whether she had used her own skills and applied the remedy herself, we were never to know. The fact is that we grew up with shortish foreskins which just exposed the end of the glans and had a wide aperture.

In early years when bath time was supervised by parents, we were told to wash under the skin, which meant pushing it back as far as it would go. Mine seemed to be adherent to the glans and would only retract so far. Despite instructions to "keep pushing – it should go further back", it was some years later, around age 6 or 7, that, one morning I had been playing with my willy, pulling and stretching it, when suddenly the skin came right back. The adhesions had parted and the purple helmet, wet and shiny, came into the

daylight. I remember rushing into my parents' bedroom and holding it out for inspection. They complimented me on it and recognising that it would be tender, put vaseline on it, but told me to keep pushing it back. Each bath time afterwards, we were all told to keep the skin back in the bath, and, as each of us became older, mother explained that, "Big boys should keep their foreskin behind the 'bump', because it would otherwise become wet and smelly underneath." Bedtime was the usual series of questions, "Have you washed behind ears, cleaned teeth, fingernails, skin pushed back?" So we grew up believing that everyone else kept their foreskins peeled off. Not until I started to come into contact with other boys at school did I discover that there were all shapes of willies, which were when the questions to parents were prompted.

When I was about 12 or 13, like many small boys, I became very involved with a group of similarly aged boys who looked for birds' nests, made fires in the woods, and on wet days went into the nearest barn, sat on the hay and had 'cock shows', comparing ourselves and exhibiting our wares. Of my group, about half were circumcised, 3 or 4 boys. The rest of us, apart from one, had either retracted or loose skins which were worn 'back', most of them permanently. Mine was very permanently back, since it had either shrunk or somehow become used to being behind the ridge, and would not stay over without being held. Another boy, Roly, had a very loose skin which would never stay where it was put, sliding on and off so loosely and easily that we could never decide whether he was circumcised or not. The exception to the rule was Ivor, an evacuee, who lived in the village with an old couple. Ivor had a long and slender penis, but such a tight foreskin that he couldn't push it back, no matter how he tried. The blue end of his glans was only just exposed as he manfully struggled to get it back further. He squeezed, nipped, rolled, but to no avail – until one day. He was extremely determined to be like us, since on these occasions we would all expose the retracted penis as a sort of ritual. Ivor concentrated, he grimaced, he squeezed. We watched as the blue of the exposed end of the glans turned purple and the tightness of his foreskin became white, a constricting band that threatened to bisect his shiny helmet. As still he pushed, fraction of an inch by fraction, it started to move further than it had ever done before. Finally, when almost all had been exposed, he made one last valiant attempt, it came back, right behind the ridge of his glans. He looked round, possibly expecting a cheer, but we all sat mesmerised by the resulting phenomenon. His penis, which had been smooth and tubular in external shape, now had taken on the shape of a wasp's thorax with head, attached by the slimmest of connections. In fact, his foreskin was constricting the shaft so tightly that it had sunk deep into the flesh of his penis. After a few minutes of triumph, Ivor decided that it was getting a bit sore and that he should revert it to normal. He did as he had seen some of us do so many times before, holding the shaft between finger and thumb and pushing forward. Nothing happened, just a slight movement of the shaft skin, the tight band staying where it was. He tried different techniques, squeezing the glans,

using his handkerchief to get a better grip, and spitting on it for lubrication. Slowly the fact dawned on him that it wasn't going to go. The knob was getting bluer and distended, by the skin biting into his cock. Still his efforts achieved nothing, and we were all becoming frightened that he had done some sort of permanent injury to himself, perhaps even that it would drop off.

The time came to go home, with Ivor still in his 'condition'. It would be a lonely homecoming for him. Although his evacuee digs were homely, and the people kind, it was just not the sort of thing one could do – walk in with a penis in one hand and explain that it had 'got broken'. So he spent a worrying night alone whilst his swollen penis gradually subsided, and the sheer discomfort of having a sensitive bared glans for the first time uncovered became a reality. I suppose it was then that he decided that he had best make the transition from a cavalier to a roundhead a matter for joy rather than concern. He arrived at school the next day. We cornered him, asking if it had dropped off? had he got over it yet? was it still sore? Ivor manfully parried the questions, becoming braver as the days passed. He found that the initial difficulty of peeing with his 'new' cock had not continued so acutely, and that he could now pee like the rest of us, in a sharp straight jet.

For so long as he remained at our school, Ivor never showed his penis with the skin drawn forward, and I guess he remained with the skin behind the glans ever after. He did however manage to achieve one spectacular display. If his penis was erect, he could coax the tight band of prepuce further down the shaft of his penis, where it would remain, dividing his penis into two halves by a wasp-waist, which to us seemed as though it could be totally bisected and severed by a careless movement. His glans remained smallish, but became whitish-pink in time. He could masturbate by moving the looseness of skin up and down the shaft. He eventually managed to masturbate like some of us, by spitting on his glans and massaging the saliva into the bared end. Meanwhile, Roly happily watched whilst using his prehensile tunnel of rather pointless skin by amalgamating all the techniques of us bare ends, and the long skins amongst us, with or without saliva.

*Anon*

## **Masturbation — Getting It Right**

### vi) The Stage of Detumescence

Immediately following orgasm/ejaculation there is a marked drop in blood pressure and a gradual slowing of the heart rate, both of which become raised as arousal progresses and orgasm occurs. The heavy, and often rapid, breathing which accompanies a sexual climax also subsides. At this time the penis gradually loses its erection, and the testicles, which have been drawn up close to the body, sink lower to their normal resting position. Although the penis may lose its erection quite swiftly, its total volume may take quite a little while to return to the fully relaxed state. Thus the flaccid state to which

it initially returns may be somewhat larger than usual for an hour or more. Similarly the testicles will also have increased in volume during arousal by as much as 50%, and even after they have resumed their normal low-slung position in the scrotum, it can be an hour or two before they fully return to their resting state.

It is during detumescence that any feelings of repressed guilt, shame or anxiety are usually experienced. I have known some young people to become suicidal in this stage and record with long-harboured distress an occasion from my student days well over 30 years ago, when a 16-year-old boy died having hacked off his penis with a sheath knife in a fit of extreme post-orgasmic depression.

It is most important therefore, that the period of detumescence be recognised for what it potentially can be – the most wonderfully relaxing and satisfying period of the whole sexual cycle. It is a time for lying back and thinking sweet thoughts while continuing to caress oneself, gently fondling one's genitals, and making sure one is warm and comfortable. It is important to allow plenty of time for this phase, since it may well be as long as 20 minutes before one really feels ready to get up and resume ordinary living. This is the romantic stage of masturbation and should not be thrown away lightly in the hasty desire to 'get up and go'. For this reason, 'in bed' wankers may find that night time masturbation is more satisfactory than early morning just before getting up time. The late night wanker can drift off into a restful doze or even a full night's sleep while detumescence is occurring. However, others may prefer the option of a morning masturbation on the strength of the ready-made erection which a full bladder of urine collected overnight usually provides.

#### vii) The Refractory Stage

The stages of detumescence and refraction are often considered as being virtually one and the same, since, during detumescence the individual is already in a refractory state. The refractory period is that period after orgasm when no amount of continued or re-commenced physical stimulation can produce re-arousal. The length of the combined detumescence/refractory period can vary very markedly from individual to individual, or even in the same individual from one day to the next. A lot depends on the intensity of the immediately preceding period of arousal leading to climax. Where this has been very high, the individual may be left with substantial levels of sex hormones still circulating in the blood. This can lead to a very brief period of detumescence/refraction. In fact, on some occasions, re-arousal may be possible after only two or three minutes. In healthy, virile young men, re-arousal within 15 minutes of a previous orgasm is not uncommon. However, in many men, particularly as age advances, the refractory state may persist for many hours. During this time the return to the ordinary quiescent resting stage is a gradual one. Towards the end of the refractory stage, in such circumstances, re-arousal may be possible but the effort involved is considerable. This actually provides a potential for masturbatory enjoyment,



since forced masturbation while the refractory stage is still incomplete may lead to a long but intensely enjoyable cycle of arousal, plateau, and orgasm, often culminating in a climax of quite violent and mind-blowing proportions. However, only a small amount of semen is likely to be produced. The older, twice-a-day masturbator (myself included) often finds himself in this happy state. It sometimes involves considerable determination to initiate a wanking session in defiance of a general mood of disinclination, but the ultimate result more than justifies the initial effort.

### Finale

Mention should be made here of the condition known as 'Orchitis Amorosa Rosacea' or bachelor's balls ache. Many regular masturbators are content to bring themselves to the plateau stage and then, after maintaining themselves at this point for some considerable time, cease stimulation and break off the action without proceeding to orgasm. The advantage of this action is that they usually experience quite a prolonged period of enjoyable sexual urge. However, detumescence doesn't occur in the normal way because the climax has been aborted. The testicles remain swollen and engorged, and the penis too sometimes remains semi-erect and swollen. After an hour or two, if the situation isn't resolved, the testicles – indeed the whole genital area – begin to ache and become very tender to touch. There is a reddening of the skin because of blood engorgement, and the individual suffers growing discomfort and distress. This can persist for several hours, and when I was a casualty officer, I was more than once called in the middle of the night to very unhappy young men walking with their legs wide apart and an agonised expression on their faces. The story was usually that they had spent an aroused half-hour saying good night to their girlfriend on the doorstep, but had not been invited in to relieve themselves through intercourse. The masturbator who frustrates his climax can be in the same position.

No account of masturbation can ever be complete, new ideas for experiment always emerging. And what some of us like doing can be totally alien to another. A typical example of this could be the swallowing of semen. Semen has a distinctive and acquired taste. Sexual oralists often derive intense pleasure from imbibing their own semen – catching it on their hand and licking it off at the time of ejaculation. However, many masturbators would be quite appalled at the notion and take offence at the suggestion that the practice is an acceptable one. Essentially, for all that may be written about it, masturbation must be seen as a personal technique, very special to the individual himself. It isn't something that can be learnt from books. An account of this kind merely consolidates some existing ideas and perhaps provides a few ideas for experimentation in the future.

*Dr. Ray Hamble*



## More Female Preferences

An item in the last *Acorn* refers to one printed in Issue Q, and both have a common theme: German girls prefer their men uncircumcised. I wish to recount this true story of one whose preferences were quite different.

I spent almost a month of the Summer of 1986 at a youth hostel near Arcachon on the French Atlantic Coast. The dormitories were mixed, the showers both communal and mixed, and a short walk away was a naturist beach. Almost everybody's swimming trunks, bikinis and night things never left their rucksacks, and naked bliss became the norm. The hostellers divided into two language based groups: German and English. However, few of the latter were in fact English. One man and two women were accompanied by a Welshman (me), two Americans and a Brazilian (all men), a Norwegian couple, two Swedish girls and one young German woman. Four of the six men had been circumcised, Wales and Norway providing the only foreskins. I do not recall seeing even one of the much larger German-speaking group being circumcised. Hygiene, as I recall, was poor. A potent mixture of sweat, sand and suntan oil (not to forget the inevitable smegma) collected under the foreskin. Whilst I have seen few men retract to wash the glans in communal showers at the local pool – certainly no-one was going to do so when those showers were shared with several nubile naked women. (My own 'trick' was to head for the loo after the shower and clean out with my still damp sponge).

From the furtive glances the women were making, it soon became apparent that the circumcised cocks were getting more than their fair share of attention. Admiring glances developed into long hard stares and, in the case of one woman, outright fascination. This woman was the solitary German girl who had joined us. She admitted quite candidly that she had deliberately left her 'volk' after having shared a shower with the two Americans and noticed their cut form. After a few days she increased her acquaintance with circumcision by making love to the Englishman. This woman can have known no shame. Not only had she bared her body, but later opened her soul to state an unequivocal preference for a cut cock in her cunt and in her mouth. After a week or so, they left together, apparently to walk in the foothills of the Pyrenees and no doubt for her to gain further appreciation of the bared glans.

Other readers' experiences suggest that not all German women feel this way; my own observation contradicts this. I'm not saying that they are wrong and I am right – just that we are all (whether German girls or not) individuals. One further thought came to me as I was writing this letter. Was that young woman seduced by the fact that his cock was certainly showered clean on a daily basis, whilst others were not? Perhaps. It mattered nothing to one of the Swedes though – for in her cunt and mouth she happily took my foreskinned member regularly that summer.

Anon

## Foreskin Retraction Questionnaire — Results

Thanks to those who replied to my questionnaire, and herewith the answers analysed. For the first four questions it seemed more sense to give the range with an average, and to make lists for the others. In the case of questions 8 to 11, many respondents gave several answers. The interesting thing is that all but one have eventually had themselves circumcised; obviously permanent retraction is more common outside *Acorn* than in it.

It is obviously a minority interest, but one worth pursuing all the same. I should particularly like feedback on the 'further comments' section – especially, as I wrote a few weeks ago, about the practise being common in the Far East. Also in the Army according to this letter to *Zipper* some years back:-

"In Issue 85 you have a lot of guys writing to say they like to see the head of a man's cock shown with the foreskin back, and John (Southall) asks if it's common for the skin to slip back from the head. I was in the Army for a few years and they'd look at our cocks regularly to see if we were clean. We'd have to stand in a line and drop our trousers and pants. Most of the blokes were uncut, but I remember most kept their knobs uncovered in their pants." The writer then goes on to describe the rest of the inspection – anal, etc.

*N.G. – Norfolk*

1. Age now: range from 33 to 78.
2. a) Age at which retraction first made: range from 6 to 22.  
b) Age of final retraction: usually within 3 years of 2a.
3. Penis length flaccid: 4" to 2.5" (mean 2.9").
4. a) Circumference of corona: 4.9" to 1.75" (mean 4").  
b) Circumference of shaft: 4.3" to 1.5" (mean 3.5").
5. Foreskin a) longer – 3.  
b) shorter – 3.  
c) as long as – 1.

All 3 who answered b) had foreskins that retracted naturally behind the glans.

6. Has the glans or corona increased in size? Yes: 5; No: 0; Not sure: 2.
7. a) Easy to keep back – 5  
b) Needed training – 2
8. Methods used in training: a) Repeated retraction – 2.  
b) Piercing through foreskin – 1.

9. Problems encountered:

None – 1

Sensitivity of glans (pleasant) – 1.

Sensitivity of glans (unpleasant) – 3.

Tightness of retracted foreskin – 2.

Trapped pubic hair – 3.

Embarrassing question from G.P. about it – 1.

10. Reasons for initial retraction:

To be different from other boys – 1.

Stimulating feeling – 2

To prevent irritation – 2.

Parental directive – 1. (Father & brother also retracted)

Exposed glans looks better – 2.

Desire to look circumcised – 2.

To prevent tightness of foreskin – 1.

Foreskin naturally retracted itself – 1.

11. Current reason (if different from 10):

Prefer exposed glans – 3

Feels better – 2.

Hygiene – 1.

Dislike of foreskin – 2.

## **Contact Corner**

Very-well endowed, 38 year-old bi-guy, circumcised as a late teenager at own request, seeks correspondence/meetings with other circumcised guys – Beds/Bucks, anywhere. All letters answered, photo appreciated.

*P.H. – Milton Keynes*

Because I've been temporarily very busy in the last few weeks this issue is a little overdue, but there'll still be two more issues by the end of the year.

*D.A.*



# **ACORN**

**1993 Issue No 7**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

I have been asked to inquire if there are any cavaliers considering being circumcised, and if so, the reason for wanting it, and what are their concerns regarding having it done.

It could only happen in America. A urologist has found himself famous for an outlandish reason. A young wife decided that her husband had raped her, so while he was asleep she hacked off his penis with a kitchen knife. She then called the police to say that she had thrown the organ out of the car window. A police search found it lying on a grass verge. When this doctor got to the hospital he found “an oddly calm patient and eight cops sitting around with their knees crossed.” The doctor and a plastic surgeon took more than 9 hours to reattach it, using a microscope to reconnect minuscule nerves and blood vessels, and were totally successful.

The word got out during the operation and afterwards the doctor found himself discussing the operation on radio and TV. The victim's wife was charged with malicious wounding and the husband with marital rape. They have both hired entertainment lawyers to handle their cases and to organise book, TV, and film rights. Meanwhile the doctor and his family are trying to learn how to deal with fame.

My thanks to the member who sent in the newspaper article covering the story.

There having been no comments forthcoming regarding the letter two issues ago asking for a sticky solution, I, never backward with experimentation, had a go myself. Discarding one by one the various gluey substances through fear of damage, I inevitably came back to the sugar based foods. I found that they did indeed liquefy, but not stopping there I found that after a little while the water part evaporated (I used marmalade), and left it very sticky. So much so that it threatened to keep stuck, but with a tiny drop of saliva applied with the finger now and again it worked beautifully, and the resulting sensation was great.

*D.A.*

## **Ian's Tail — Ian Goes To America**

After working in hospitals in England for some years, I determined to rid myself of the travel bug which had been gnawing away at me for some time. A few weeks after making the decision I found myself at Kennedy International Airport in New York, clutching my passport and immigration visa. The Immigration Officer surveyed my one year work permit and said that he hoped I would have “an interesting time.” It was certainly that. It was a year which allowed me to increase my professional knowledge, and to develop my interest and understanding of circumcision.

The day I took up my duties at the hospital, I was sent off for a routine staff medical examination. The receptionist told me to remove my clothes, put on a robe, and go through into the examination room. The doctor was an elderly man, large, smiling and friendly, and very keen to tell me of the wonderful time he had as a U.S. Air Force doctor working in London during W.W.2. I was examined from head to foot. I thought he had finished, but then he told me to get up on the couch where he proceeded to examine my abdomen and then each of my testicles in turn. He then gently took hold of my penis which promptly erected. He examined it thoughtfully, then said, "No trouble there I see, you're a fine upstanding young man, but, my God, when they circumcised you they didn't do too well, did they? If that happened here we'd likely be sued for malpractice. Still, it sure looks fully functional." He smiled quizzically, then said, "OK, you're fit, you can get dressed and go." Scarlet faced I got down from the couch and left.

I was assigned a locker in the staff changing room. I was surprised when I found it was customary for the younger men to strip completely, and to don only a thin, short-sleeved shirt and the slightly thicker, drawstring, pyjama-style trousers to work in. After a few days I joined the crowd and left my traditional Y-fronts in my locker. It was here that I experienced a great revelation. Circumcision was most definitely 'in'; indeed you had to look really hard to find a foreskin. In my immediate group of thirty or so, there were two. One on a doctor, the other on a Spanish-speaking aide who had immigrated from Puerto Rico. After duty almost every man took to the showers, walking there naked and returning naked to his locker, carrying with him a towel taken from the stack in the shower area. Nudity was not paraded, you just took off all your street clothes and put on others to work. After work you stripped off, tossed your soiled clothes into the laundry basket, went off for a shower, returned to your locker space, dried off and dressed. In the doing of this I'm sure that every man had a look at the penis of his colleagues. I was no exception. It was probably at this time that I became sure that, for me, the circumcised cock, with its completely exposed knob, was a thing of beauty, and proclaims masculinity in a way that a knob, peeking out from, or covered by, a foreskin does not.

I had been there about a month when I completed a shift at the same time as an intern from Vermont, who I had worked with on a number of occasions. His ancestors had immigrated from Lancashire in the late 19th. century and he was very interested in life in England. We stripped off, went to the showers, where after a few minutes he said, quietly, "Do many of you guys get circumcised in England?" He came over to me, looked, and said, "Gee, what did they do to you?" He gently took hold of my cock and looked more closely. I pushed his hand away and told him that I knew my circumcision was a mess, and that I hated it. His attitude was one of professional interest, firm but understanding. He apologised for embarrassing me and said that I appeared to have "a bit of a hang-up" about it and that he thought we should "talk it out", and asked me to go to his apartment for supper. Over supper I told

Art my story. Afterwards he suggested that he contact a particular doctor on my behalf who, he was sure, would make a surgical revision for me. I declined this offer through a mixture of embarrassment, fear, and uncertainty about my ability to pay the fees. The next three months, the last of his internship, was a significant time for me. I learnt that Art (Arthur) knew a great deal about circumcision in America. He had performed circumcisions regularly during his time in obstetrics, and as a Medical Officer in the U.S. Army. He could and would talk about it freely without embarrassment, which enabled me to do the same. What I had been able to consider professionally I was now able to discuss personally, openly, and with a detail that would have embarrassed my parents.

Art was not circumcised as a baby, and in talking to me it became clear that, as a boy, Art was as unhappy with his cock as I was with mine, but for rather different reasons. In school he had been the odd man out, teased by his peers, and asked when he was going to get his skin cut like a 'real guy.' High school and college were an improvement in that there were more men with foreskins, but still a significant minority. After medical school, Art was called up for service in Vietnam, where, in his words, thoughts about the state of your cock were obscured by "trying not to piss your pants when the shells dropped, pressure of work, and trying to stay alive." Art's last months of military service were spent back in the U.S. where, he told me, he circumcised a number of new recruits. There was no policy on circumcision, but enlisted men with foreskins were made aware that circumcision was available. In his words, the uncircumcised were "usually born at home in rural areas, Hispanic or Hilly-Billy mountain boys." A number accepted the invitation to be cut, some because they had developed a personal preference, others to 'join the ranks', and some because it was free of charge. At his pre-discharge medical, Art requested to be circumcised, which was done a week before discharge, under general anaesthetic, and was in hospital for three days.

From Art I learned that, at that time in the U.S., more than 80% of the boys were circumcised when they were two or three days old, early in the morning, and without anaesthetic. Freehand circumcision (or cut-and-trim) was almost unknown – "we have a whole range of clamps ... and there's always the Plastibell ... we get a good cosmetic result." I was, from my observations, aware of the cosmetic result, and I had noticed that, apart from the fully exposed knob, some boys showed no sign of surgery. Other boys had a dark ring surrounding their penis, sited anywhere from immediately behind the knob to halfway back along the shaft. Art explained that, aiming for as little bloodshed as possible, compression clamps, applied after the dorsal slit and before the foreskin was cut off, were favoured. These left the dark circling that I had seen, particularly the Plastibell, as that device remained on the penis until it sloughed off, generally between five and ten days after the operation.

Before I left America I assisted in the circumcision procedures on a couple of mornings. We started at 7am and circumcised however many boys



were listed in one session, usually three or four. The babies were deprived of the 6am feed, cried because they were hungry, cried also because they were strapped on a hard moulded plastic board called a circumstraint, their limbs held by velcro straps, and, yes, I am sure that the procedure was painful for a little while. I remember that the doctor talked quietly to the boys during the procedure, saying such things as, "OK little fella ... soon be over ... all for the best ... you'll be fine later." After their circumcision, the boys were fed and quickly settled down. In response to my questions I found that almost all parents elected to have their boys circumcised. The nurse in attendance on the first day had four sons, all circumcised at birth. I was told that general anaesthetic was not advisable for the newly born, and that effective local anaesthetic required multiple injections which were thought to be equally painful and took as long as the circumcision itself. In addition, infiltration of fluid into the penis distorted the tissue, which could result in a less than cosmetic outcome. I was also told that the boys quickly settled down and that they didn't recall the experience. If the boys in who's circumcision I participated develop like the men with whom I shared a locker room they will have nothing to complain about in their circumcision.

At the end of my year I was happy to return to England where circumcision without anaesthetic had been discontinued except for the religious rite. This I find reassuring. I believe that the penis with a ragged circumcision scar, skin tags, or bridges, is more likely to be found on a man circumcised as a child without anaesthetic.

Ian

## **Tatler**

This is an article by A.A. Gill from *The Tatler* sent in by A.K. London.

We are born perfect and complete. Nature and natural selection have spent 10 million years getting us right and nothing about the human body is an optional extra. But in Britain thousands of perfect babies are 'improved' at birth every year, and they are all male. In the pursuit of bettering nature they leave a little bit of themselves behind; they have the tops of their penises docked like spaniels' tails.

Circumcision is a primitive ritual that started as a right of passage for boys at puberty. The pain, blood, and the flaying of the penis by older members of the tribe was an initiation into manhood, the pre-bespoke equivalent of your first pair of long trousers.

## The Newspapers

Two items which I am sure will be of interest for *Acorn*. Both are from today's *Guardian*. One is on infant circumcision (see below), and came from the health section. The other is on penis size, and from the women's section (!) circumcision got another mention too; the case of a drowned Scot who, because of his dark complexion and circumcised member, was presumed to be a Turkish sailor lost overboard.

*The Guardian* seems to be trying to catch up with *The Independent* in its coverage of our favourite topic. Last week life's luxuries were stated to have been until recently, atheism, breast feeding and circumcision. Incidentally I scored nought out of three – obviously a deprived child! (Since then things have changed. Sundays are spent on the local naturist beach, my partner's nipples are gently nibbled, and I was circumcised nearly a year ago.) Of much more interest was the subsequent statement that all three have now become necessities. Reading this, several questions came to mind. Is neonatal circumcision now in fashion amongst *Guardian* readers? Are we to assume that the educated, liberal, upper-middle-classes, at whom the paper is aimed, favour the operation? Is there any link between *The Guardian's* Manchester roots and that city's large Jewish population? That Salford has more mohels than any British city (other than London) must be a welcome fact to any Mancunian parents (of any or no religious faith) who wish to have a son circumcised.

I do not regard circumcision as a luxury – indeed essential for those with balanitis, phimosis etc. It is most certainly luxurious; a naked glans against the duvet, to soap in my morning shower or, best of all, in or against my partner. I now can truly enjoy her wet cunt rather than my foreskin. Oral sex is now given more frequently and without reluctance, and nestling up against her bare buttocks or her pubic hair is quite blissful (no pyjamas or nighties in this household). I would not go so far as to state that circumcision is a necessity. I firmly believe in parental choice and furthermore, that parents should be allowed to exercise that choice. In this day and age a parent has to be really determined if a son is to be circumcised. A doctor or mohel has to be found, private arrangements will be made, and money will change hands. A better way forward would, I am convinced, be for the health service to adopt the practice of certain private hospitals and to offer all parents the choice of whether or not a baby son should be circumcised. Just as the mother-to-be is offered a long or short stay in hospital option, so the parents should be offered a circumcision or not option. In this way the luxury or necessity debate ceases to be of importance. More babies would, I am sure, be circumcised and hence the whole issue would be less fraught (and perhaps groups like *Acorn* would cease to exist – after all, I initially joined only to find the name of someone who would circumcise me!)

Anon

[Personally I wouldn't have liked *Acorn* to have never existed. Think of all the good friends I would have never known. D.A.]

## **Naturally 'Cut'**

My brother is two years older than me and was circumcised around the age of five. Mother began to try to retract his foreskin at this age, and after achieving only partial success whipped him down to the doctor's where he was cut that day. He later told me it hurt like hell and he was very upset about it.

My turn for inspection came at around the age of four, but mother succeeded in exposing my glans after a few tries on successive bath nights. She used to make me keep the skin back all during the bath and for some time after until she'd dried and dressed me. Even then she said, "Leave it as it is, it's better back." Because it felt uncomfortable I usually pulled it forward again when she'd disappeared.

Not long afterwards, following the usual bath and retraction routine, she spoke to me more seriously, and said I was old enough to keep my skin back all the time like a man. "Keep it back and keep it clean" was her motto. My father was circumcised and had he been otherwise, and had my mother not been a nurse, I might have argued. She is a loving but determined mother, and puts on her professional no-nonsense voice at such times. On this occasion she made sure that my foreskin was carefully tucked in behind the rim, and followed this with a warning that if I released it she would have me cut like my brother.

As I'd had all the gory details from him, I braved the initial discomfort through fear of worse. Our penises now looked alike and it wasn't long afterwards that I tried unsuccessfully to return mine to 'normal' and found my retraction permanent; the glans having grown and the foreskin shrivelled.

In adulthood I saw no reason to undergo an operation to achieve what had already happened. My wife, who is pro-foreskin, was disappointed as she discovered my permanent 'nakedness'. When she heard that I was uncircumcised she thought at first that she might be able to restore things, but after a few vain tries said in sad resignation, "You've had it!"

Frankly, having read much on the argument, I don't mind.

*Anon*

## **A Kinder Cut**

An article by Randi Epstein in *The Guardian*.

Surely, no grown man would submit to a surgical snip of his penis without a hefty dose of painkillers. Then why not newborns, too? For centuries, doctors, and religious officials have performed circumcisions on newborn males without a care in the world about the infants' pain. Until recently most scientists assumed that the pain pathways in infants were too premature to detect pain. We now know better. Even the speediest nick of the foreskin must hurt fiercely.

But there is good news. Researchers have shown that newborns who get a pat of anaesthetic seem to suffer less than those who get nothing at all. Recent circumcision studies have tested an anaesthetic cream called EMLA: a mix of two commonly used painkillers, lidocaine and prilocaine. An American investigator says, "The current practice is circumcision without the benefit of anaesthesia or analgesia. The inattention to pain from unanaesthetised circumcision might suggest that it is not regarded as painful, but mounting evidence shows the discomfort lasts longer than the procedure."

Reporting in *The Journal of the American Medical Association*, her team described how the infants, about two or three days old, were given either cream or placebo. Doctors recorded the babies' heart rates, videotaped their expressions, and recorded their crying. Compared with 13 boys dabbed with the placebo, the 14 treated with EMLA had much lower heart rates, by about 25 beats per minute, and fewer facial signs of distress.

In tests of 81 newborns, University of Alberta researchers also found that treated boys cried less, had lower heart rates, and had less sweat on their palms.

"These studies confirm that neonates undergoing circumcision have behavioural and physiological stress responses that can be diminished by dorsal pedal blocks or EMLA", said a paediatrician at Harvard University. He said several hospitals in the U.S. now do circumcisions using a local anaesthetic.

## **Female Circumcision**

At the risk of stepping outside the boundary of *Acorn* interests, and after reading some letters from subscribers regarding female interest in male circumcision, it occurred to me that you may be interested in female interest in female circumcision.

For many years until about 10 years ago, I was involved in various types of body art, tattooing, body piercing, and wrote some reviews for national magazines. I have also carried out body piercings, mostly for women who saw

beauty and attraction in having this distinctive form of body enhancement. In my activities I met women who were circumcised or appeared to be. Altogether, I knew 6 women who had decided to have their clitoris hood removed.

A dentist, aged about 35, living in North London, asked me to visit her to discuss a piercing in her labia. It is necessary to check the configuration of the area before advising on the possibilities, and I asked her to show me her vulva. She did so by raising her dress to waist height and holding the pubic area tightly upwards, which had the effect of retracting her clitoral hood and exposing a well-developed clitoris. In fact, so prominent was her clitoris that I asked her if she had had the hood removed. I was told not, but we entered a discussion on the possibility of having it removed. The result was that I gave her the name of a doctor friend who carried out male circumcisions, and some time later she wrote saying that she had been circumcised and was very pleased with the result, as was her husband.

Visiting a lady in the Preston area to discuss piercing, I was asked to wait while she prepared herself for examination. She had been wearing jeans when I called but she appeared some minutes later in a bathrobe, and when asked, opened it to show her piercing requirements. Reaching over to check, I was asked, "Please be gentle, I'm circumcised." Enquiring, I was told that she had been persuaded by her boyfriend, who was himself circumcised, to allow him to make a vertical incision through the clitoral hood, leaving it as two 'flaps' with the exposed clitoris between, and had at some later time removed the 'flaps' to tidy her up. She was fully exposed, no vestige of hood remaining. She too was very happy with her new condition, and had no regrets.

I had corresponded with a couple in Southern England the husband being partly circumcised, but unhappy that he was not completely uncovered. I gave him the address of my doctor friend, and later he wrote to tell me that he had had the remaining loose skin removed to form a radical circumcision. And also that, during the visit, his wife had asked the doctor whether it was possible for a woman to have her clitoris fully exposed, since she enjoyed having her hood retracted for greater sensation. No sooner said than done, and she too had her foreskin removed. As they were naturists, she told me that she took much pleasure in sitting in such a way that her vulva was open to view, showing her hoodless clitoris, and that had obviously been noticed by curious fellow naturists, but not remarked on to her.

A letter in *Forum* from a lady who said that she believed herself to be one of the very few English women to be circumcised, prompted me to contact her through the editor. I discovered that she was a wife and mother who had been dissatisfied because her foreskin would not remain retracted during sex because it was rather long and thick. Her husband carried out the operation, which she said was painless and quick, and now she felt liberated and free. Her circumcised clitoris had been noted by one of the doctors when she was in hospital having a baby, but he had not discussed it with her.

Following an article which I wrote for a magazine, I received a letter from an Australian lady, who told me that she had been circumcised by a local doctor after complaining about insensitivity. He concluded that she was 'hooded', which was his term for a clitoris which could not be retracted, possibly due to adhesions or malfunction of the glans and hood. Because she considered it vital to be able to correct her problem, she asked him to correct the accessibility of her clitoris, and he removed her foreskin completely. She was so delighted by the effect that she told her daughter, presumably teenage or older, and discussed the advantages with her.

Finally, a couple who had spent their lives in the Army overseas, now retired and settled in London, where they took up voluntary work for charities to fill in the time. They were referred to me because the wife had numerous body piercings and wished to find a jewellery maker. When in London I visited them and was invited to stay overnight. After dinner, during which the wife wore a long dress, we chatted, and she allowed the dress to fall open, revealing her body decorations. I was fascinated by the number and size of these and bent forward to see more closely. As she opened her thighs I was surprised to see that she had a very large clitoris which was totally uncovered by foreskin, and that she seemed to be happy for it to be seen. We discussed her history of sensual ornamentation, and finally I asked her when she had been circumcised. She simply said that many people had asked her about that, that it was a long story, and had happened a long time ago. I was told no more, but clearly she had had the hood totally and skilfully removed at some time, leaving a very prominent glans which she had no hesitation in touching, and which was obviously a feature of which she was proud.

During researching for articles, I have discovered a much wider interest in female circumcision than is commonly known. An American feature writer carried out investigations into female circumcision, a more frequent operation there than in Europe, perhaps as a counterpoint to American frequency of male circumcision. She met and talked to circumcised women, and because the general view of those done seemed to be very much in favour, she had herself circumcised, the better to understand the effect. She commented very favourably on the better sensation and contact that the bare glans offered.

Perhaps if the subject was aired in *Acorn*, other readers, possibly even female readers, might provide useful comments.

*K.J.*

### **P(r)ick Of The Week**

A member has sent me another part of the uncircumcising subject. This time it was on the Radio 4 programme 'Pick of the Week', presented by John Peel, an aged-looking disc jockey. I won't go over the transcript of the broadcast

again; suffice it to say that the interviewees were all unsatisfied customers of the medical profession.

What did come to light though, was John Peel's last remark. "You probably don't care to know this, but I am an uncircumcised person. I never thought of my circumcised school chums (I went to a boarding school in North Wales where we greeted each day with a cold plunge, so I knew which ones they were) as having been hurt or violated. Roundheads and cavaliers we called each other, laughing boyishly as we did. But looking back, I imagine that the roundheads felt some sense of loss at puberty and beyond."

Not only is that an addition to the status tables, but also shows again how all boys at school are interested in what the others have got.

D.A.

## **From America**

I wrote the following piece a year or so ago for the magazine *Sexyg*, the human sexuality special interest group of American MENSA.

Recent accounts in *Sexyg* by men circumcised as adults appear to include an element of fantasy, played out, or possibly imagined ... eg. "a reflector was positioned so I could watch the procedure" – how did he get the doctor to agree to that? My own experience aged 21 was different. I thought I was in love for life with Sarah, a Jewish girl, who said that she could not agree to having sex because I was not circumcised. So I visited the university medical clinic, complained of a tight foreskin, and after a brief examination was offered and accepted circumcision, which was done the same day under a general anaesthetic. The recovery period of a couple of weeks was painful and certainly not erotic.

I now believe that Sarah had raised the subject as an easy way to postpone agreeing to sex, and was overwhelmed by the magnitude of what she had initiated. To her credit she never showed this, and in due course she did have sex with me. Unfortunately our relationship only lasted another 6 months or so. The experience left me with an above average (unhealthy?) interest in the subject. At school in England (where the above occurred), boys in the showers classified themselves as Roundheads and Cavaliers after the two sides in the Civil War. As far as I remember there were equal numbers.

The practice has declined in England, and when my son was born there, medical opinion advised firmly against. We didn't. Here in the U.S. it is apparently more common (75% of men in the *Sexyg* survey have had it done, and it is routinely offered to parents of newborn sons) despite the real if slight risk of injury. The Uncircumcised Society of America sent me a news item on a recent case of damage to the penis settled for 22 million dollars, and on TV 'L.A. Law' featured a similar case a while back. In a recent autobiography, the British politician Quentin Hogg describes how at the age of 7 he was taken to

the doctor and, without warning or anaesthetic, subjected to surgical correction of a circumcision apparently inadequately performed at birth. However, this was 60 years ago. It reminded me of a boy at school who was circumcised (for the first time) when his mother got remarried to a Muslim man, who insisted on it during a vacation trip to visit relatives in Pakistan. He was about 14.

As a man who has experienced life both before and after, I don't think it makes a lot of difference to any activity, sexual or otherwise. If you are into mutilation as a sexual stimulus it is probably one of the few socially acceptable possibilities, apart from pierced ears, but this is obviously no reason to do either of them to infants. The medical grounds seem open to dispute. The one physical change I have detected is a noticeable reduction in the sensitivity of the glans (but would this have happened anyway as one gets older?). The base of the glans, which is more protected from abrasion by clothing, is now much more sensitive than the tip. My urologist told me recently that this is, "quite common, nothing to worry about". (A matter of opinion.) Interestingly he also said that the most common age for circumcision, after birth, is in the early twenties. I wonder why?

On balance, given the chance over again, I would not have had it done, but I probably wouldn't have had it done then if they'd given me more time to think about it.

*C.E. – Georgia*

[Quentin Hogg being another addition to the list.

D.A.]

## **Trapped Tip**

Guys under 30 who have long beautiful foreskins and want to keep them that way should watch out for the 'trapped tip'. This happens when the foreskin is retracted over the glans when urinating or for some other reason. When it is rolled forward again the weighted tip may fold under the foreskin as it is rolled forward over the glans, often leaving the meatus exposed. This is the start of a short foreskin, and if not attended to will get shorter as time goes on.

The remedy is with the thumb and index finger. A slight tug at the bottom lip of the foreskin is generally adequate to bring the tip out to its natural pointed position. A lot of men do this, and that is why you see some men with foreskins as nature intended them to be, and others with the skin covering none,  $\frac{1}{4}$ ,  $\frac{1}{2}$ , or  $\frac{3}{4}$  of the glans.

If anyone would like to write to me on this subject I promise to answer.



I was reading in Bud Berkeley's book *Foreskin – A Closer Look* which is on sale over here now, that it said 'docking' is the 'in' thing in America at the present time.

It brings together the natural and the cut guys, where the uncircumcised can share his foreskin by docking it over the bare glans of the cut guy. This must give the circumcised a lot of pleasure and knowledge of what a foreskin feels like. It advises to uncouple before either ejaculates.

There is quite a lot about foreskin reconstruction in the book, a subject also written about in the last issue of *Acorn*.

*H.J.M. – Mid-Glamorgan.*

[Perhaps, H.J., you could let us know where to obtain the book.

*D.A.]*

### **Satisfied Customer**

I first discovered circumcision when I was 7 years old, staying at a school friend's house for the weekend. Tony was the same age as myself and had a younger brother of 6. As kids will do, we decided to play in the garden. A canal ran at the bottom of his garden and of course we ended up getting very wet and dirty. We went back into the house and his mother immediately said that we were to have a bath to wash ourselves. When the bath had been drawn we were told to get in together, which we did. It was then that I noticed that Tony's penis was very different to mine. I asked him what had happened to it and he replied that he had been 'cut' the previous year. He said that he was very pleased to have been done and that, in fact, his brother Peter had only been cut earlier that week, and if we were demanding enough he would show it to me.

I was fascinated by this since I had always wanted to be like my father who was also cut. After much bullying of Peter he dropped his shorts to show us his newly circumcised penis. It looked very sore, but the most interesting thing was that he had had a really radical circumcision. The skin was incredibly tight. Tony then got his out to compare it with Peter's, and the difference was very marked, his being much looser and had a slight overhang left. Tony said that he wished he'd been cut the same way as Peter, as he was still finding that bits of dirt collected in the creases left.

I went to a public school in 1970 and it was there that I discovered that I was, in fact, in the minority who still had their foreskins, over 80% having been circumcised by the time that they went to the school (age around 10). Over the next ten years or so I tried everything to keep my foreskin trained back, but to no avail. I left in 1980 and it was then that I got my first job, and the spending power to get myself circumcised. However I didn't know

how or where to start! My doctor said that he felt that there was no way that he could recommend me to the NHS, and would not tell me about any other ways that I could get it done.

In 1990 I was on holiday in Canada when I found in the local Yellow Pages an advert for cosmetic surgery. I rang the number and asked them if they were able to perform circumcisions on adult males. They said yes, at a cost of \$350. I immediately made an appointment to go and see the surgeon. I went in and met the man who was to do the operation, and had what I can only describe as the most detailed discussion on what I wanted. I said that I wanted to have a very radical circumcision done and the frenum removed. He agreed to do this and asked me where I wanted the resulting scar to be on the shaft. He explained that the position of this altered the way things looked afterwards, the lower down the shaft the less tighter the result, and the greater likelihood that I would have crinkles on the shaft. I said that I would like it about one inch beneath the rim, but he said that he would prefer to place it closer. I therefore decided that I would leave it to him to decide.

The day came and I arrived at the clinic at 9am. I was told to strip and lie on the operating table. The surgeon came in and went through the requirements again to make sure that I hadn't changed my mind. He then injected the area and whilst it was taking effect he drew out the lines where he was going to make the cut. He said that I could watch him doing it if I wished, to which I readily agreed, and got into a sitting position. He first pulled my foreskin forward and clamped it. After a couple of minutes he simply cut the overhanging skin away with a knife. He then released the clamp and gently pushed the skin back over the glans. He then decided that not enough had been removed, got out a pen and marked out where he would cut again, this time by hand. He asked me if things looked tight enough for me. I was so keen to be cut as tight as possible that I said no, could he make things even tighter? He said he would but decided that to get everything right it would be necessary to reclamp it. This of course was quite difficult, but he eventually succeeded. Again, a simple slice came off and the returning of the skin to position behind the glans.

Time had arrived to remove the frenum. This was remarkably simple and he removed it completely, no bits left at all. I was then stitched back together and bandaged up. I was told not to remove it for two days and then to soak it off in a warm bath which had a quantity of Savlon in it. The stitches would be removed in 10 days.

The two days passed without any great discomfort and I took the long awaited bath. I was very disturbed by what was revealed, my penis bruised and swollen beyond all recognition. However, after a week it had recovered to the point where I could start to judge the end result. I was truly thrilled. I had the exact result that I had asked for. Needless to say I couldn't wait to try and see if everything was still in good working order. The first erection is one which I will never forget, the feelings of tightness being fantastic, and

yes, everything did work. I went back to the clinic and had the stitches out two days before I left for home, the surgeon very pleased that everything had healed so well. He told me that he had never done such a tight circumcision before, but he felt that the result was so good that he would try to make it his standard practise in future.

Well, that's my story. I am still delighted with the result, the shaft still very smooth and tight, whilst the glans has expanded greatly in width. All in all, I don't think that I could have asked or got a better job done.

*I.T. – Gwent*

### **'Rabbit At Rest'**

A book worth reading, which is a positive compendium of comment on the penile condition, is 'Rabbit at Rest' by John Updike.

Rabbit is the old nickname of Harry Angstrom, a Swedish-American with the full range of penile accessories, and some of the points bear out recent thinking in the States. The first inkling you get of Harry's status is when he explains that, in middle age now, he usually pees sitting down, because at night his foreskin tends to get folded over and his directional delivery becomes as uncertain as a woman's. Is this likely? I'd have thought that a simple thumbing back would avoid the inconvenience of the ignominious female crouch.

Later, Harry sees that his young grandson is circumcised and wonders how he would feel about it if he himself were circumcised. He remembers reports in newspapers saying that the foreskin provides protection like the eyelid: when it is removed the glans becomes less sensitive, more thick skinned and dull. A guy circumcised in mid-life found that his sexual pleasure and responsiveness went so far down that his "circumcised life was no longer worth living". Harry wonders whether he himself would have been a more dependable human being if he had been less sexually responsive and not so crazy to have his 'eye' opened down there: "getting a hard-on you can feel the foreskin gently tug back like freezing cream lifting the paper cap on an old-time milk bottle". From the numb look of his penis, his grandson will be a solid citizen.

Harry's lady love is the wife of a circumcised 'friend', and one of the things she loves about Harry is his uncircumcised penis. She teases him about his 'bonnet' and insists on seeing it when Harry has to go away because it looks so cute with its 'bonnet' on – so different from her husband's.

So John Updike makes it plain that he does not approve of circumcision, although nowhere does he or any of his characters say so. You are left wondering if he has been done himself or if he takes his descriptions from personal experience. As one who has regrettably spent his life 'preputially

challenged', I am in no position to say. Perhaps someone who is fully equipped can hazard an opinion?

*R.B.W. – Bedford*

[R.B. also sent in a letter on uncircumcising which was covered in the last issue, but he does make the point that, with all the furore and excitement engendered by the book, he finds it a real comfort to know that he's not in the tiny eccentric minority that some people would believe him to be. D.A.]

# **ACORN**

**1993 Issue No 8**

**Editor  
David Acorn**

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Printed & Published in England by Acorn

## Editorial

See last page.

D.A.

### Posthumous Circumcision

Item in *The Independent*, 17/8/93 sent in by R.B.W. – Bedford.

In one of the more macabre issues dividing religious and secular Jews in Israel, a dispute has arisen over the circumcision of Jewish corpses.

Strictly observant Jews will not permit tampering with deceased bodies. The ultra-Orthodox forbid autopsies and the transplant of organs from the dead. But rabbis generally agree that removal of the foreskin may be performed even on a corpse. The newspaper, *Ha'aretz*, reported that a number of corpses of recently arrived Soviet Jews had been circumcised. Jews in the former Soviet Union were rarely able to fulfil Jewish ritual practises such as circumcision – normally carried out on the 8th day after birth – for fear of persecution. 90% of recent Russian male immigrants are uncircumcised and are under pressure to prove their 'Jewishness' by going under the knife. But many have declined – not least because of the pain. (No anaesthetic?)

Under Jewish law – Halacha – all Jews must be circumcised or, after death, "their soul will not enter the garden of Eden", as a former chief rabbi put it yesterday. "We only want to assure the corpse has no cause for shame at the time of his death. Even the British Royal family carries out circumcision..."

As increasing numbers of new Russian immigrants die in Israel, the question of whether to circumcise the corpse has become urgent. The job has been carried out by religious Jews charged with the ritual preparation of bodies for burial according to a reporter from *Ha'aretz*, citing sources at the Haifa burial society and the Religious Affairs Ministry.

His report has caused uproar. Ran Cohen, a member of parliament for the left-wing secular party Meretz has called for an inquiry by the Attorney-General. "It is a filthy practice. I am utterly ashamed that anyone in my country has done this kind of thing. It is against human rights. It is against the dignity of the dead person. It is an insult to the new immigrants from the former Soviet Union," he said.

But Rabbi Shlomo Goren also a former chief rabbi attacked Mr. Cohen as a 'leftist' and a 'spy'.

[And we worry about what goes on in our parliament.

D.A.]

## **An Odd Muslim**

As a Sayyad (direct descendent of the Prophet) my Islamic credentials are not in question. But they would be if anyone could see inside my underpants! I am one of the very rare cases of a Muslim evading the requirement of circumcision, and I feel that your readers might benefit from knowing how it came about and how it has affected my life.

An adult Muslim who remains uncircumcised is in a state of 'aib' (shame) and according to the Hadith (but not the Koran) should be circumcised at the first opportunity, forcibly if need be. Since I don't relish being waylaid by a bunch of hairy fundamentalists, circumcised with a penknife and left to bleed to death in an alley, you'll forgive me if I give a false name and address.

I was born to immigrant parents but the doctor, who was British, refused my parents' request for circumcision. Since it is quite in order for Muslim boys to be done later in life, the in-laws accepted my parents' promise to have me circumcised before puberty. In the meantime I was happy, proud even, to have a foreskin like my classmates, and to avoid the taunting meted out to the two other Muslim boys in the school, who had been circumcised at birth. They got their own back by reminding me that my turn would come, and the older you were the more it hurt. So as I approached my eleventh year, still in possession of a long Asiatic foreskin, I was in fear and dread of the mutahhir's knife, which I knew would be applied without prior warning so as to avoid anxiety.

As luck would have it, both sets of in-laws moved abroad, and my father got a posting to an area with a nil Muslim population. My parents (and I!) breathed a sigh of relief, the in-laws were told that the deed had been done, I was allowed to keep my foreskin, and my parents conveniently forgot about it.

The only action from me was one of relief at not having to suffer the searing pain of an operation most of my fellow Britons shun in this day and age. As far as the religious side was concerned boys of eleven don't think too much about religious ordinances, especially if there's no Koranis school to go to.

The next hurdle was marriage. Most Muslim girls would run screaming to mother if they found their new husband was uncircumcised (as chronicled in *Alf Laila wa Laila – The Thousand and One Nights*). But girls in this country have been exposed to lax and easy Western ways, so that, despite the rigid chastity laws for females, some even go to the marriage bed de-virginated, many of them having gone out and had sex with uncircumcised boys. This is another status of shame which concerns the Muslim community very greatly. The number of Asian girls who pose for nude magazines or become strippers, is a pointer to the sort of temptation which a lot of girls find irresistible, and is also a particular cause for concern. This is why so many are sent back to

the country of origin to marry a local, and to keep them out of temptation's way.

I was lucky. I found a Muslim girl who was thoroughly Westernised, shared my Western values, but who was still a staunch Muslim and a virgin. However, she had secretly had a couple of boyfriends at school whose uncircumcised penises she had explored and handled whilst steadfastly preserving her virginity. She consequently knew all about foreskins, and when I anxiously admitted my uncircumcised condition to her, she was amused rather than horrified. I warned her not to mention it to her parents, and so we embarked on matrimony in a state of sublime, sinful uncircumcision, and no one was the wiser.

Circumcision to a Muslim means a state of purity (Tahur), but that applies to religious purity rather than cleanliness, which most Muslims are fussy about anyway (I wash my parts every time I use them). The fact that it is not mentioned in the Koran can be, and has been, quoted as a reason for not being too serious about it: for instance, it is rumoured that a group of high ranking Saudis who, because of prior rigid upbringing and deprivation tend to prize sexual pleasure and sensuality above all things, have secretly avoided the practice of circumcision so as to increase sexual response! They apparently square this with themselves by being prepared to submit to the mutahhir if rumbled, claiming a parental oversight, but hoping to get away with it for as long as possible.

I have come to accept my foreskin as an integral part of my body, and my wife, if anything, is quite keen that I should remain uncircumcised. The problem now is what to do about our son who is coming up to three and is also uncircumcised. Ruqiya has a large circle of Western friends who all have uncircumcised children, and we see no reason not to conform. Therefore we would both be happy to see our son keep his foreskin and explain to him when he is old enough that he may have to lose it if he doesn't keep it to himself. After all these years I've come to the conclusion that circumcision is easily avoidable for a Muslim who wants to keep his foreskin whilst otherwise adhering to Islam, provided he makes the necessary adjustment to his religious principles, stays in the West, and keeps only discreet – and appreciative – female company.

*Al-Sayyad Abdul-Razzaq Muhammad*

## **Genital Hygiene**

One of the main issues which arises in the circumcision controversy is genital hygiene, and to my knowledge the matter has yet to be discussed in depth. The point that needs to be made is that until recently it was a subject which received little attention from either sex. Male hygiene was singled out as being attainable by circumcision, but nothing much was said about the much greater problems presented by the female genital system, with its intricate folds



of skin through which urine has to pass from a urethra buried deep within them. Moreover, the female's urine, which is expelled with considerably more force than the male's due to a shorter passage from the bladder, contaminates the whole of her outer genital area including the inner lips, clitoris tip and outer lips, by which it is often deflected so that it emerges in more than one stream or a haphazard spray which more often than not wets her thighs as well. The male's urethra on the other hand is either exposed so that no part of the external genitals is wetted or else the urine passes through a few millimetres of uncomplicated skin tubing, with the area to the rear of the urethra only getting wetted if a back pressure is created by a tight foreskin or by pinching the tip.

It was a convention that female hygiene was a far too delicate subject to talk about, and besides, girls automatically take more trouble than boys in such matters. This may be true to a large extent, but it's by no means a rule you can rely on, and if lack of genital hygiene is considered serious enough to warrant a surgical operation for a boy, we must be prepared to discuss it in women, distasteful though it may be.

It's quite easy of course for a girl to effect some degree of hygiene by the careful use of toilet paper every time she takes a pee, but how many actually do? Men who grew up with sisters big or small will know that little girls don't bother, and there can be no doubt that some of your less fussy ones become adults without finding it necessary to acquire the habit of mopping up after a slash. This reminds me of the contrast of those American films bold enough to portray a lady sitting on a loo taking a leak (I've seen two so far) where she invariably uses toilet paper afterwards, with the British film 'A Letter to Brezhnev', in which you get an overhead view of the girls' cubicle where they take it in turns to have a pee. Each girl raises her skirt, does what is necessary and then gets up drops her clothes and walks out. The comment on this contrast is that the Yanks are known to be obsessed by 'hygiene' whereas the British girls (who hailed from Liverpool) not only couldn't care less about it but didn't wear knickers either! The question is, so what? Is obsession with hygiene justified from the medical point of view, or any other?

Before I answer it, perhaps I'd better explain how I acquired all this know-how about feminine functions. As a student in the sixties I spent a term in digs, and the landlady was a delightful but eccentric middle-aged woman. She was a bohemian who made all her own clothes, mostly long dresses gypsy fashion or patchwork quilts, wore flowers and headbands, and took art lessons. She admitted to be 'between husbands' but had lots of men friends whom she entertained in her room with loud music. She was a cheerful sunny person and once you got over her health fads and obsession with nature, she was basically a nice individual. She was also totally uninhibited and didn't hesitate to come into the bathroom whilst I was having a bath if she needed a leak. With a merry shout of, "No peeking, mind!", she lifted her long dress and petticoats up around her waist to reveal an enormous rug of pubic hair

(she didn't believe in knickers), before adopting a semi-crouch, knees slightly bent, and releasing an astounding cascade of urine into the pan, grinning disarmingly at me throughout. From my full-frontal vantage point I remember being enthralled – and disgusted – at how untidily the torrent emerged from her nether lips, quite a lot of it being deflected to run off the cheek of her backside or splashing her thigh. When she'd finished she merely stepped forward and dropped her skirt, saying, "I needed that. You didn't mind, did you?", and walking out without a reply.

She had a powerful sexuality too, because when she and I occasionally spent the evening in without visitors, she would always turn the subject round to sex and ask me embarrassing questions about my sex life. She also wheedled me into posing for her still life contribution, and asked me if I minded stripping off. I agreed with enthusiasm, whereupon she asked, "You're not circumcised, are you?" I shook my head dumbly, whereupon she had me take up a pose on the couch. She drew with rapid strokes, encouraging me with flattering remarks about my build, and explaining that her art mistress preferred uncircumcised models for the 'classical nude'. As I laid there I could feel her eyes on my penis, and to my horror it started twitching itself up into an erection. Her eyes lit up and she immediately packed in her first drawing and started doing another for her 'private collection'. When this was finished she gave me a wrap and joined me on the couch for a drink. She commented on my erection and asked me if I was feeling randy. "What do you think?" I asked and she said that she felt a bit that way too. She then opened up my wrap and started handling my penis to test its rigidity. When satisfied that it was up to standard she lifted her long dress to reveal her bare groin, and put my hand over her vulva with the comment that "a little wank would be nice – helps you sleep."

This mutual exchange of pleasuring became a frequent occurrence, although she never permitted it to progress to the full sex act. But to return to the genital hygiene business. In the days of the weekly bath and no showers, it was very noticeable that her personal perfume grew stronger as the week progressed. It was also noticeable that if our mutual manipulation took place immediately after she'd taken a pee the top of her thighs as well as the whole of her genital region was soaking wet right from the start, not to be confused with the moisture of arousal. This is not to say I found it distasteful – on the contrary I found it highly exciting, but I'm not sure if I'd relished the idea of oral sex with her. In those days though, it was still considered a character defect even among the most liberated of young people.

Which brings me to the point of this story – does genital hygiene matter? My view is that medically it doesn't matter a damn, although now that oral sex has become acceptable, probably under the impulse of porno videos which seem to get their message across on a heavy diet of fellatio and cunnilingus, there's an obvious gain in acceptability from frequent washing. I was not too fussy myself as a younger man and rarely washed under my foreskin more

than once a week, although I did use spit to ensure that it didn't get offensive in between times. I never suffered any problems and was never criticised by my numerous girlfriends – who largely shared my own standards. I think the benefits of genital hygiene should not be over-emphasised.

*E.S. – Kent*

## **Yes And No**

I've been fascinated by circumcision ever since schooldays. Although at junior school I recall a fellow pupil telling me that he was going to be circumcised, I was rather puzzled by the term, and had no real idea of what it might mean. It wasn't until secondary school that I remember catching my first, intriguing, glimpses of 'cut' lads in the showers – and afterwards taking every opportunity to see more of that mysterious difference. My impression is that roundheads were definitely in the minority: I can recall only about half a dozen amongst the 30 or so boys who made up my year-group in games.

Time went on, and – with one very good college friend who was radically cut, and who expressed extreme disdain for foreskins in general ("Nasty, smelly things!") – my admiration for the circumcised guy increased.

Now, in my early thirties, I find myself at last with the wherewithal to get the job done on myself. Joining *Acorn* has certainly helped me to clarify my thoughts about the Big Difference. For me, questions of hygiene and cleanliness are secondary. As far as I'm concerned it all comes down to appearance: I much prefer the look of a nicely circumcised dick – it seems neater and tidier. I also think there's something much more mature about the appearance of the cut organ: for me, somehow, foreskins are things that boys have: real men are roundheads. I think the enlarged glans, enjoyed by men circumcised in early life, is a real plus point, and I suppose there's a sense, too, of the rite-of-passage involved in becoming circumcised – in becoming a member of that select group of men who have had their cocks cut.

All of which might lead you to believe that I'm about to become a fully-paid-up ex-foreskin possessor myself. I'm not and the nub of the problem is wanking. The one (the only?) advantage of a foreskin, it seems to me, is that wanking becomes a very straightforward operation. I realise that, for someone who's been cut all their life, a decent wank is probably just as simple: it's all just a question of what you're used to. But that, really is my point: if I lost my foreskin now I'd have to learn an entirely unfamiliar way of tossing myself off. Having experimented, I find I can in fact wank with a retracted foreskin, manipulating the shaft of the penis alone, with reduced stimulation of the glans, and produce an orgasm. But I tend to find – again purely from a personal point of view that the climax is less satisfactory – I get less sensation in these circumstances than with the foreskin forward. This poses rather a dilemma: I find the thought of circumcision and being circumcised extremely

stimulating – but, if I were to be done myself, I might well find myself in less of a position to enjoy the results than I'd been before. I suppose this is one argument in favour of circumcision at birth – or at least before adolescence – since, in my case, I'd at least have grown up fully used to the position. As it is, I don't know what the answer is...

*M.E. – London*

## **More Penis-state Disagreements**

Further to my first letter on the subject of the reliability of the list of famous (issue 3/93) and the new lists in issue 4, I have the following comments to add:

David Hockney is circumcised as anyone who saw him undress and get into the shower in his film 'A Bigger Splash' will know. It seems unlikely, if President Kennedy was cut as an adult, that his two younger brothers are also cut. Were they, too, done as adults? Ringo Starr I have always understood to have been Jewish, so wouldn't have a foreskin: and Little Richard has recently become a Muslim, so must be cut now if he wasn't already so.

Putting in well-known Jews into the cut category is really rather pointless, and how on earth do people find out about the state of these celebs. when it is hardly a fact people reveal on chat shows, and male nudity is shunned amongst the famous. [According to the compiler the information is gained mostly from schoolmates, showers in sports and fitness centres, blow-ups of clips of films, nude magazines and gay relationships. – D.A.]

I recently visited the nudist beach at Studland in Dorset. It was a first for me as a naturist, and after initial trepidation I am now a convert and enthusiast. One thing I noticed as I walked the beach and dunes was that the ratio of circumcised was very much higher than one is lead to believe by this magazine, nationally. At least 3 to 1, I would say, and that was not falling for the always very obvious foreskin pulled back chaps. It was so in all generations except sadly amongst small children, which doesn't bode well for the future. It was particularly prevalent in the age group 18-30. Would I be right in suggesting this is so because naturists, being so body conscious, get themselves cut in adulthood. From the many foreskins pulled back, being a roundhead is obviously desirable with naturists. A young man lying near me in the dunes had clearly been recently cut, as there were the tell-tale nicks and bumps where the stitches had been tied. With all the sand about, I for one was glad I had had myself done, as I well remember that even with swimming trunks sand and foreskins don't get along – just as the Jews and the Arabs recognised all those thousands of years ago.

*R.H. – London*

## **Mother's Story**

I grew up quite unaware of circumcision. As it was the family custom for all of us to walk round naked upstairs, I saw my father's and brothers' foreskinned penises from an early age, but never saw them retracted. As they matched the willies I saw in nude paintings and on nude statues, I had no reason to think that men could look otherwise.

By the time I was twenty I had experienced several penises, and learned that their foreskins could be pulled back (in some cases with difficulty), to reveal a sensitive, sticky and often smelly bud underneath. Intercourse had proved a disappointment too, because my partners always seemed to spurt within a few seconds of entering, leaving me frustrated.

Then I met Steve, an American serviceman stationed over here. I was really keen on him and after our second date asked him home 'for coffee'. Of course I had an ulterior motive – and a stroke of good luck, as the rest of the family were abroad on holiday leaving the house to me.

As I'd hoped, we were soon laid out in a clinch on the settee and I felt his hand working into my panties, so took my cue to unzip him and explore inside his jockeys. At first, when I touched him, I thought the cheeky chappie had anticipated my plan and rolled his foreskin back in readiness, but as I searched further I found that there was no foreskin! Overall, his penis was no larger than others I'd encountered, but the big mushroom head certainly felt very different. It was sort of silky smooth with a very pronounced rim at the base and no connecting strap of skin in the groove underneath. Before I could investigate this, he was at the point where he was wanting to enter me and I was quite eager to let him.

What a fabulous sensation I received! – quite unlike anything I'd had before. I could distinctly feel the contour of his helmet inside me, and even more so when from time to time he pulled out and ran it up and down my crease. Best of all, he lasted ages, and I must have had three or four orgasms before he let go.

Afterwards I suggested we take a shower together, and during that I knelt down and gave him a 'blowjob'. This afforded me a close-up on this mysterious new penis and I saw evidence of scarring and stitching, making me realise he'd had some sort of operation. I was too shy and polite to mention it, and also I didn't want to spoil the mood of the moment which was quite thrilling. Whatever had happened to his willy seemed to be for the better!

A few days later I met cousin Carole. She's around my age and we've always been close and discussed some of our intimate sexual experiences, so I told her about my latest. As she is also a nurse, I thought she might be able to offer some information about what may have been done to Steve's knob. She giggled and then gave me chapter and verse on circumcision! How strange such information had bypassed me. I felt I'd led a sheltered life.

Fortunately I fell in love with Steve as well as what was left of his willy, and a couple of years later we were married, expecting our first child, and living in the U.S. Our son was born in the base hospital where circumcision seemed to be routine. Those of us with male babies were given consent forms but they seemed to be a formality. None in my group considered opting out, and those I asked had circumcised partners and thought it odd that I should question it. Accordingly, I followed the herd, and our babies were duly Plastibelled just before we were discharged.

The device fell off as advertised, leaving a lovely neat result reminiscent of his dad – what more could I ask? A few weeks later my mother flew out to see her new grandson and quite naturally wanted to bath him. I'll never forget the expression on her face when she removed his diaper. "What on earth has happened to his little winkle?" she asked. I told her about the Plastibell, whereupon she reprimanded me for agreeing to such a thing, and said that I'd ruined him for life and spoiled his future partner's fun too! It didn't go down too well when I told her about Steve being done and my preference for it thereby admitting my earlier promiscuity. In the end she had to agree to differ and the subject has remained off limits for discussion between us ever since.

Shortly after, Steve completed his service contract and joined an American computer firm who, following initial training, sent him to England as a technical troubleshooter, and we've been settled here these last three years.

Our second son was delivered in a city NHS hospital. It seemed best that he should be circumcised to match his brother, but when I requested it I was sharply rebuffed and told that it should never be done without medical need. Our paediatrician was no more helpful either, so we decided to have him done on our next visit to the States. In the event, this kept being postponed and I became anxious that my baby would reach an age when he would be more aware and find it painful.

I confided in cousin Carole again and, through her hospital contacts, she provided the name of a doctor who did home circumcisions privately at £150. Unfortunately when the appointment came around Steve was away on a course and I had to cope alone as assistant to the doctor. Perhaps it was just as well, because Steve is quite squeamish about such things! I enlisted the aid of a friend to come and mind my eldest child and answer the door or phone bells, then stood anxiously by as the doctor set out his stall on the kitchen table.

I confess to only half watching the procedure as I held my child. It was all terribly swift, but the event did give me two pangs of half regret. The first came as my baby screamed the moment he was cut and I knew the deed was done with no going back. Then afterwards, when the doctor had dressed the wound, left care instructions and departed, I cleared up and came across the discarded foreskin. As I picked it up I gazed sadly at it and reflected that I'd

just altered irreversibly the life experience of my son and any of his future partners.

All went well in the healing process, but he took longer to do so and settle down than his Plastibelled elder brother had. Unlike their father, both boys seem to have most of the frenum remaining, and both show a very small collar of skin behind the rim. Their acorns are fully exposed however, and neither collar will push forward at all.

I've gathered that, outside of the Jewish and Muslim communities, my sons are something of a rarity in Britain today, but as we may one day return to live in the U.S., I'm glad they're circ'd.

Their 'status' does seem to be spotted quickly by other women here. I've taken them to a mother and toddler group since last summer, where they were allowed to splash around naked in an inflatable paddling pool with the other kids. I felt proud when I saw how cute their penises looked compared with those on their contemporaries. Several mums passed favourable comment, some asking for details of how and why I'd had them done. Although I told them, I don't know if any of them have gone ahead on their own sons.

*Sue*

## **And The Opposite View**

I was very depressed when my husband died a few years ago and was sure that I'd never enjoy another relationship. I don't suppose I would, either, if it hadn't been for my friend Beryl who works in the same typing pool. She's a big outspoken blonde lady and in her forties like me, but has an earthy sense of humour and always has a string of men friends on the go. Last summer she got me to join her at a holiday camp, and the highlight was when we went to the male stripper show. I've never been to anything like it before and was rather nervous, but Beryl said it was terrific fun and I'd really enjoy it. I wasn't so sure, but anyway, after sinking several lager and limes, I felt ready for anything, but it still came as a shock to see this well-built young fellow cavorting about as he stripped to a tiny well-filled jockstrap with sequins all over it.

I was shocked, to put it mildly, when the ladies all round me, quite a lot of them my age or older, started shouting "Gerremoff" and chanting, "We want winkle". I never thought for a moment that he really would, but the lights all went out except for a spotlight while he pranced about, hooking his thumbs through his G-string, before finally taking it off with a flourish and shaking his great fat willy at us. The ladies all screamed their approval, but some of the comments were quite awful. There's no doubt that British womanhood is in a class of its own at a do like this. Some of them were standing on their chairs, and a couple of the younger girls at the front took their knickers off



and threw them at him. What a scream though! Beryl was one of the worst, making rude remarks about cucumbers and bananas, but then bellowed out, "Look at the foreskin on him, Doris. Makes you realise what you were missing with your old man, doesn't it?"

I should have been shocked, but as Beryl said, I knew he'd made a pass at some of the women in the office, and they all had a laugh about it. What shook me though, was that he'd been successful enough for the girls to find out that he'd been circumcised. Anyway, by now I was feeling in the mood, and couldn't have cared less about my husband's little games. I thought about what Beryl had said, and told her I'd never seen a foreskin on a grown man before. She hooted with laughter and shouted, "Never seen a foreskin? You haven't lived till you've peeled a man's banana for him! Never mind, you never know your luck." She was dead right, because a little while later, the male stripper, still nude with his willy wagging about all over the place, was now at the next table doing unspeakable things like dangling it in one lady's liebfraumilch, and then coming up behind another and flopping it over her shoulder. We were all screaming with joy at such rude behaviour.

Then he came to our table and stood over Beryl, slowly swinging his huge organ in front of her face, and grinning lecherously at us. I had a feeling Beryl was going to do something awful and I wasn't disappointed! She suddenly leaned forward, grabbing his balls in her left hand to keep him still, whilst with her right she pulled the skin on his penis right back to expose his big red policeman's helmet. The guy's smile didn't waver, but as the spotlight hastily moved away, he hissed through his teeth, "Leave it out you silly cow! You'll get me arrested."

Afterwards I was talking to Beryl and asked her about foreskins, since I'd only seen them on small boys, and had no experience otherwise. I was ever so curious because I'd remembered overhearing two girls talking in the loo, and one of them was saying how much she enjoyed making her boyfriend tremble by pulling his skin down. Beryl was rather impatient though, and said it was time I found out for myself.

A short time ago she introduced me to a nice man, several years my junior, but we seemed to hit it off. The next day she asked me if I'd found out all I wanted to know about foreskins yet! I hadn't then, but very soon did. In comparison with my husband who'd been very tightly clipped, my new man seems to have a tremendous amount of surplus movable skin covering his whole penis. When it's forward, and all sleek and smooth, I think it looks very nice. I prefer not to have the knob on show all the time, and I find it is a pleasure to handle. As far as performance is concerned, I've heard people say that the foreskin serves no useful purpose in this day and age. I can't really agree. All that movable skin is tailor-made for a fellow (or his girlfriend) to move up and down, and giving a wank is so much more rewarding. I'm sure that's the real reason for men having foreskins. Whereas my circumcised husband disliked manual sex, my new man says he started wanking as far



back as he can remember, and he really gets off on it. His aunt once told his mum that he ought to be circumcised to stop him masturbating. Nowadays wanking is not considered harmful, so perhaps that's why they've stopped circumcising little boys.

*Doris – Kent*

## **Treat Yourself To An Unusual Present**

**Circumcision Videos and Videos On Acorn Related Topics, Together with Books, Articles and Other Interesting Material — Now Available.**

Books include the newly published 'Foreskin – A Closer Look' by Bud Berkeley. This book, which is always fascinating, explains how circumcision has been carried out for many reasons over the centuries in various parts of the world, and also explores some medical and aesthetic considerations/observations etc.....A veritable goldmine.

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## **Male Acorn Members' Meeting 1994**

There will be a get-together in Bournemouth at the end of March 1994. We have exclusive use of a hotel for the night of Saturday, March 26th., when *Acorn* related topics can be discussed without the worry of 'flapping ears' and/or 'odd looks'. What would you like to discuss?

So far the following people are going to be there: myself, P.H. of Milton Keynes, V.Q. of London, B.G. of London, I.W. of Wimborne, J.B.T. of Westcliffe-on-Sea, and David Acorn.

For more details write to me, Brian of the West Country, care of *Acorn*. All definite bookings will require a £10 deposit towards the hotel bill, which members will be expected to settle themselves. B & B is £15.50, so with an evening meal the bill should be less than £25.

*Brian*

## **Contact Corner**

New member, partly circumcised at 24, fully done at 44, would like to correspond with other members on the subject particularly with women.

*R.W. – Surrey*

## **Christmas Message**

The leaves have all gone, the nights are drawing in, and it's time to wish all *Acorn* readers a Happy Christmas – across the spectrum – in order of priority though.

To those lucky bastards with foreskins, who write in to crow about them, my message is – I should be so lucky! Any inference that they should go boil their heads is pure sour grapes and really, I rejoice in their good fortune.

To those who, like me, detest the whole concept of circumcision and deplore the wrong that was done them – buy Jim Bigelow's book, 'The Joy of Uncircumcising'. The message is one of sympathy, but expressing anger helps.

To those roundheads who couldn't care less either way I ask, really? No curiosity about what you're missing? Totally happy that others should carve bits off you without permission? Are you then a sexually aware person? Good luck to you anyway. You're probably better off than those who eat their hearts out.

Now we come to the 'Wannabees'. If you've got a functioning foreskin and think you'd like to be a roundhead, first disconnect your prejudices, put your mind into gear, and think again. If you still want to be circumcised, save a few bob, find the right circumciser (courtesy of *Acorn*), and Bob's your uncle – problem solved. But spare a thought for those who didn't have the choice.

For those of you who've had the chop and want a bit more off, the same applies. I suppose some people will never be satisfied!

Finally, those who crow about having their unfortunate children done and prescribe universal mutilation for all kids in general – my message is – go find a millstone and do what the good book says.

It now remains to thank David for doing a fine job, with a few comments, as I think that feedback is essential.

Firstly, my regret that the ladies didn't take up the invitation from 'Anon' to write in with their views on circumcision. I do find the continual expression of opinion as incontrovertible fact, and the dreary narratives and 'personal experiences' ending in the all-too predictable outcome, by men of both persuasions, deadily in the extreme.

As others have said, the ladies seem to take a more objective view, and I for one find their contributions entertaining, whichever cause they support. Hope they don't give up altogether.

A slight whinge, but worth mentioning. Having decided to drop sagas, we then get page after page, in issue after issue, devoted to.....wanking! Although it's more difficult for the preputially deprived, most people learn spontaneously as they hit puberty, and then give it up when they discover girls. I'm sure our learned contributor could find a more inspiring subject.

So that's it – a good year, but let us guard against tedious introspection. I enjoyed the newspaper cuttings you published, and outsiders' views are always refreshing. Anyone interested in attending a circumcision seminar in California next spring? I can get the details from my contacts over there if necessary. A report on that should provide at least one side of the divide with a lot of satisfaction.

Congratulations to Anthony the Devonian on his verse. The present Poet Laureate is a dreadful dud so they tell me. Anthony should stick his name down.

So a Happy Christmas to David, Tony and all. May your aspirations be fulfilled if at all possible, and your next year be a happy one. I'm just happy to be alive after my heart condition was caught in the nick of time – and if my remarks are a bit caustic, it's not without reason.

*R.B.W. – Bedford*

Whew!! Follow that. Well, first of all, many thanks for the kind remarks – and that applies to all who send in appreciation of my efforts. As I've said before, I thought at the beginning that the whole concept would die out after two years or so, and here we are, still going strong, into our seventh.

I'd better now answer the few criticisms. Firstly, the questionnaires weren't put out just for idle curiosity. Notice has been taken of the favourite subjects of the majority. One of those happens to be 'masturbation techniques', so I thought that Dr. Ray's thesis would be enjoyed. Exactly the same answer can be given for the "I first found out about foreskins or circumcision" type contributions. As for the expressions of opinion as being incontrovertible, doesn't nearly everyone feel that their opinions are the definitive? I might say here that all new or prospective new members get sent the questionnaire so that we can keep abreast of things and add to our statistics.

That leaves me nothing more but to thank all those who've contributed in the past year, and offer you all the compliments of the Season from Tony and myself and to add that, although I've still got several contributions to

publish (don't worry if you are waiting to see yours), we always need more. So don't belittle yourself, put your thoughts down on paper.

A Merry Xmas and a Happy New Year

*David Acorn*

# ACORN

1994 Issue No 1

**Editor**  
**David Acorn**

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**Newsletter Contributions,  
Letters for Forwarding**

to:- DAVID ACORN

**Membership, Fees, Advice,  
Personal Matters**

to:- TONY ACORN

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Printed & Published in England by Acorn

## **Editorial**

The start of a new year for *Acorn* and with it a time for changes and upheavals. By the time this is through your letter box Tony will have taken up abode in Bergen in Norway in a new post as part of his job. He expects that it will be for at least four months. In the meantime I will deal with membership etc., but I will still send to him any letters for advice on circumcisions, and he will try to help through his normal contacts.

The distribution of the newsletters will be undertaken by Brian of the West Country. Any queries about distribution should be sent to me however, as too many names on the letters to the P.O. Box makes the GPO wonder whether we are in the distribution of mail trade ourselves.

On top of this we now have a computer expert member who will turn my efforts into a more acceptable form for a magazine. Not a glossy, mind you, with coloured pictures, but...well, you've got it in your hand, haven't you! I hope you like it. We've been trying to do this for quite some time with another member but have had compatibility problems with computers. Also, due to different formats, the content might not make the whole 16 pages. Don't worry, you get a full 16 pages of mine.

Brian has asked me to remind everyone, and tell new members, of which we have a few, of the meeting he has organised for the weekend March 26th and 27th in Bournemouth, the full cost of which is about £25, of which he would like an initial payment of £10 to book. There are 18 members at the moment going, and he hopes that we can have the hotel to ourselves so that there will be an atmosphere of privacy.

*D.A.*

## **Bare Ends**

The letter from R.H. of London in issue 8/93 interested me because it helps to provide some numerical evaluation of the extent of the practice of baring the glans, either by circumcision or retraction. He referred to naturist activities and to his experience of sighting both cut and retracted males, both of whom far outnumber the 'skin over' wearers.

I was recently in hospital for a longish time and shared a ward with male patients, most of whom had had abdominal operations necessitating dressing of their wounds. This gave me an opportunity to note their penile state since they were frequently left in a state of undress with curtains part open or unclosed. There were five near neighbours. Of these, one was in his late seventies, one was mid-sixties, two were around forty, and one was much younger, around the mid-twenties. The oldest had a very neatly circumcised penis, which was surprisingly well-developed for such an oldish person, showing no evidence of scar, but totally smooth and unwrinkled for the whole length. One of the

middle aged was also circumcised, but not so neatly. with wrinkling and a distinct scar. The other one in his forties and the mid-sixties both appeared to have retracted foreskins, both with well acclimatised dry skin on the glans. I did find it difficult to satisfy myself that they were, in fact, retracted and not cut, and I suspect that R.H. must have had the same difficulty, because the distinction becomes blurred after lengthy retraction as the loose skin shrinks slightly behind the corona. The youngest, who was with us for only a short time, also had a partly exposed glans, but whether from having had a partly removed skin or as a result of wearing it partly covered could not be judged. Lastly, myself, circumcised with a scar half an inch behind the corona.

I appreciate that the statistical norm for bared or covered glans is much more likely to show the latter in the majority, particularly so since the removal of foreskins routinely becomes rarer. However, the above experience does tie in with other observations made over past years when opportunity occurs in public loos. Whilst making observations directly is not very acceptable, we all know that there are wide variations in the way that males try to keep the penis from sight by 'backhand' screening, and that many make no attempt to be unnoticed. It is possible to gain sufficient checks to form some sort of proportioning.

Sufficiently more bared glans are to be seen this way. It is agreed that even the uncircumcised will frequently retract the foreskin to pee, making it more difficult to separate them from the 'permanently back' wearers, and frequently the act of retracting and re-covering can be seen. There are, however, those who remove an already uncovered glans from their fly, pee, and return it in an uncovered state before zipping. A minority of these can be seen to push the skin forward to clear the drops, then retract it again and leave it so on return. Circumcised individuals often push the remaining skin forwards towards the glans to remove drops, but are obviously without enough 'loose' to cover over. It is impossible to differentiate those with cut from those retracted foreskins, but relatively easier to identify the fully bared glans owners of both persuasions, and without doubt, around half of the males appear to have an uncovered glans before and during peeing.

I am sure that observations by medical people will be available and that these will show precisely what proportion of men are bared, and possibly identify the circumcised as a separate group, but I have not seen nor been able to find or use these for verification. Some years ago I saw a table summarising the trend between age groups of males and this suggested that, of those not circumcised, a very small percentage of children was born with no foreskin or only a rudimentary and inadequate skin. As males become older, the proportion with retracted foreskins increased to between 15% and 20% at age 20-30, up to 40% in the 40-50 age group, either due to natural shortening or to a conscious decision to retract. I would also consider that the older males born when circumcision was more common, tended to retract their foreskin

to match the state of their contemporaries who were circumcised at birth. This was so common as to be the norm at public schools.

The observations suggest that, although there are 'completely skin over' enthusiasts who offer their views in *Acorn*, there are still many of us left who, by choice or by design, find our bared state to be acceptable and most desirable, and who comprise a sizeable proportion of penis owners.

*K.J. – N. England*

## **Girls Peeing Positions**

Issue 8/93 contained a letter referring to the problems which women have in peeing without splashing themselves or their clothes in the process.

A lady well-known to me was with me in the car a few years ago when I just had to 'go to the loo'. We were on a fairly busy road at the time, but traffic was intermittent, so I felt that I might just finish before another car came along. My companion jumped out of the car as well and, whilst I was peeing, raised her skirt in front of her, pulled the crotch of her pants aside, and issued a strong, direct and accurate stream of urine into the grass in front of her. During this, a car passed, and it occurred to me that the occupants would have been amazed to see both a man and a woman peeing in the same position. Because her dress hung down behind her, she was modestly covered, and only someone who stood in front of her would have seen her bareness.

She explained to me that she had been brought up on a farm, and when younger, had worked with men in the fields. Without any way exposing themselves, the other workers had simply turned to the nearest hedge or cover and peed as the need arose. During harvest, other women worked alongside the men, and as they too needed to pee, would simply go to the hedge, raise skirts, and stand with knicker crotch pulled aside to pee. She, my friend, had learned to do this since early age. The effect was quite spectacular, since the stream was much stronger and forceful than a man's. On other occasions she repeated the event and, in other circumstances, showed me that she could equally well pee from a standing position into the toilet. This had, she explained, distinct advantages when she used ladies public toilets, which were often less than pristine.

The achievement requires some manipulation of the genitals so that the loose flaps of skin don't get in the way. But a simple holding of the sides apart and a slight pushing forward of the hips will ensure that no splashes or interruptions disturb the stream.

*K.J. – N. England*



## **Keeping It Back**

A friend has passed Issue 7 to me and referred to your request on Page 2 – Cavaliers considering circumcision.

For about two years I have become accustomed to 'wearing' my foreskin back, and have recently considered having it removed. I discussed this with my friend who was himself circumcised in later life. But my concern is not with the prospect of the operation, but my wife's reaction to this modification.

I was an only child, and my rather staid parents never referred to the retraction of my foreskin. Consequently, I had never pulled it back until I was around 12 or 13 and watched other boys doing it. In fact I found it so excruciatingly sensitive and uncomfortable to have the glans open to the atmosphere that it was repeated only at infrequent intervals, and only for a few moments.

I demonstrated to my wife shortly after we were married. She appeared shocked and was so reactive that I have never repeated it in her presence. In fact our sex was performed infrequently and always with the foreskin over the glans in the natural position.

During service in the forces I was able to retract the skin with some difficulty (only by squeezing the glans when the penis was not erect can the skin slide back), which satisfied the doctor at the time.

Sex with my wife ceased during the late forties, since when I have masturbated for relief. Two years ago I decided, after looking at a sex magazine showing all the males with 'open' penises, to try again to retract my foreskin, and having done so I forced myself to leave it 'back' whilst I was in the bath, although extremely uncomfortable at the time.

I regularly retracted it for short but increasingly longer periods and also before going to sleep. At last I was able to keep it retracted all night and was quite excited to find one morning that I could pee whilst retracted. I began to keep it back for longer and longer periods during the day, and gradually the naked glans felt natural and normal. It is even possible for me to masturbate almost to orgasm without covering the glans, but I find the sensation so intense that I have never so far reached the conclusion which occurs with the skin covering the glans. I experienced a particular sense of pride and achievement on the first occasion on which I used a public toilet whilst 'wearing' my foreskin back in the presence of other males. Because it is necessary to 'manipulate' the penis preparatory to allowing the skin to come back over the glans, I must retract myself in private or at home before emerging as a 'skinback'.

After my experience with my wife so many years ago, and her current refusal to discuss or listen to anything to do with sex, I have not told her that I now wear my foreskin back. Nor has she been sufficiently interested to notice, even though it is, and has been for the past 18 months, always

retracted. Whilst she is not interested nor participating in any sex with me, I am quite sure that any discussion on a circumcision operation would be met with a very strong reaction. And, of course, the possibility of having it done in a clandestine arrangement would require absence from home for a few days and inevitable questioning.

I don't suppose I actually need to have the operation. My foreskin, once retracted, stays back permanently and is now even more comfortable and 'free' than if drawn forward. My only justification for wishing to be circumcised is that I feel that I would be more masculine and complete (if that is the appropriate word) with a naturally and irrevocably uncovered glans, eliminating permanently any temptation in future to cover it again. I have a sense of freedom.

I have not given my name or address because I cannot risk my identity, nor the very personal disclosures being known to others. I hope my comments are of interest to you.

*Anon*

## **Do It Yourself**

I was born in the late thirties when it was the done thing to have one's son circumcised at birth. Unfortunately, my parents decided not to have me done, in the erroneous belief that, like my father, my foreskin would be short and retract of its own accord as I got older. I would look at my friends with envy when I saw their well-exposed knobs in the changing room showers, wishing I too were like them. In fact, I remember being in a distinct minority being uncut, and being derided for having a baggy flap of skin at the end of my cock. I tried keeping the skin back with the aid of rubber bands, and even pierced the skin with a needle to tie it back. The latter method sadly was never successful as it became too painful after a while, and the former method with rubber bands always risked strangulation by cutting off the blood supply.

This therefore was the situation all through my childhood. At 11, one of my school friends, who often came home to play with me, on one occasion told me how he had been shown how to get a 'funny feeling', and offered to demonstrate. He got out his penis which I can picture to this day: a large knob with a protruding rim and a superbly circumcised shaft. There was no trace of a scar and the inner skin was retracted, it seemed almost to his balls. The shaft was thus very smooth and with little skin mobility. I had of course often seen it in the showers, but never before so erect or close-to, nor ever touched so lovely a tool before.

Thus from the age of 12 it became my goal to have a penis like his. There was little I could do about it however. To add insult to injury, my first girlfriend was not too polite about my long foreskin, as she had apparently had a previous boyfriend who was cut, and thought that that was how men

should be. That romance didn't last too long, though I did lose my virginity with her. I remember how super-sensitive I was, and how quickly I came – to her annoyance. A second girlfriend was not so particular or experienced, but a third, a nurse, told me to “lose that awful foreskin” or her. I told her I couldn't possibly go to our old family G.P., so she said that she would do the job for me. I finally agreed, and after a lot of preparations we attacked the foreskin with a pair of sharp nail scissors. I was so excited by this time that I hardly felt the pain, and the ‘op’ was soon over. As I was frightened to have too much removed, she left enough when flaccid to cover the corona, but snipped a fair amount off the frenulum, leaving it just right. She was satisfied, and so was I at the time, but still envied the totally circumcised men I saw on the beach or in the changing rooms. I remember how terribly bare I felt and kept checking that my flies weren't undone. Some years went by and long after I had got married to a girl who was very pro-circumcision, I decided to rid myself of the surplus skin I still carried. This time I did the job alone and, like the first time, used scissors to remove the last remnants of skin. I was lucky again to find little bleeding, but without the use of stitches erections were painful, as there was now no loose skin on the shaft. I used surgical tape to hold the cuts together and they healed in 4-6 weeks, to leave a completely smooth shaft with eventually only a faint scar. Intercourse after each ‘op’ was an improvement on the uncut state. In particular, the second, full circumcision, allowed the most exquisite feelings in the vagina, and I am altogether happy in this state some 10 years hence.

I would be most interested in hearing from any other men who circumcised themselves as I would like to hear of their experiences.

W.W. – Surrey

## **Sticky Solution**

In an issue of *Forum* some years back now, I remember reading in the letters section a suggestion that the use of toothpaste as a sensation enhancer during masturbation had proved most beneficial.

The writer didn't state his circumcision status or the brand of toothpaste employed. Perhaps readers would care to experiment and report back on results? My own use of Crest – paste, not gel – is not especially beneficial, since I was circumcised as a child.

I am also interested in information concerning the use of the urethral meatus as a masturbation accessory. I am able to insert the tip of a little finger as far as the first knuckle which greatly encourages the flow of mucous and ‘syrup’. A lifetime of practice has no doubt helped in this bonus activity.

Contacts welcome.

P.U. – Edinburgh

## **Anecdotes**

A sensuous lady called Peggy  
Was luscious, full-breasted and leggy.  
To her man she said, "Soap  
is your one only hope –  
you'll never get in if you're smeggy."

Retraction was started with dread,  
with hardly a glimpse of the head.  
Though his manner was slick,  
Peggy grabbed his limp prick.  
The laddie was hand-wanked instead!

What is the difference between an eating contest and phimosis?  
One is a 'tuck-in' fight. The other...

Why are loose foreskins like bells?  
They peel easily!

Why did a radical circumcision suit a miser?  
It made him twice as tight!

Why does Father Christmas have a sore foreskin?  
Because of being handled by Santa Claws!

*Anthony – N. Devon*

## **European Woman's View**

I am a Belgian woman married to an Englishman, and you may be interested in a view from Europe on your subject. Firstly, I think most Europeans look on the English desire for circumcision with amazement, and another sign of English eccentricity. The man who wrote and said that continental women admired his circumcised penis on a nudist beach had to be mistaken from my experience. It is much more likely that they couldn't take their eyes off it, but were too polite to ask if he'd had some awful accident!

From what I have seen of the operation, I come to the conclusion that it is bound up with three things:- superstition, myth and neurosis. For superstition, I am one of those who do not differentiate between superstition and religion,

and I cannot see how removing part of one's sexual organ can be related to the worship of God.

The myth includes virtually all those 'health' reasons given as an excuse for the operation. Cleanliness is no reason at all. People are only dirty by choice, and even the tightest foreskin can be cleaned with a little ingenuity. Those who give cleanliness as an excuse for having themselves circumcised are either of very low mentality, dirty themselves, or cannot think of a better excuse.

A further myth is the one that says that circumcision gives a woman more pleasure by prolonging intercourse. I am sure the operation lowers the intensity of feeling (and enjoyment) for a man, but nine times out of ten the cause for having a short duration is nervousness. I have had several uncircumcised lovers whose sensitivity was extremely high, but who could keep on going almost indefinitely because they did not suffer from nerves. From my experience, circumcised men are more likely to be nervous, and therefore of shorter duration.

In America circumcision is very widespread and goes to prove that they have a more neurotic society than we. You will find quite a lot of Americans who agree with this!

Which brings us to the real reason why so many Englishmen desire circumcision, and that is neurosis. It used to be looked on as a sort of exclusive social club, and those with foreskins were of low standing who could not join it unless they had the operation. What nonsense! How can having your foreskin cut off improve your social standing.

Happily this no longer applies in UK because later generations have conceded to common sense and decided to leave their foreskins alone like good Europeans. However, there are still a few neurotics around who feel they want to join this 'exclusive' club. The incidence will drop to zero as the circumcised generation dies off over the next ten years or so, after which there will be no fuel to feed this unfortunate neurosis.

*Anne-Marie Roberts – Bruges*

## **Anaesthetic**

It is indeed wonderful to read that in the snipped society of the USA the use of local anaesthetic cream has finally been acknowledged as humane in the practice of neonatal circumcision. The EMLA cream, containing 2.5% lignocaine and 2.5% prilocaine, is an Astra product available from Astra Pharmaceuticals of Watford. Paradoxically enough, in UK literature it is not recommended for infants, or for the application on mucous membranes and wounds. EMLA is applied thickly, and held under an occlusive impermeable dressing for 1 to 2 hours for maximum effect. Wiped off before surgery, this

should present a penis no different to the circumciser than one fully receptive to pain.

As injected anaesthetics distort tissues, and are discouraged for use on the infant penis, the cream is therefore an ideal alternative at very little cost (compared with that of circumcision). Ten 5 gram tubes with 25 occlusive dressings cost £19.50 in 1987. Perhaps infant male circumcision should be illegal without anaesthetic; even the ritual Jewish operation itself (Mohel malpractice indeed!).

Reading too, of the removal of the clitoral foreskin by a husband and boyfriend without anaesthetic, the EMLA cream would have removed any possibility of pain. It would have been more humane, though the legality would be in doubt. Female circumcision is prohibited by law in the U.K., though 'circumcision' is wrongly meant as clitoridectomy or infibulation (not just the removal of the prepuce, analogous to the male operation).

Circumcision may have an implication under the Sex Discrimination Act. Both sexes should have the freedom to have their glans permanently freed if they so desire for reasons of custom, cleanliness, sensitivity or sexuality. As for the infliction of the practice on infants, that is another matter, except as a surgical necessity, and with appropriate anaesthetic.

May I add a footnote to the controversial topic of circumcising the dead in Israel. The practice takes place in this country should a male baby be stillborn or die before the eighth day of life in the Orthodox Jewish Community. Quoting from the textbook for the training of mohelim, by Dr. Jacob Snowman:-

"Should a child die before it is circumcised, the foreskin should be amputated prior to burial. This is carried out with a cutting implement, usually at the cemetery. No blessings are to be said, but a name should be given to him."

I wonder if the freshly severed foreskin is buried with its owner or disposed of separately lest it have a contaminating effect.

*Anthony – N. Devon*

## **Spike Milligan**

Here is a tiny excerpt from Spike Milligan's autobiography, sent by a member.

The foreword states that he was born in India in 1919, and this bit is during his much publicised war with Hitler, when he had a Jewish friend named Steve who he called 'The Yew'.

In the shower Steve noticed I'd been circumcised. "Why?" I didn't know. "To make it lighter?"

“You know, Milligan, if Jerry took you prisoner, that could have got you into a concentration camp.”

It was really something when your prick could get you sent to a concentration camp.

“Believe me, Spike,” says the Yew, “anyone that sends someone to a concentration camp is a prick.” Amen.

[Another name to put on the list.

D.A.]

## **Boyhood Games**

Reading the letter by Anon in 6/93 about his friend Ivor’s tight foreskin reminds me of some of my own boyhood experiences.

At one point in my career at boarding school I used to share a room with David. He had been circumcised neatly, with a particularly prominent glans rim. We used to indulge in mutual masturbation and as I had an exceedingly long foreskin at that time we used to do what, I’ve since found out from *Acorn*, is known as docking. I would retract my foreskin, we would put our glans tip to tip and I would then pull my foreskin right forward. It would not only cover my glans but it was so long that it reached almost all the way over his glans. As he had been circumcised as a baby this was a new sensation for him which we both enjoyed.

We were also friendly with George. He was the youngest of three brothers, and I had noticed in the showers that he was the only one of the three to be uncircumcised. One afternoon when we were on our own the subject turned to willies and we decided to get ours out. He got mine out first and promptly pulled my foreskin back remarking, “Oh, you can pull yours back OK!” I said, “Why, can’t you?” “If you hurried up you would find out!” I eventually got his disentangled from his underpants and out it popped. On inspection I found out that he had a long, thin, pale willy with a foreskin tapering to a narrow point. Naturally, I tried to pull his foreskin back – but no such luck. It would not even expose the tip of the glans, but the hole in the foreskin end was wide enough for him to pee. Our mutual inspections revealed that he suffered no discomfort, his foreskin was long enough for him to obtain a full erection without stretching, and, as I soon found out, he could masturbate easily and frequently by massaging the outer skin. At this point David appeared and joined in. So we had a ‘set’ – one circed, one retractable skin and one tight skin!

George and I used to meet frequently, and although I tried on many occasions to pull his skin back, it would never so much as show a millimetre of glans. He wasn’t keen on being circumcised as his condition caused him

no difficulties. He had no idea why he hadn't been done as a baby when both his brothers had been. It makes one wonder how many people are in a similar state with the reluctance to circumcise over the last 50 years or so.

*J.R. – Norfolk*

[There never seems to be two exactly the same – thank goodness. *D.A.*]

## **Female Circumcision**

I was particularly interested to read in 7/93 the letter from K.J.

Some thirty years ago I was involved with a young Jewess, Sadie, who had been circumcised. She was always ready to discuss the subject and give her views, which consisted essentially that many more women would benefit from being circumcised, that all male babies should be routinely circumcised at birth, and that no cavalier would ever be allowed to have full sex with her.

She discovered that at the time of her puberty she started to enjoy masturbation but found that her clitoris became sore and irritable when caressed, leaving her feeling frustrated as she approached climax, and the problem was becoming worse. She was unable to diagnose the problem herself and so after much thought she decided to raise the matter with her mother who recommended that she contacted the local mohel (Jewish circumciser), with whom they were friendly. Upon inspection he found that the hood of her clitoris was long and thick, and that secretions were collecting under the hood causing irritation to her small clitoris. He recommended that the hood should be divided to allow her to wash the area more easily. She agreed to have this done under local anaesthetic. The result was an immediate improvement together with an increase in the size of her clitoris. With the aid of a mirror she was now able to examine this area and found that the two flaps of the divided hood looked untidy and unattractive. She became concerned that this would probably repel any future partner. She returned again to the mohel to explain her problem who agreed that a full circumcision was the only answer. This was duly carried out, the area being sore for some days.

Again she found the improvement considerable; in particular when horse riding, which she enjoyed for a number of years. She found that when galloping she could bring herself to orgasm quite readily, and that there was one horse called Sam who seemed to sense that as her orgasm was approaching he was able to give an extra short burst of speed to make her orgasm that much more intense. Three or four climaxes during a riding session were not uncommon, and she found herself returning to the stables exhausted but well satisfied.

There is no doubt that her circumcision had considerably increased her libido, and that horse riding was her prime passion. Anything else was subsidiary. I often wonder if she still enjoys horse riding and if she was ever



able to settle with one partner. It is not always correct when one reads articles to the effect that men are more interested than women in sex!

*Bill – Surrey*

## **Get Stretching**

In my late teens my foreskin slipped back to cover half my glans (half-mast), where it remained when flaccid for a good many years. One day when taking a shower I noticed four boys who were pals opposite me. They must have been in their early twenties. What struck me were their long foreskins. They each had at least an inch overhang. I thought how nice they looked. I decided there and then to do something about mine. So I started stretching exercises. Ten years later I have a foreskin that not only covers my glans but have nearly an inch overhang. So all you who have short foreskins, get stretching. After all, foreskins were made to be stretched, and you're only putting them back to where nature intended them to be. The result is a silky sensitive glans and a foreskin full of nerve endings.

*H.J.M. – Glamorgan*

## **American Trial**

I've been sent this clipping from the *Daily Telegraph* of October 18th. 1993:-

A religious leader convicted of having sex with a young follower has won a new trial because a juror read out a Bible passage about circumcision during deliberations.

Circuit Judge Virginia Gay Broome, who threw out the conviction of Clarence 'Brother Bill' Williams, ruled that consulting a Bible during jury deliberations breaches the separation of church and state guaranteed by the US Constitution.

Williams headed a religious group, called The Way, for 18 years. A follower, now aged 20, told a Florida court that he began having sex with her when she was 14.

Williams' accuser had testified that he is circumcised. His wife said that he is not.

One woman said she quoted Genesis 17:10 to an undecided juror, "Every male among you shall be circumcised." They then voted to convict Williams.

## **Wife's Feedback**

I'm writing to give my views in response to your request for feedback from the wives of *Acorn* members. I prefer to remain anonymous so as to avoid embarrassment to my husband, although if he guesses who it's from so be it!

Firstly, I really can't understand it when women write in to say how strange or unnatural the circumcised organ looks. Any half-way attractive girl is far more likely to see a bare acorn right from the start, even if the guy's uncircumcised, since he'll usually be erect and stripped for action anyway. A roundhead looks very similar when erect, and it's only when the action is over and the organ reverts to droop-mode that the cavalier's flip-top goes back into place over his knob, whilst the roundhead's stays bare. So she'll be quite used to seeing a bare knob, and the fact that it's hanging down rather than standing upright makes little odds.

This is not to say that she won't find the thought of a highly sensitive surface being permanently exposed to the outside world makes her eyes water a trifle. Thinking about how I'd feel if my clit tip was denuded all the time – no thanks!

Before I talk about my husband though, a few words about myself. I was about eight when my dad walked out on my mum, leaving her alone to look after me and my younger brother. Mum had to take in dressmaking to make ends meet, while I was left to look after my brother, feeding him, bathing him and putting him to bed. I'd always been a keen onlooker when Mum used to bath him, particularly when she used to pull his skin back to wash his willy, although it made her embarrassed and she latterly left it for him to do himself. When I bathed him I was going to do the same, but the little rascal held his willy out for me and asked me to do it for him. I refused, but watched with curiosity as he pulled it back himself, waving his shiny little acorn at me to play me up. I pretended to scold him, but in fact found it highly entertaining and would look forward to bath night, although we were both so interested in uncapping his willy that more often than not no attempt was made to wash it.

This really set the scene for my experience with the male organ, since all my playmates, boyfriends, and eventually husband, had foreskins.

When I first married him, my husband was sexually relaxed and gave me full satisfaction. I had no complaints at all about his organ, considering his foreskin as a natural and desirable part of it. What I didn't know was that my husband had a bit of AC/DC about him, and I discovered that, at a summer school a couple of years ago, he had a fling with another guy. Besides his natural guilt afterwards, he developed a consuming interest in circumcision, presumably because the guy he'd gone with had been done, and he joined *Acorn* shortly after.

To me, circumcision was unknown territory. I knew nothing about it, but with the arrival of *Acorn* on the doormat every few weeks, my eyes were opened, and I realised that it was a matter of total absorption for some men. Eventually, after talking about it and discussing it for a few weeks, I agreed with some misgivings that he should go and have it done. All I knew about the subject was what I'd read in *Acorn* and, although some men had reservations, most seemed to think it was an improvement. I told him that, as long as he was sure that it wouldn't ruin our love life, he should go ahead, although I had absolutely no complaints about things the way they were.

Now for the verdict. Quite honestly, there was physically very little difference to our love-making once he'd got over a little soreness and oversensitivity. The only points I would mention are minor ones, such as I noticed he wasn't so responsive to oral sex as before, and I did miss playing with his foreskin when getting him aroused. Cleanliness didn't come into it since he enjoys the same high standards I do.

The big difference though is his mental attitude. Before the subject came up he was happy and relaxed, but now he seems thoroughly twitched up. Although he has joined the ranks of the roundheads and got what he wanted, he is still totally obsessed by the subject of circumcision, and I do worry that he now finds the thought of other penises more attractive than what I've got. He's promised that his gay episode will be his last, but when the guy's mind is exclusively on cock I can't help wondering how long I've got before he takes off.

*Anon Wife*

### **'David' — The Uncut Jew**

The article in Issue 8/93 by an uncircumcised Muslim took me back to my grammar school days in the late 1940s. I was about 16 at the time and the ringleader of a clandestine homosexual coven of pupils. We used to gather daily in the secret hideaways and dens provided by every school premises and grounds to masturbate, fellate, copulate, fornicate, and any other sexual 'ate' which entered our randy minds.

'David', in a form two years behind me, and therefore that much younger, was known to be Jewish, a refugee from Nazi Germany. He was remarkably mature for his age and was the talk of the group for the enormity of his uncircumcised penis. Indeed, it was the incredible length of his foreskin which sticks so firmly in my mind. At that time most of us were all too young to be fully conversant with the niceties of circumcision as a religious rite and we didn't pay any particular attention to his uncut state. However, we soon learnt, without understanding the reason why, that he became easily upset when we mentioned his prepuce. What's more, it was very evident that he was much more attracted to those of us who were circumcised than those who were not. That suited me, and he and I enjoyed many good times together,

which continued beyond the time when I left school and well into my days as a rent boy while at University. I was discreet enough never to comment on the length of his foreskin, though he often used it to our mutual pleasure in the erotic process known as 'docking', during which he would envelop my circumcised glans.

Eventually we lost contact, only to meet up again years later in, of all things, the loo in a four-star hotel where we were both attending different functions. I hasten to add that I wasn't cottaging and it wasn't a sexual encounter. I couldn't help noticing, though, that he was now very emphatically circumcised. He told me that his parents had left him uncut for fear of Nazi anti-Semitism and that it had been many years before he had summoned up enough courage to be circumcised in Britain. He added that until he was circumcised he couldn't bring himself to have a sexual relationship with any Jewish girl, and that that was why all his early sexual experience had been homosexual – and very actively so until his mid-twenties. When he met someone who was later to become his wife it provided the incentive to get himself cut and, thereafter, his attitude to sexuality changed completely. He became an equally active heterosexual and, in marriage, had three sons and two daughters.

After this casual meeting, we kept in touch just once a year through what was, for him, the totally un-Jewish method of exchanging Christmas Cards, with a little note about our lives during the previous twelve months. Do you know, I never mentioned again my continuous enjoyment of the gay lifestyle! It was one of the few occasions when I felt too embarrassed to do so because he seemed so happy in his hetero world.

I sent my card as usual for Xmas 1993, but the envelope was returned via the GPO. Someone had written across it, "Deceased – Family moved away". I suspect we have reached the final 'Cut off' point.

*Ray*

## **Contact Corner**

Mature, uncut, British born engineer, California resident, occasional U.K. visitor, wishes to correspond with others sharing my fascination of all foreskin/circumcision subjects. Other interests include:- initiation rites, female circumcision, masturbation techniques, early experiences, bondage, fantasies and related topics.

Write to Brian Rogers, PO Box 3512, Redwood City, CA 94064, USA.

# ACORN

1994 Issue No 2

**Editor**  
**David Acorn**

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Printed & Published in England by Acorn

## **Editorial**

First of all, many thanks to those who have written in praise of the new format. I'm sure our new computer technician will be happy with the appreciation.

It will only be of use however, if we have the material to put into the newsletter, and the most popular of course are your own individual views, opinions and experiences. So I would like to exhort all those who have never contributed, to take a few minutes to put pen to paper. Everyone has something to say of interest to someone else, and you wouldn't belong to *Acorn* if you didn't feel deeply about one or other of the aspects. And of course we would be more than glad to hear from our new members as well.

D.A.

## **Mum's Dilemma**

When I related what follows to a close friend, she showed me her husband's issues of *Acorn* and suggested I write for your readers' views on my problem. Unfortunately my husband is a little older and quite unlikely to appreciate your publication if I took out a subscription, but I will be able to read any response in my friend's copy.

Following the advice in childcare books, I made no attempt to retract my baby son's foreskin. All appeared to be well until this summer when, as an active four-year-old I spotted him playing pissing games with his friends at the bottom of our garden. I smiled quietly to myself, but shortly afterwards I found him in great distress with his foreskin pulled back and trapped behind the rim of his penis helmet. I soon realised that I couldn't do anything to push it forward again, so bundled him into the car and rushed him to the nearby group surgery.

Fortunately the young lady practitioner was able to restore things to normal after a short struggle, but then warned me that the problem could recur and suggested circumcision as a permanent remedy. As she had a nurse on duty at the time and they do small ops, she offered to cut him there and then.

I declined because I thought he had been through enough trauma for one day, and I felt that I should discuss it with his father who is uncircumcised. Also I have mixed emotions about the subject myself. My first and subsequent two year's regular sexual experience had been with a roundhead boyfriend, but when this broke up I met my husband and settled for something entirely different. Both have merits, but I'd come to appreciate my husband's greater sensitivity, and thought my earlier boyfriend's penis seemed a 'cruder weapon' by comparison.

We decided to seek a second opinion from a specialist, which sadly confirmed the earlier diagnosis; our son has a tight foreskin about which nothing can be done, and he should be circumcised at puberty. Meanwhile, no attempt at retraction (not even to wash?) In the event, as a result of his experience, my son won't let me anywhere near his penis, and won't attempt retraction himself. He hasn't been told yet what is ultimately going to happen to him because I don't want him to fret about it for a long time beforehand.

I feel sorry my son is going to lose his foreskin – as if I've failed him in some way, and would welcome some advice.

1) What is the best age to cut him? It's harder to explain when he's young, but it will obviously be more painful and embarrassing when he is older. I also now have the discomforting knowledge that as time goes on he is going to be quite unhealthy under his foreskin without any retraction for cleaning.

2) He was quite upset by the original incident and the specialist's later inspection. Considering this, how do I best explain to him what is involved in the operation and that afterwards his skin will always be back, permanently exposing the tender end.

3) Is there a good way of reconciling him to the fact that after the operation he is going to feel discomfort and look so different from his Daddy and his friends who will probably tease him about it. I don't know if any of them have had it done but, from what I've read, I think it will be very unlikely.

It seems likely that some of your readers will have been confronted with this situation with their own sons, and I would particularly like to hear from the mothers involved, as we are the ones usually left to cope with all the problems that arise from this procedure.

*Mrs M.B. – Oxfordshire*

## **My Reply**

Thank you for your letter Mrs B., and for the trust you are putting in our views. I'm sure we will find a large response to your letter albeit a lot of conflicting views because, as you will have discovered from reading the magazine, we are not a consensus group but a forum, where everyone can express their own contrasting individual views and opinions. May I be the first to make comment, but please remember it's from a layman, not an expert in any field.

Firstly, your son would now appear to equate the sight and thought of his glans with pain, and this would undoubtedly be the first thing to overcome, for if this were allowed to carry on until puberty his sex life might be ruined forever. If he was my son, I would take him into the bath with me over a lengthy period and show him how I pull my foreskin back, wash my glans, and replace

my foreskin, all in a matter of fact way without any semblance of pain. After a few times I would talk to him about his foreskin and tell him that the pain is there because it doesn't retract easily like mine, but that this can be put right quite easily and painlessly by a doctor. You're lucky here inasmuch as your husband has a foreskin.

Secondly, both the G.P. and the specialist are not up with current thought on the subject. There have been newspaper articles published on the technique some doctors are using now of making a small slit going backwards from the front of the foreskin and sewing it together again transversely with a couple of stitches. In this way all that happens is that the hole in the front of the foreskin is made wider and a normal foreskin is attained without any loss whatsoever. As you appear not to be in favour of circumcision, a few inquiries might acquaint you of how you can obtain this almost painless method, which can be done at any time, and is over completely in three or four days.

Now to your specific questions. The best age to circumcise him is certainly not at the moment with the feelings he has. Many people advocate at the change from primary to secondary school at the beginning of the summer holiday when he will have got completely used to it by the time school starts, the prospect of the new school taking precedence in his mind. It isn't necessary to worry too much about being healthy under his foreskin. If you have trouble getting under there, so do any outside germs and bacteria, and urine is a cleanser anyway. We've had it on good authority in the past that the normal Spanish boy doesn't start retracting his foreskin until somewhere around the age of seventeen. I also know a man of nearly seventy who has a tight foreskin and has never had it retracted in his life. He says that he has never had any trouble with sex or any other part of life, is quite happy about it, but knows that he would have lost it if he had had to go into the forces. See also Group E of 'German Soldiers'. To allay your fears until something is done, I would keep an eye on his penis for any sign of inflammation and ask him to tell you if it hurts or itches badly at any time.

With his present frame of mind, I doubt whether it would be a good thing to mention the full facts of the circumcision operation at all. It might be best to wait until he has started school and hope that he would then have a chance to see boys who have been circumcised and know that it hasn't harmed them physically.

There, that's one man's opinion, culled from life and literature. Doubtless there will be more. Give your son a pat on the head from me, and all the best!

*David Acorn*



## German Soldiers

At the bottom of page 3 of the last issue, K.J. conjectured on the incidence of short foreskins. Whilst reading Bud Berkeley's *Foreskin*, I came across a survey of German army recruits on this subject, and I'm sure that Bud won't mind me reproducing it here.

"A 1960's survey of the penises of West German army recruits gives a clue to the natural distribution of foreskin types. The survey was conducted to determine which men were more likely to be found with smegma – those with tight foreskins or those with long loose ones. The survey categorised 3,000 men between the ages of 18 and 20 into 5 foreskin types:-

- A) No visible foreskin
- B) Short foreskin
- C) Long foreskin
- D) Tight foreskin
- E) Phimosed

Out of the 3,000; 258 (8%) young Germans were group A and of those 64 (2%) had been circumcised (probably because of childhood phimosis). Half of the 258 had such short foreskins that they had long since fallen behind the corona, and in the rest it was impossible to determine whether they had been circumcised or not. Group B included 1,258 men (42%). Group C had 1,236 men (41%). Group D had only 181 men (6%). Group E included only 82 (3%)."

Result of the survey? Smegma was found on 0% of group A, 12% of group B, 23% of group C, and 35% of group D. They couldn't get inside the foreskins of group E to ascertain any presence.

A little more information is that smegma never generally appears before puberty, and that all the popular perfumes are made from smegma – musk from the smegma of the musk-ox, civet from the civet cat and castor from the beaver. There are also many men and women who get sexually excited by the human smell. I've still never smelt it – what am I missing?

D.A.

## Cosmopolitan

Readers may be interested in the March issue of *Cosmopolitan* magazine which includes a five page article on male circumcision. It is, however, very anti.

Anon

## **The Reply**

As a fellow Muslim of Al-Sayyad Abdul-Razzaz Muhammad, which is a false name, I say to him, "How can you say that you are a Syed after being in the filthy state of possessing a foreskin? How dare you say such a thing! Have you not studied Fiqh? If you have, then you know what it says regarding circumcision, which is part of the Sunnah, and the Prophet (P.B.U.H.) left us the Holy Quran along with the Sunnah and Hadith as guidelines for all Muslims. No wonder you signed yourself by a false name, because you know that if your physical state was discovered it would be swiftly rectified, and also your son's as well. Also it doesn't say much for your parents in not informing your wife's parents. I have two daughters, and any Muslim who is not circumcised will not be allowed to marry any of my daughters. I have the courage of my convictions in signing my name and where I live. Islam is spreading fast here in Manchester, and the majority of our new Muslim brothers have already been circumcised, with the rest following in the future to be circumcised. I embraced Islam in 1965 at the age of eighteen, and my four children, two sons and two daughters were born Muslims. My sons will be 9 and 4 this year and will be circumcised this year Inshallah. So I say to you, my brother in Islam, go and take your son and get you both circumcised as quickly as possible, and do not listen or pay attention to what your non-Muslim friends say or do. I am Scottish."

*Yours Sincerely and Brother in Islam,  
Br. Yaha Ahmed. I.M. Lamont – Manchester  
previously of Glasgow and Dundee.*

[I thought for quite a long time before publishing this letter. *Acorn* is not here to be a platform for religious fundamentalism. In fact the consensus would appear to be that everyone does what they feel in their heart to be right for themselves. The reason that I did publish it is that I included the first letter purely as a circumcision subject about choice, not realising what it could stir up. Now I have realised and included this letter to satisfy the outraged, but I would rather not have any more letters regarding the religious aspect of the subject. D.A.]

## **Discoveries**

The first time that I learnt anything about circumcision was when I was about 7 years old, at a County Primary School, deep in the Cambridgeshire Fens. Virtually every pupil was either the child of a farmer or farm-worker. As regards religion, 61 of the pupils were C. of E. and 2 were Catholic.

I distinctly remember one afternoon a little girl approaching a group of 3 or 4 of us youngsters, desperate to share with us her latest 'secret'. Apparently, some little boy had just told her that he 'had to have part of his willy cut off'. I remember that we all listened dumbfounded; it must be nonsense; boys just

can't go around with 'bits of their willies cut off'. I personally dismissed it as a fairy tale, but always remained intrigued by the story.

Several years were then to pass before the subject was to come to mind again.

When I was about 12 years of age and attending the local grammar school in a nearby town, the school gymnasium was, at last, blessed with a purpose-built changing room and showers. When we took our first shower, I noticed that my best schoolmate had no tassel of skin at the end of his cock, but just an exposed purple 'helmet'. Being fascinated by this discovery, I was immediately obliged to investigate the state of the cocks of all the other classmates in the shower at the same time. I was amazed to find that several of the other boys had completely exposed 'helmets'. So, the story that I had heard several years previously had not been nonsense after all.

Being at a naturally curious age, I asked my school friend for an explanation of what had happened to his cock. The only reply that I received was that his younger brother's was the same, as was his father's, and that's how they were born in their family. This I thought, simply couldn't be true, there must be another explanation.

I paid no more attention to the subject until some time later when, in a religious knowledge lesson, the subject of circumcision was mentioned, and it was explained to us that all Jewish boys have their foreskins cut off when they are only a few days old. So, that's what the operation was called. But I knew that my friend wasn't Jewish; in fact no-one was at the grammar school. We were, as in my previous school, all C. of E. except for a few Catholic boys who made themselves apparent by not eating meat on a Friday, but would eat fish, (which was incomprehensible to me, for surely fish was meat!) I simply couldn't understand why quite a number of us non-Jewish boys had had their foreskins removed. Were they malformed? Did they have no hole in the end? Had they been injured in some way, necessitating the removal? Or were some boys really born that way? From that moment on I was fascinated with the subject, and was determined to find the answers.

As part of my investigation, I decided to make a private census on the state of my schoolmates' cocks. Each year, the school published a little booklet called 'The School List'. This almost obligatory publication (6d) was, at last, to be of some real use – as a secret data base. I started by annotating each boy's name in my form with a 'c' if he was circumcised, or an 'n' if not so. I soon had the page for my form completed, revealing that one-third of my form (all born in 1945) were circumcised. The weekly football afternoon for our year proved invaluable, for all the three forms in my year would shower together afterwards. More data to enter. The annual school long run was the most productive, allowing covert inspection of boys of all ages in the school during the shower at the end of the run. By the time that I left school (July 1962) I had collated information on about a quarter of the school's pupils.

One or two interesting facts emerged from my study. The grammar school which I attended was March Grammar School (now disbanded), which took in pupils from three fenland towns – March, Whittlesey and Chatteris. Allowing for the population disparity between the three towns, it was apparent that disproportionately more boys from March were circumcised than the boys from Whittlesey and Chatteris. I assumed that this was due to the whims of one of the general medical practises in March, which must have been particularly keen on converting boys to ‘roundheads’. The other odd fact was that I had to exclude two boys from my analysis, for I was uncertain whether they were uncircumcised or partly circumcised. This was because they seemed to have permanently retracted foreskins. In the years that have followed, and with my knowledge of the subject, I tend to favour the latter possibility. I suspect that their parents may not have been keen on them having their foreskins completely removed, and may have settled for a partial removal of any excess foreskin.

*R.J.L. – Cambs.*

### **Drum Tight and Fancy Free**

The Acorn boast, its loyal toast,  
“Drum tight and fancy free!”,  
It’s only when they’ve taken most  
That Roundheads really be.

The baby job with slackened hand,  
A seasoned sacrifice,  
Will leave a ragged remnant band,  
Appearance never nice.

Mohelim cut the favoured few,  
The blood shed their belief,  
So at a glance you see the Jew,  
The skin sags underneath.

Not for the weak, nor for the prude,  
It makes a gentile wince,  
The mohel’s list did oft include  
A neo-natal Prince.

The “Yankee Clipper” functions well,  
His skills at present hinge  
On Gomco and the Plastibell.  
Both leave a tidy fringe.

All circumcisions aren't the same,  
No matter who you are.  
Insistent parents take the blame –  
They wish upon a scar.

So if you want your conscience free,  
Just leave the babe intact.  
Let early years preputial be,  
In time he may react.

If amputation's reckoned right,  
He'll choose the style and see –  
A helmet bared to his delight,  
"Drum tight and fancy free!"

He'll lose the cover and the cheese,  
Not through a parent's voice.  
He'll have his manhood put at ease,  
And only done through choice.

Of much retraction will he know,  
Of urine shaken free.  
Now with the cut, good taste will show,  
"Drum tight and fancy free!"

*Anthony*

### **Reply To 'Yes And No'**

M.E. of London's contribution on page 7 of 8/93 has prompted me to reply. His letter very eloquently sets out the feelings that most of us roundheads have about the aesthetic qualities of circumcision. But I do think that he has his priorities a little mixed up when he worries so about how his wanking will be terminally affected if he were to become one of us.

Wanking to me, and to most men I feel sure, is of secondary importance to real penetrative sex. I enjoy a nice long wank the same as anybody else, but it is normally due to my partner not being available; or if she is, it may be the wrong time in her calendar. In which case she brings me off when I need relief.

I was cut four years ago as an adult and can safely say I have no regrets. The driving interest that led me down the road to circumcision was our enjoyment of real sex, and the prospect of thrusting with an unencumbered penis, coupled with the very slight desensitising of the glans which would allow longer and more controlled lovemaking.

The surgeon really read my mind when he gave me my radical circumcision. Now when I'm erect I have a really nice example of the classic cut cock with not a single wrinkle of loose skin to be seen down the length of the shaft. But to date the expected gain in size of the glans has not occurred. Probably I was done about 40 years too late – pity!

A pleasant pastime that we've adopted since I was remodelled is for me to stimulate my partner's pussy lips and clitoris with the glans of my erect penis until she orgasms. It's softer than a finger and quieter than a vibrator. In the days before circumcision I would have been in agony treating my only occasionally exposed glans in such a manner.

I would readily admit that stimulating the glans of the penis with the foreskin is the most enjoyable way of wanking, but I have found that a generous squeeze of KY jelly in your hand, and rubbing the entire length of the penis, including the glans, is **very** satisfying.

M.E. should retract his foreskin and give this method a try. It could well give him the impetus to join us roundheads.

*Anon*

## **Informed Consent**

I've just been listening to an item on Radio 4 *Woman's Hour*, dealing with children's agreement to surgery, and at what age they are capable of 'informed consent'.

Amongst the case studies was one of a 12-year-old boy who had been urged by his mother to agree to circumcision for medical reasons. It emerged that she had not disclosed all the details and he'd been previously very unhappy and unwilling to submit to it. Now, as a result of hospital counselling, he himself had decided to have it done. This was his response to being given the full option. All the pros and cons had been explained, and he alone had made the final decision, which he clearly understood was irreversible. In an interview, he said he was settled in his choice, mainly because he had been allowed to make it, not his mother. As he was heard to say, "It's not up to her any more, it's up to me!"

Many of us have been cut, not because it was necessary, but because our mothers favoured the idea. In turn, they may have been influenced by either grandma, aunties, sisters, midwives, nurses or female doctors. Their reasons were often superficial; "It looks nicer" (to them). Yet it's not their property they're altering! This aspect sometimes engenders more resentment than the circumcision itself. Often those done as babies have a traumatic moment of shock in later life when the truth dawns that they have been disfigured at someone else's whim. I perceive this factor is behind the frequent and welcome comments from R.B.W. How could they, who don't have a penis, decide to do this irreversible thing to us? Given the facts at a certain age, many of us

would still opt for circumcision. But it's nice to be asked about something which is one of your most intimate concerns.

Against this, of course, it's clear that circumcisions are best done, as in Jewish culture, at a few days old. The individual subjected to this has no choice, but it helps acceptance when everyone else in your 'tribe' has it done. Such traditions used to be respected by the medical establishment, outside the bounds of large religious groupings, and within the confines of families, for that too gives a sense of belonging.

I'd like to see doctors and hospitals revise their thinking and offer circumcision as a readily available option in the first year. Thereafter, all but emergency operations should be postponed until the child can make his own unpressured choice at ten or twelve years of age.

*H.L. – Yorkshire*

## **Skin Happy**

I've never really been able to understand what so many of you men have against your foreskins. To me, foreskins have always been an amusing, decorative and fun-generating part of a boy's body, which deserves love and affection rather than cutting off.

My brother Peter, who is a year younger than me, must have been at the front of the queue when foreskins were being dished out. As a kid he rejoiced in a fat sausage-like penis with the longest foreskin I've ever seen, amounting to nearly half the total length. Mum used to tease him in the bath, giving it a good tug and singing out, "Ding-dong, dinner's ready!"

As far as hygiene was concerned though, she had rather unconventional ideas about foreskins, and stated firmly that pulling a child's foreskin back was not necessary or desirable: it could cause damage to the delicate tissue. As a normal sensitive and intelligent lad, he himself would learn when it was time to start washing under it – that is, when he reached courting age. Nature certainly didn't demand it. Mum's only concession to hygiene was to strip his foreskin between thumb and forefinger a few times to eliminate any residue after getting it out for him to take a pee. He must have found this rather arousing, since even as a small boy he usually got a quite impressive stiffy on, much to my and Mum's amusement.

If Mum seriously thought that Peter would follow her example and never pull his foreskin back she was sadly mistaken. Although it was very long, it was also loose enough to be easily pulled back, as he delighted in demonstrating at the least encouragement. When I had some of the girls from class visit me, we took Peter down to the basement where he needed no encouragement to show off. He would pee into a paint tin, pinching his tip and inflating his

foreskin out to the size of an orange. He got a real kick out of the gasps of disbelief from the girls. It was all the more interesting since this performance always gave him a hard-on: and I can tell you that the girls never tired of this sort of entertainment. Afterwards he would pull his foreskin right back so that it formed a corrugated bunch of skin at the base, and would wag his liver-coloured knob at us, all wet and shiny, revelling in the shrieks of pretend horror from my little friends.

As one of our favourite punishments for him after such a display, we would pinion his arms and I would feed his snake-like foreskin through a hole in a timber partition and secure it there with a small plastic clothes peg applied to the tip where it emerged the other side. It was quite painful for him to make any attempt to move and gave us a terrific laugh. We left him for half an hour once and Mum found him.

After she'd finished falling about with laughter, she gave us a good wiggling, saying that, although it seemed funny enough, we wouldn't laugh if the clamping effect caused damage and Peter had to go through the unpleasant experience of being circumcised. One of the girls asked what she meant, and she gave off massaging the circulation back into the tip of his foreskin to explain what circumcision was, and showing on the bulge in the skin over his glans where the cut would be made. She explained that Peter had a knob beneath the skin which gets permanently uncovered in a circumcised boy, little knowing that we had been treated to a demonstration of it a short time before.

One of the girls told Mum that her brother had a 'peeled' penis like that, and Mum got slightly embarrassed, saying that although she thought that it was unnecessary and strongly disapproved, a lot of people preferred it that way, and the operation occasionally had to be carried out to relieve tightness.

I was reminded of these childhood experiences the other day when I saw a picture of a refugee Somali youth being fed by the U.N. He was totally naked and had a whopping foreskin that almost exactly matched my brother's at that age. It nipped in tight to a narrow tube of skin in front of the well-developed knob, and then gradually flared out to terminate in the usual wrinkled bud at the tip. I was rather surprised to see this as I thought that all Somalis were Muslims and would therefore be circumcised. Another point on which I'm curious: are blacks – or any other ethnic group – particularly privileged when it comes to foreskin length? I've met one black guy who had a very long foreskin, though not as long as my brother's. By the way, I should mention that my Mum is Ghanaian and that I and my brother are of mixed race.

*Ms Doreen Hastings – London, NW7*



## Empire and Sexuality

N.G. of Norwich sent me an excerpt of a book called *Empire and Sexuality – The British Experience* by Ronald Hyam. It throws a little light on the reasons for the popularity of circumcision in this country beginning in late Victorian times. The politicians were very anxious about the nation's health, two-thirds of recruits for the army at the time of the Boer War being virtual invalids. How could we keep an empire without a healthy and educated society? So was introduced subsidised school meals and compulsory school medical inspections, among other things.

Now read on!

One symbolic, and far from insignificant, new development in this process was the introduction of routine infant circumcision of boys among the upper and professional middle classes. We know less about this practice than we do about the rituals of some of the most obscure African peoples. Before another generation has elapsed, no one in Britain will even remember it ever happened or, if they do, will regard it as a quaint post-Victorian fad, on a par with antimacassars and aspidistras. The first and most difficult problem is to establish when it began. Circumcision was for centuries unthinkable to a Christian. "Christendom", wrote Richard Burton, "practically holds circumcision in horror", a point only underlined by the eccentric attempt of some millenarian false prophets to reintroduce it as 'the baptism of blood' in the 1820's. Christian iconography has always refused to be honest on this point. Michelangelo's David, for all his realism, is not circumcised as he should be. The infant Jesus, even when patently well past the eighth day, is never depicted as circumcised. In 1810, when Byron wanted to draw out the main differences between the "Turks and ourselves", he seized upon the fact that "we have a foreskin and they have none."

'Walter' (born early 1820's), with his insatiable curiosity about all aspects of sex, wrote two essays on the physiognomy of the penis. Both assume the presence of a foreskin. Circumcision is not even mentioned in them. His 'sample' was pretty good. His field observations were based on his recollections of exhibitionism and swimming bath scenes during his school-days, on what he saw of fellow participants in orgies, and during a great many voyeuristic episodes in brothels. He also gathered oral evidence from prostitutes, whom he found well-informed about their clients' genitals. Those who had been maidservants described their employers' sons' organs as well. He knew a good deal about the variable retraction of the foreskin in its natural adult state, so he may probably be accounted an accurate observer. The only two circumcised organs he ever saw belonged to Muslims, the first probably in Egypt about 1870 ("at once surprised, as I was for a moment, it occurred to me that he must be circumcised. Such a prick I'd never seen..."). Walter's evidence is supported by the entire corpus of mid-Victorian erotica. The first mention of circumcision in the genre appears to be in the 1880's; the first didactic reference circa 1907,

in the anonymous *Memoirs of a Voluptuary*, (the dating must be more or less right, because two of the villains are schoolboy characters called 'Elgar' and 'Benson' – in real life the authors of *Land of Hope and Glory*, 1902 – and the joke would fall flat unless it were topical). 'Elgar' is described as having 'an awfully funny cock', the skin being 'cut off like a Jew'. It was the first time the narrator had seen such a member. He was not impressed, although he discovered later, 'it was not confined to Jews and Muslims', and a number of modern medical men approved of it.

Discussions about the possible benefits of circumcision began about 1890. One of the most enthusiastic publicists was Dr Remondino, who considered that evolution might eventually remove the foreskin. Meanwhile, outright war must be waged on this 'debatable appendage'. He wrote:

"Circumcision is like a substantial and well-secured life annuity: ... parents cannot make a better saving investment for their little boys, as it ensures them better health, greater capacity for labour, longer life, less nervousness, sickness, loss of time, and less doctor bills, as well as it increases their chance of a euthanasian death."

The *British Medical Journal* reviewer welcomed Remondino's book as focusing attention on an important subject insufficiently ventilated hitherto. Not surprisingly, he found some of the arguments 'excessive and strained', but concluded that many of Remondino's views were of undoubted value. A more sophisticated advocate was the eminent surgeon, Sir Jonathan Hutchinson, who stressed that the operation 'must necessarily tend to cleanliness' and almost certainly help to reduce cancer. Some doctors thought it would reduce liability to hernia. On the other side, Herbert Snow denounced circumcision as barbarous and unnecessary. Army doctors now joined in the debate, perhaps decisively. Captain F.J.W. Porter in 1892 said he had performed a hundred circumcisions (using cocaine) in India on his last tour, and twenty-five in six months back in the station hospital in Colchester; in fact, he operated 'whenever there is a sore on the prepuce'. Dr R.E. Foott, a former army surgeon, recalled how frequently he had been appalled by the 'filth collected' under the prepuces of the uncircumcised, and how often soldiers had to be made to wash the smegmatic accumulation away before he could examine them properly. This unhygienic state, he believed, 'assisted the absorption of the syphilitic virus'. Doctors as a group were now rapidly becoming convinced of the benefits of circumcision. There was a lot of discussion as to how they could persuade mothers to accept the operation. By the mid-1890's, however, they were alarmed by the number of 'specialist operators' who were sending circulars to the parents who announced in *The Times* the birth of a son – circulars which laid much stress on a suggestion that this was an ideal moment for fathers to put themselves in good genital standing too. In 1899, a Hertfordshire 'country doctor' reported from Welwyn that 'of recent years most parents' in his private practise were asking for infant circumcision of boys.

The answer to the first problem therefore seems fairly definite: British circumcision began in the 1890's – at a time when a great deal of public interest was focused on the Empire. The debate was over by about 1903. By 1907 it was reported to be very common in children's hospitals; 874 operations were performed in 1906 at Great Ormond Street. At the Middlesex Hospital in 1906, 54 children and 12 adults were circumcised. In the main, however, it was an operation left to general practitioners.

The second question we have to consider is why it was adopted. Two motivating strands can readily be identified: Jewish and Indian-imperial. As far as Jewish influences are concerned, there was at this time a good deal of reluctant admiration for Jewish methods of child care. Time and time again, doctors testified to the low incidence of infant mortality among Jews, to the sturdiness of Jewish children, to their supposedly low rates of masturbation, and to the rarity of venereal disease and cancer of the penis. The report of the Interdepartmental Committee on Physical Deterioration (1904) accepted Jewish family life as an ideal to which the rest of the nation had to move if they were really to improve the health of British children. General Sir Frederick Maurice felt that "it does not follow that a stereotyped copying of the habits of the Jews would be desirable", but he accepted that the British evidently had much to learn from them. As far as Indian experience is concerned, it is clear that circumcision had long been used as a treatment in the Indian army, possibly well back into the 18th. century. Hot humid climates are not good for sensitive foreskins, any more than sandy ones are (as the Jews and Muslims of the Middle East had always known). There can be little doubt that British Indian medical authorities strongly favoured the introduction of infant circumcision in Britain as a procedure which would eliminate a tiresome cause of later trouble for future servants of Empire. Together, these Jewish and Imperial strands are a sufficient explanation for the adoption of circumcision by the British elite. (Sadly, however, the finesse of the Jewish mohel was not assimilated, and the crudity of the British form of circumcision had to be seen to be believed. This fact deprives the whole discussion of any elegiac quality it might otherwise have had.) It is not necessary to invoke its supposed properties as an anti-masturbation device; anyone who advocated it for that reason was indulging in pure quackery.

Lastly, we have to establish the significance of the late-Victorian adoption of circumcision. Symbolically, the anthropologist (to whom we have to turn for guidance) would regard circumcision as a change 'from a state of infantile filthiness to a state of clean maturity', of rebirth into 'masculinity and personality'. In some societies it serves as a public demonstration of loyalty to the group (since the father risks the future basis of his power as a man with descendants); it is a ritual of kinship unity, an act of obedience to ancestral custom and thus a legitimization of those in authority. But, most fundamentally and broadly, circumcision is the establishment of a strong male identity: an assertion of maleness, a conquest of feminine elements. Among the Merina of Madagascar, for example, it is sometimes called 'mahaso' (making sweet

and clean); it is making a boy properly male, achieving a correct sexual differentiation, and perhaps even regarded as ensuring sexual potency. Viewed in the light of these anthropological insights, we can see how British circumcision was meant to contribute to the general improvement of the physical and self-confident manliness of the future custodians of the Empire. It was a dramatic reassertion of masculinity, in accordance with the lessons of practical experience of working in hot climates. Perhaps also it had an appeal as satisfying the symbolic requirements of ruling an empire of seventy million Muslims. It was widely adopted in the white dominions.

That British circumcision is to be seen primarily as an imperial phenomenon is, finally, demonstrated statistically by its differential adoption among the various social groups. It was chiefly characteristic of the upper and professional classes, pioneered by doctors and army officers. In the 1930's – there are unfortunately no earlier statistics – it seems to have been carried out on about two-thirds of boys in the leading public schools. At the highest level of the social scale the proportion may even have exceeded four-fifths, whereas in some 'deprived' working-class areas, rural and urban, it may never have got beyond one-tenth. Overall, by the 1930's, almost exactly one-third of the total British male population was being circumcised. A survey of soldiers, mostly National Servicemen, in 1953, found thirty-four percent of them to be circumcised (reflecting, of course, its incidence circa 1935). Its decline began as one of the casualties of war. In the national sample of 2,428 boys born on March 4th. 1946, only twenty-four percent were circumcised, but the class differential was still highly significant: 38.8 percent among professional and salaried groups, and 21.9 percent among manual and unskilled workers. By 1946 the whole business was under sentence of death, precipitately killed off by the end of the Indian Civil Service and by the economies of the N.H.S. Today, less than one percent are circumcised in infancy, and only in the main for religious reasons.

### **Another Name**

Another for the 'list' is Sean Bean, lately seen in *Lady Chatterley's Lover* on T.V. Sean has a foreskin.

N.G. – Norfolk

### **Explanation**

Issue 1/94 was the first to be formatted in the present style; however, in order to ease the production of copies of back numbers, we are now re-formatting earlier issues – hence any apparent discrepancy with last month's editorial for those now buying back numbers.

# ACORN

Issue  
Nº 3 1994  
Editor  
David Acorn

## Editorial

Here we are again and lo! another format. Following the redesign of *Acorn* with Issue 1/94 a member, who is a professional designer, has given us a new logo for use on both magazine and stationery. He has worked with our computer typesetter to produce an even more professional looking magazine which will also allow a little extra content in each issue.

Please be assured that we don't intend to keep changing the appearance of the newsletter every few issues; but we felt this latest design was so good that it ought to be introduced at once. Guess what the A of the logo represents.

There are some outstanding orders for back-copies of the newsletter. Please bear with us awhile as we are doing our best to clear up the backlog, and they'll be along as soon as possible.

And now. Every year we lose foreskinned members. This year I rang a couple that I knew the numbers of, and asked the reason. The answers I got, also backed up at the Bournemouth meeting, were that there was a feeling that they were slagged and despised by the roundheads. With one notable

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Printed & Published in England by Acorn  
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## Correspondence

Please send

**Newsletter contributions and letters for forwarding**

clearly marked for DAVID ACORN

**Membership, fees, advice and personal matters**

clearly marked for TONY ACORN

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exception, the cavaliers extol their own virtues but never denigrate a circumcised penis or its owner. Whereas the circumcised are continually using words such as dirty, smelly, STD and AIDS prone, and cancer creators to describe foreskins and their owners (You were mentioned, Anthony, for your clever but very denigrating poetry). If all this were true, foreskinned men would be made outcasts by all women and circumcision would be totally universal whereas, religion excepted, the opposite is becoming the case.

Looking at the breakdown of the German soldiers in the last newsletter, and knowing that teenagers are the least lovers of soap and water, less than one in five were found to have smegma traces. In years gone by, when the only washing facility at home was in the kitchen sink with all the family around, people weren't as hygienic as they are today with privacy in bathrooms, so maybe that is where the tale arose. But if someone gets himself circumcised for cleanliness reasons then it must be because he is dirty anyway. If you rely on your underpants to keep your cock clean, do you rely on your socks to keep your feet clean?

With regard to the STD-prone case, the survey in this issue regarding physical health asked all 8000 men whether they had been circumcised, specifically to find out if there was any relationship between foreskins and STDs, and none was found. A call to the AIDS helpline ascertained also that there was no difference between foreskins and circumcisions when it came to catching AIDS.

Jewish women are held up as an example of lack of cervical cancer with circumcised husbands, yet the Hindus also are very low and they're non-circumcised. Also with the overwhelming circumcisions in the USA, they too should have very little incidence of cervical cancer, but they haven't. There's a school of thought that it is now down to promiscuity, and not foreskins.

So, the foreskinned brigade would ask that these epithets are not applied to them, and that those who get adult circumcisions own up to having them because there is either something physically wrong with their penis or they just love the look and feel of a bare knob (see the first paragraph of 'Request from Cavaliers') – and there's certainly nothing wrong with that.

After I'd written this I received the following letter from Ray Hamble. I didn't know he felt so strongly on the issues, as he never mentioned them to me at Bournemouth.

*David Acorn*

## Concerns

**D**on't worry, I'm not about to resign my membership in high dudgeon or anything as dramatic as that, but two happenings in the group recently have given me cause for disquiet, and I'll be a lot happier when I've got them off my chest.

When Al-Sayyad Abdul-Razzaq Muhammad wrote in Issue 8/93 that as a Muslim he still possessed his foreskin, and went on to describe his reasons for being in that position, I admired his honesty and respected his freedom of choice. This, surely, is part of the right of anyone living in a democracy. There are few of us who can claim perfection in every aspect of our political, religious, moral or any other laid down code of behaviour.

It pained me therefore, to read I. M. Lamont's response in Issue 2/94 in which he made reference to "the filthy state of possessing a foreskin", and went on to express in most uncompromising language his own thoughts on the subject. I found it all the more distressing in that I have corresponded with Mr. Lamont on friendly terms for several years. As a non-Muslim I do not want, any more than you do, David, to interfere in the strongly held views of those who do adhere to that faith, but I believe very strongly, that *Acorn* members in general must avoid judgemental attitudes which denigrate the completely honourable right of any man to protect and respect the natural and un-mutilated state of the body with which he was born. Surely we must honour the principle of 'live and let live' regardless of personal feelings with regard to our own foreskin.

Many, perhaps most, *Acorn* members are pro-circumcision, but please let us show tolerance of, and indeed interest in, the views of those who favour retaining their prepuce. We may have a lot to learn to our advantage if we avoid bigotry.

The other issue which I found distasteful concerns only those of us who recently enjoyed the weekend get-together in Bournemouth. Let me say straight away that this in no way detracts from my sincere appreciation of the excellence of the arrangements on our behalf made by Brian and Ian.

We were invited to watch a video showing an African tribal ritual circumcision ceremony in all its gory detail. As a doctor I am not averse to the sight of blood and, sadly, have been witness to a great deal of suffering in my time. Nevertheless, I felt that the scenes of innumerable children of all ages being hauled, screaming and kicking in terrified protest, to have their foreskin tied to a length of string which was pulled as hard as possible by a man, stretched as far as possible across a log, and then violently chopped off with a large knife, was gratuitously 'sick' in the extreme. To watch the brutality once, or even twice, as an example of one of the more barbaric methods of removing the foreskin, may be an acceptable education. But to devote a whole film to it, to my mind, bordered on perversion.

[Others, myself included, had to stop looking. — D.A.]

I am more than happy with my circumcised state and welcome the opportunity to belong to a group whose members share a common interest, but we must not open our ranks to extremists or those whose interests border on the macabre, or we will head down a slippery slope towards something frightening, and of which I would prefer not to have any part.

*Ray Hamble*

## Replies to Mum's Dilemma

Mrs. M.B. of Oxfordshire should be congratulated on her courage for outlining so clearly her problem and dilemma; epitomising the reason for the existence of the *Acorn* magazine. I do hope, like you David, that there will be many comments.

Once a foreskin gives trouble, the problem invariably has to be resolved by circumcision, and that would appear to have been uppermost in the mind of the lady practitioner who recommended immediate radical action; the matter would have been dealt with then and there.

But having said that, I do agree that infant circumcision is not desirable. It is much more preferable to let each individual decide for himself. In addition to the treatment of the dorsal slit, which has already been suggested, there is also the possibility of stretching and partial circumcision to be considered.

I do not understand the specialist's recommendation to take no action until puberty. The present situation is unlikely to have improved by then, and if, in the meantime, recurring balanitis (inflammation under the foreskin) sets in, the situation could deteriorate with the necessity for immediate action which would be considerably more traumatic than dealing with the situation as at present. Youngsters by the age of 5-6 should be able to retract their foreskins, but with a youngster who is already perturbed about things the position is far from easy. I do hope Mrs. M.B. will keep *Acorn* posted with any developments.

*Bill – Surrey*

In reply to Mrs. B. I would tell her to forget circumcision at the moment. The same thing happened to our son at about the same age. We took him to our doctor, the old-fashioned type, who wrapped a cloth around the retracted foreskin and eased it forward. He then instructed us to push the foreskin forward beyond the tip and, with the thumb and first finger of each hand at the very tip, pull the skin very gently apart once every day for a month or so. In no time his foreskin became quite slack and mobile.



I have read many times since then that doctors years ago would advise this for tight foreskins. So, Mrs. B., don't give up yet, your son's foreskin is one of the most precious things he will ever have.

*H.J.M. – Mid-Glamorgan*

I read with interest Mrs. B's letter in Issue 2/94, and the reply from David Acorn. His advice is generally quite sound given that he is from the non-circumcision school. Allow me to offer some advice when seen from the viewpoint that circumcision certainly does no harm and may do some good.

Having decided not to circumcise your son at birth, you were quite correct in leaving his foreskin alone whilst he was still a baby. In many boys there are adhesions between the foreskin and the glans at birth which gradually break down during the first few years. If the foreskin is not fully retractable before the boy starts compulsory schooling then he should be seen by a doctor.

It is obvious from your letter that your son's foreskin was not adherent to the glans – however its opening was very small, and when he eventually retracted it a paraphimosis occurred. Had it not happened at 4 years old then he most likely would have suffered at puberty when the glans grows but the tip of the foreskin doesn't grow anything like as fast. I know several boys who developed this puberty phimosis and needed circumcision then.

As your GP and the specialist has said, your son will require a circumcision sooner or later, as it is the only way to prevent the paraphimosis recurring. David Acorn suggested that the tip of the foreskin could be cut and restitched in such a way as to make it wider. Whilst this operation might be possible, it will leave scar tissue at the end of the foreskin. This may not be visible, but it will definitely be much less elastic than the natural skin. If the opening is not widened enough then your son may experience tearing of the tip (with more scarring), or even another paraphimosis, during sexual activity. Opening the tip too wide also brings its own problems.

I firmly believe therefore, that the only proper course of action to totally prevent future problems is for your son to have a complete circumcision. This then brings us back to your question as to when to do it and how to explain it to him.

In many ways it would have been best to have circumcised him at the doctor's surgery when the paraphimosis occurred. Although he had gone through considerable trauma already, anything which removed the intense pain of the paraphimosis would probably have been acceptable to him. You could also have explained it later as having been necessary both to cure the immediate problem and to prevent it happening again whilst he was enjoying playing with his penis.

You said that the problem occurred last summer – ie, nearly a year ago. Your son might now be receptive to the suggestion that he should have something

done to prevent last year's painful problem ever happening again. If he agrees to the theory of getting something done, then you can tell him more about what will be done to him to fix the problem. Don't assume that a five-year-old cannot be prepared well to accept surgery. I know of a boy of that age, with a very tight foreskin, who was fully aware of exactly what was going to be done to him and fairly bounced into the surgery eager to have it done.

If your son really isn't prepared for circumcision now, then it is probably best to leave it until he is about 12 years old and moving between primary and secondary school. The circumcision can then be done at the start of the school holidays so that it is fully healed, and he has almost forgotten about it, by the time he makes new friends at the high school. Doing it at this age will also ensure that he doesn't pass into puberty with a phimotic foreskin to give him even more troubles. It is fairly easy to discuss the matter with a boy of this age as he is old enough to make rational judgements (see the article on Informed Consent in *Acorn* 2/94).

Whilst your son ought now to be regularly retracting his foreskin when bathing, and also whilst urinating, it is obvious that to do so will most probably lead to another paraphimosis. Fortunately, pre-pubescent boys generate very little smegma, and hence the cleanliness angle that you so rightly raise isn't likely to be a problem until his teens. David is however mistaken in suggesting that if you can't get inside a foreskin then neither can germs or bacteria. These organisms are very tiny and can pass through gaps that are invisible to the human eye – so they definitely can get under the tight foreskin. On the other hand, assuming that there are no other problems, it isn't until smegma is being produced regularly that there is anything much to attract bugs.

So, in summary, try getting your son interested in an immediate circumcision. If you don't have him circumcised now, make plans to have it done between primary and secondary school. Either way, keep a regular eye on his foreskin and penis to ensure that he isn't developing other problems.

If you would like a copy of a booklet about circumcision, written by a doctor, drop me a line via *Acorn* and I can send it either direct or via your friend. Good luck, and please do let *Acorn* know how you eventually proceed.

V.Q. – London

[So, Mrs. B., as I said we would, we have some conflicting ideas, but I must stress again that these are laymen's personal convictions and views, and whatever your decision it must be your own. — *David Acorn*]

## Hermaphrodites

A few years ago, a friend showed me a video film of individuals who had anomalous sexual organs. One was a man with a 14" penis, another a girl with enormously enlarged labia and a lady with excess body hair. The item which interested me most was a very attractive girl who possessed a normal female vulva, breasts, and a feminine voice, long blonde hair and very attractive manner and voice. Her 'aberration' was that she had a penis. This was normally masculine in shape and size, in fact slightly longer than average, with foreskin drawn forward, and in no way unusual. It was clear that this was not a so-called 'she-male' who relied on hormones, but a genuinely 'from birth' mix of sexual organs, a hermaphrodite. She actually stated that doctors had told her that she could inseminate herself.

A year or two afterwards, in a sex shop, I saw a magazine which depicted, in rather blurred form, another female with a penis and vulva. This year, whilst in Munich, I checked the magazines in the 'she-male' section of a shop, and saw three magazines devoted to this topic. For personal reasons I wasn't able to buy them at the time, but have every intention of so doing at the next opportunity.

The first magazine showed a woman aged around 35, naked, with an erect penis and fully female vulva, and through the subsequent pages displaying herself with other girls. The intriguing thing that I noticed in every page was that she had her foreskin totally retracted, and that it showed every sign of being 'happy' like that – suggesting that she wore it permanently retracted.

The next mag. portrayed three younger girls, around 18-25ish, all naked, all with penises which were variously erect or flaccid. All had dimensions which would compare with a male, all were shaved, all showed very feminine vulvas into which they were able to insert other objects. Again, each one had a fully retracted foreskin, and in close-up I was almost certain that one had been circumcised. I believe that this mag. was American, and knowing the US tendency to circumcise indiscriminately, it would be possible that the girl had actually been cut.

The final magazine had a caption on the front in English, "Is she a Freak?" This showed an attractive dark-haired girl arm in arm with a man, both early twenties, and she was wearing a slit skirt dress, looking very attractive. The next photo showed her holding the skirt open at the slit, her penis clearly visible, flaccid, and much larger than many males (certainly than mine!) hanging happily downwards, and also with retracted foreskin. Later pictures showed both having normal sexual contacts, holding each other's penis, she the larger, and always with the skin back.

I found this series of magazines fascinating, and am most anxious to discover more about this phenomenon. How frequently does this occur? (Remember Lady Colin Campbell, the feature writer and royalty recorder, who had a penis

until the age of 18, and was a 'boy' until her 'feminine physiology produced indisputable evidence that she was a female'.) Are descriptions or records of others with the anomalous organs available? Why did all these girls wear the foreskin always retracted. Is it perhaps more comfortable when worn in female underwear? What happens when they inevitably have an unanticipated erection? The girl in the video said that she 'peed standing up as a man' Do they all? If their female personality and persona encourage them to wear their foreskins back, is this an indication of an underlying leaning to the uncovered glans.

I do hope that my correspondence is not outside your range of acceptable contributions. I would welcome any discussion or comments on this.

Anon

## Bournemouth

Although I've been a member of *Acorn* for a few years, the recent meeting in Bournemouth was the first one I've attended since I subscribed. I seem to remember joining just after the last meeting (in Weston-super-Mare), reading about it in the first newsletters I was sent, and then looking out for news of the next one. It was a long time coming but it was well worth the wait.

The meeting was due to begin at around 3pm on the Saturday afternoon, but since I live so far away – Leeds – I couldn't get to the hotel until after 4. After a journey lasting more than eight hours and having had only a few biscuits to eat, I would have preferred a wash and a decent meal before doing anything else. But since I was already late I felt obliged to go straight to room 10 where the meeting was being held.

I felt like a gatecrasher when I opened the door to find a dozen pairs of eyes on me, so I mumbled who I was and then picked my way over the litter of bodies and poured myself into a space between a bed and a chest of drawers, hoping I wouldn't have to speak. Almost immediately David Acorn asked me how I first heard about the newsletter, so I was forced out of my silence from early on. The session was concerned with recruiting new subscribers and increasing *Acorn's* readership, and there were several constructive suggestions regarding advertising and presentation.

The evening meal wasn't taken in the hotel as planned (insufficient numbers, I think), so we drove to a pub restaurant instead. Afterwards we went on to I.W's home to further discussions aided by technical videos. I was struck by I.W's generosity in allowing his house to become *Acorn* H.Q. for the evening, especially since most must have been complete strangers to him. The videos included African ritual circumcisions, circumcision techniques, tattooing and piercing, and my personal highlight, Jo Menell's short film, *Dick*.

A final gathering was held for a couple of hours on Sunday morning, including a talk by Ray on the new operation to lengthen the penis and then, since by this time everyone had found their feet to some extent, we broke up into smaller groups to discuss shared interests or pore over the magazines and cuttings which had been brought along. Several new friendships were made over the weekend with addresses being swapped readily. The success of the meeting was abundantly evident to all those who attended, and its organisers, Brian and Ian, are to be thanked and congratulated for such a memorable weekend.

*G.L. – Leeds*

## Anxieties

This is the sequel to the account published in Issue 5/93 as 'Discovery Time'.

My circumcision improved my performance in the pissing up the wall games we all used to play in the outside toilets at primary school. Lots of other boys had lost their foreskins, but I never remember us using the word 'circumcised'. Those done were referred to as having been 'cut' and I was happy enough to be one of them, until later on when I became interested in girls.

At grammar school it was evident in the first communal showers and baths after rugby, that half my class were roundheads, so, with such equality, nobody was picked on about their status. The only thing that emerged when we discussed it was that none of our parents had told us about it. Those bold enough to ask had been stonewalled with answers like, "We don't talk about such things!"

In those days (early fifties), the sexual climate was very different to that of today. Babies seemed to come through the post, condoms were under the counter items for married couples only, the pill had yet to be invented and there were no four-letter words delivered in the media. We seemed to be bombarded with embarrassed vibes from home, school and church, conveying that sexual intercourse was sacred to marriage. The message was, you shouldn't do it with a girl unless you loved her, and if you did love her you wouldn't want to put her at risk of the terrible social disgrace of an illegitimate pregnancy (catch 22). On top of this you might well become infected with an awesome venereal disease and a court judgement to pay £1.50 for life! There were many shameful shotgun weddings and the couple's misdemeanour held up as an example of what to avoid. The background is best imagined by a true story of a girl friend of my wife. She, a bride to be, attended family planning clinic to be fitted with a diaphragm. After her correct size had been ascertained, the device was put on the clinic shelf and could only be claimed the day before the wedding. I sketch all this to make some sense of the attitudes of the era that shaped my upbringing.

So why had so many of us been circumcised? One boy in our class passed on the information from his elder brother that it was done to inhibit teenage sex. The idea being that a young, inexperienced girl would find it painful to take a large dry glans without a foreskin to help roll it 'in' as nature intended. For our part this would be painful too, as it would rub on our dry end and pull on our scars. As I was just beginning to be keenly interested in girls and dream of having sex with some I fancied, this information caused me some unease. Like most circumcised boys must do, I had from time to time tried to pull the fragment of remaining foreskin forward over the rim onto the glans, only to watch it snap back the moment I let go. This reinforced the realisation that you were cut for life and nothing could be done to reverse or disguise it. How terrible if it were going to make sex uncomfortable.

Some anxiety was dispelled when our school, in a moment of enlightenment, called in an outside psychologist to give us a series of sex education lectures. Looking back, this was quite ahead of its time! We were co-ed and the lessons were given to the usual mixed class. The lecturer dispelled the initial embarrassed giggling with just the right combination of good humour and honest information. He drew on the blackboard detailed chalk drawings of the male and female private parts, and when he came to the foreskin, diverted to explain circumcision. I remember he asked for a show of hands on who had been cut, and collectively half the class were brave enough to own up. He explained the religious, medical and hygienic reasons for the procedure and told us that most of us would have been done for the latter. This gave him an opportunity to make a point about hygiene for the others. He then concluded by telling the girls that they had an even chance of 'models' in the husband stakes, and it wouldn't make the slightest difference in sexual intercourse. Whilst it was good to think this would be so, I could never quite accept it. Surely a circumcised penis looks and feels very different for both partners?

As I went out with girls I often wondered if they speculated on the topic. Unlike today's generation, many would have seen or heard about it in their families. I knew that it was talked about in "women's circles", and they appeared to be the ones who arranged the op. and took charge of the aftercare. I heard women discussing it more than once in the whispered tones made famous by Les Dawson. One, I recollect on the bus, telling her friend that she'd just had her baby boy 'shortened'. From other details overheard it was clear what the euphemism meant! Did the girls I was dating ever give the matter any thought ... and what were their expectations concerning me? Since reading *Acorn* I have been pleased to learn that it was important to some. One delightful female correspondent, a nudist, informing us that her husband's circumcised penis was one of the things that attracted her to him. This leads us to wonder, if social conventions in clothes had developed to display men's genitals, would it have had any influence on the women's choice – "I saw his acorn and it was love at first sight!"?

I went out with one girl for about twelve months, and because of the sexual inhibitions described earlier, sexual intercourse seemed to be out of the question. But we did explore each other's body. On several occasions she played with my penis, but never attempted to pull my remnant of foreskin forward, or commented on my circumcision. When she finished our relationship for someone else, I wondered if it had anything to do with it, but will never know.

After this I went out with a variety of girls, and remember one in particular who I drove back to the nurses' home after a dance. The goodnight kiss in the car became passionate and we both followed our instincts and let our hands run into each other's underwear. I was just enjoying the feel of experienced feminine fingers exploring my helmet when, after only a few seconds, she groaned and whispered, "Awwwww, you've been cut!" This was an immediate turnoff, but did lead to an opportunity to ask about her preferences and why. She said that circumcised penises were limited in foreplay, and we both knew that was as far as we intended going.

Then I met the girl who became my wife. Early on I knew that this relationship was very special, and that stoked up anxieties as to how she would feel when she discovered my circumcision. I remember the moment when she first slipped her hand into my trousers, and my feelings of pleasure at her handling were tempered by wondering what comment she was about to make. There was none, and the suspense lasted through many more sessions until, one day, she casually mentioned the topic had cropped up for discussion among the girls at work when one had told them her new husband was cut. I mumbled some sort of apology for my own permanently skinned acorn, but she interrupted it with a big hug and kiss, and said she didn't mind at all.

Before we married, she bought a compendium advice book which covered everything from buying a house to having sex. The section on the latter was very explicit for the standards of the day. It explained what each partner could expect to find in the genitalia of the other. For women, it described a man's foreskin and how to pull it back. An asterisk on the paragraph directed the reader to a footnote explaining that many brides would find their partners were missing in this respect, because of childhood circumcision. It suggested that a dry glans might cause initial discomfort and recommended a lubricated condom until the woman adjusted to her partner's lack of foreskin. As I'd waited this long, I sure as hell didn't want the London Rubber Co. between us at the great moment, so I pretended not to have seen it. Fortunately she never mentioned the matter either.

Our honeymoon was a great success, and I remember the gratifying feeling of first sex. This moment made sense of my circumcision, as I discovered that female juices restore glans sensitivity like nothing else, and the freedom of a totally exposed glans without any foreskin moving over it felt like heaven. Of course I can only imagine the alternative, but unlike some roundheads, I've no great yen to try it. I'm fairly certain that I have grown a much larger glans

because it has developed free of any restricting foreskin, but cannot prove it. I just appreciate never having to pull back any skin before sex, and knowing there is nothing to slop about during the act. Cavalier friends assure me that I'm missing a great deal and so is my wife as she is denied the initial pleasure of peeling me. Fortunately she doesn't seem to mind, and during discussion, has been quite reassuring in her acceptance of my circumcision, though this seems to border on indifference for the most part. When friends have joked about it she has been very supportive. It really is no big deal to her and she is puzzled but tolerant of my interest. The best endorsement she gave me was expressing her willingness to have our two boys done as babies. Unfortunately, although she tried several times with hospital and two doctors, her requests were always refused. By the time we realised we could have paid and had them done privately, they were at an age when they would be aware of what was being done to them, and I had no wish to put them through such an ordeal.

Nevertheless, my fascination with the subject has never waned. First it was fed through *Forum* ... and now since their perplexing editorial decision to drop the topic, through *Acorn*. At least I have them to thank for this dedicated magazine, which is better than wading through pages of other uninteresting fetishes just to find the odd 'plum' of interest to me. Long may you continue.

Anon

## Request from Cavaliers

Following my request last year for information and experiences from roundheads who'd been cut in adulthood, the response was good, and I learned quite a lot from the various correspondents. All, I think, had been circumcised for cosmetic rather than medical reasons, so all were pleased with the result.

I would like to ask for information from cavaliers who are considering circumcision for whatever reason. This may provide more information from those in a similar position to me.

As my main reason for considering circumcision has been a tender and sore foreskin, it is the medical rather than cosmetic angle which concerns me. My GP, when confronted with the problem, was very much anti-circumcision and gave me some cream. I have also found recently that using a lubricating jelly during sex has improved the situation immensely – not only from the tenderness being improved, but the better sensation, probably caused by the foreskin (normally fairly loose) being kept totally back, and thus giving a much better direct stimulation to the knob.



Turning to another point. Although I wasn't able to attend the meeting in Bournemouth, I would be interested to know the split between roundheads and cavaliers among those who attended.

[10 roundheads and 3 cavaliers. — *D.A.*]

Lastly, a question for consideration. Why are cavaliers always so shy about retracting their foreskins when showering in public? I notice that most turn to the wall and somewhat furtively pull the skin back to wash, while many don't even bother! Is it shyness, or the fear of getting a hard-on if they touch their skin? I always retract my skin to wash it, then leave it retracted. I sometimes see other cavaliers do this, but not often.

*Anon*

[With regard to the last question. It wouldn't surprise me if the reason wasn't the worry of doing anything that could be defined as sexual in today's climate of opinion. After all, a man can't kiss and cuddle a little girl any more without the fear of a hand on his shoulder. A great, great pity. — *D.A.*]

## Female Circumcision

In ages past, female circumcision had only been a fringe or academic interest associated with races abroad. The extreme form is pharaonic circumcision (so-called because a Pharaoh in ancient Egypt had such a small penis that he ordered the vaginas of his women be made smaller so he could enjoy intercourse with them) where the clitoris is removed and the lips sewn together. With so many other races now in this country the number of known female circumcisions has risen greatly and led to an act of parliament forbidding it.

Everyone is pleased pharaonic circumcision has been banned, but there has been great worry about the description 'female circumcision', where a small cut is used to help expose the clitoris and increase sensitivity together with improved numbers of orgasms. Over a year or two, doctors in the media have claimed the situation wasn't clear. Early last autumn, the Law Society said there had been no reported cases under the new act, the medical profession needing only to change the description to 'hood removal' or whatever, and avoid 'circumcision', which equated with pharaonic removals.

There is an increasing interest, especially amongst the ladies, for hood removal or clitoral improvement, and I'm sure this will continue. An item in the *Daily Mail* of 26.11.93, where a Dr. Farroque Siddique was struck off for performing an illegal female circumcision, brings everything up-to-date, and underlines the need to keep the two types of description apart.

*R.C. – Sussex*

## Funny Old World

### **An item from the *Bangkok Post* of 12.7.93.**

“Beware. A gang of charlatans has been at work in our city boasting that they possess the ancient secret of penis enlargement,” said Dr Thongchai Termprasith to the press, after more than a hundred Thai men had reported to the city hospital with severe genital disorders, within the space of a few days.

“Those men are nothing more than quacks, and the results of their handiwork are woeful to behold. They charge 500 Baht and use a knitting needle to inject the member with their ‘magic potion’, which turns out to be a mixture of olive oil, chalk, kapok and other rubbish. I’ve even seen bits of the Bangkok telephone directory. Naturally, the penis swells up to the size of a loofah, which is when the money is handed over. But after a few days a most terrible thing happens. The men start to experience a dreadful burning after intercourse, and soon their manhood turns rotten and implodes. I myself have amputated more than 20 this week.”

One victim, who wished to remain anonymous, told the press, “Learn from my misfortunes. I am bereft. Last week I thought twelve centimetres was not enough to satisfy my wife. How will I pleasure her with no centimetres?”

“Be happy with the Natural One that God has given you,” the doctor told reporters, “and remember that a healthy maggot is better by far than a gangrenous king cobra.”

## Circumcision Incidence

In compiling the new Penguin book *Physical Health and Sexual Behaviour*, a massive survey of nearly 8,000 men (I don’t know how many women) took place. The final question enquired whether the respondent was circumcised. This question was included on the basis of evidence that the risk of acquisition of STD and HIV may be increased by the presence of the foreskin (Cameron et al., 1989; Aral and Holmes, 1990). Studies examining this variable may be confounded by differing and interrelated cultural and religious factors influencing both the practice of circumcision and sexual behaviour.

Overall, 21.9% of men reported that they had been circumcised, but there was a strong relationship with age. Only 12.5% of men aged 16-24 had been circumcised and this increased to 32.3% of men aged 45-59. This striking age relationship appears to reflect changing public health policy on circumcision between the 1930s (Gairdner, 1949) and the 1970s.

The data were examined by religious denominations on account of varying views on the practice of circumcision. Circumcision rates were markedly

higher in non-Christian religions, reflecting in particular the routine religious practice of circumcision among Jews and Muslims. Analysis by ethnic group shows white males to be the least likely to be circumcised.

In our data there was no relationship in bivariate analysis between circumcision and rates of attendance at an STD clinic.

Age Group	%	Base	Ethnic Group	%	Base
16-24	12.5	1874	White	20.9	7551
25-34	15.9	2111	Black	34.1	150
35-44	26.4	1956	Asian	35.3	165
45-59	32.3	2049	Other	51.5	107
<b>Religion</b>			<b>%</b>	<b>Base</b>	
None			18.4	4120	
Church of England			24.7	2011	
Roman Catholic			18.6	678	
Other Christian			22.1	863	
Non-Christian			55.8	312	
<b>All men</b>			<b>21.9</b>	<b>7990</b>	

J.C. – London

## Snippets

Following the story of the wife who cut her husband’s dick off, there have been two other small stories in the press recently, both German in origin I think. The first was about a man who was trying to wank with a vacuum cleaner, but the suction was so great that it tore his cock off. As in America it was sewn on again with the hope of no lasting effects, although I would think that it might be a little longer now. I hope that it was a great feeling at the time it was going from about six inches to nine.

The second was a case again of a girl cutting off her boyfriend’s cock. This time he didn’t have it sewn back on again, but auctioned it off for £40 and a bottle of schnapps. I suppose that after he’d spent and drunk the lot he committed suicide! I would.

The Japanese had the right way of brightening up boring journeys for women. They lined the roads with replicas of the male member. Until recent decades, there were thousands of stone and wood carvings along the byways of Japan, erected to remind people of the importance of sex. Why most

of them were pulled down is not known. Perhaps it had something to do with accidents caused by distracted drivers.

Staying in Japan, in the programme *Without Walls* on C.4 on March 1st., half an hour was devoted to a programme entitled *The Penis Unsheathed*. I presumed that this was going to be on circumcision, but neither circumcision nor foreskins were mentioned. The unsheathed actually seemed to mean erect, which I suppose was because the normal penis during erection has the glans unsheathing as the foreskin disappears to become the shaft skin. The programme was predominantly by women, most of whom felt cheated that the law didn't allow them to see pictures and films of men with hard-ons; although peculiarly no-one appears to take any notice of the fact that all the icons, vibrators, dildos etc. are all in an erect state and shown. To get back to Japan. A sequence was shown of an annual ceremony where about 6 men carried a huge erect plaster penis through a town and everyone went to church to worship at a shrine covered in erect penises. There might be more churchgoers in this country if something like that occurred here.

D.A.

## Contact Corner

Will anyone, anywhere in the country, who has had an adult circumcision in the last two years, please write to me urgently with details of who circumcised you (name and address please), how much it cost, whether you were able to choose the sort of result you wanted, and how it turned out. I need this information to assist a 22 year-old friend to get a circumcision this summer.

Please send to V.Q. – London, via *Acorn*. All information will be treated with discretion. The ability to discuss the details with you would be much appreciated but is not essential.

London based, mature man, about to be re-circumcised for aesthetic reasons, wishes to contact other members who have been circumcised or re-circumcised as adults.

Write to William at *Acorn*.

In answer to several enquiries, there is no charge for the forwarding of letters, only a stamp is required.

D.A.

# ACORN

Issue  
Nº 4 1994  
Editor  
David Acorn

## Editorial

Our membership is beginning to grow apace now, mostly due to the efforts of a few of our members. Our good friend Tuppy Owens gives us plugs in her publications, for which we are grateful. A member has also placed us on a thing called The Computer Bulletin Board in America. This is a system whereby, via an index, you are able to 'talk' to anyone, or pick up information, through a computer, on your chosen subject. I'm not well up on such things, but I think that's the gist of it. There has been one enquiry so far from New York.

A member has asked if we could do an update on the penis survey, as we have had quite a few new members since it was done some two years ago. I'll try to find the time for this.

The summer has got to appear any moment now and as I'm writing I look wistfully out of the window and wonder if I'll get to a naturist beach this year. I know we have several naturist members, so the thought has come into my head that this could be a good way for those inclined to meet in a relaxed atmosphere. I know the weather is

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Printed & Published in England by Acorn  
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## Correspondence

Please send

**Newsletter contributions and letters for forwarding**

clearly marked for DAVID ACORN

**Membership, fees, advice and personal matters**

clearly marked for TONY ACORN

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the most important but inconstant part, but if anyone is interested just drop me a line, with some venues if possible.

*David Acorn*

## **Mum's Dilemma — Another Reply**

The problem of paraphimosis and what to do about it was admirably posed by Mrs M.B. in her contribution to 2/94 and David Acorn made some useful points in response. The point about *Acorn* is that we try to present a range of advice, so here is some more, which I hope will be useful to Mrs M.B., her husband and, most importantly, her son.

First, I think that Mrs B. should put out of her mind any thought of having “failed her son in some way”. The shape of his foreskin, like the shape of his nose or the colour of his hair, are simply facts of life which neither she nor her husband could have influenced, whatever they might have done – and I guess that she is thankful that her son is free of far worse deformities.

Second, I would argue strongly that both the GP's and the specialist's advice should be accepted that the lad should be circumcised. David Acorn suggests the alternative dorsal slit operation, but I would advise against this. In such mobile tissue it is difficult to do accurately. If too short a cut is made, or if the cut heals in the wrong way, the situation would be worsened, since the already tight opening will be tightened further by scar tissue. I have seen an article recently advocating this operation, but I would not support this. At least two *Acorn* members have been in contact with us for help in dealing with the unsatisfactory outcome of a dorsal slit in childhood, when it was quite rare. So in my view there is much to be said for the traditional full-scale remedy of circumcision, tried and tested as it is over some three thousand years.

David gives the example of a man of nearly 70 with a tight foreskin who has never retracted it in his life. While I don't doubt that this is possible, the lad has already experienced the kind of problem that can arise and that he could easily encounter again – perhaps as the traumatic culmination of a nearly consummated love affair, with all the damage that could do to his sex life and conjugal prospects.

I do agree with David that the boy should have opportunities to see his father (or if this is a problem then with other reliable lads or men) with the helmets of their penises both bare and covered. This is the best way for him to understand that boys and men come in different shapes, and to have it explained to him that most men with a foreskin can have it either back or forward with no pain. But it is also essential that he should know that he has a problem, as he has already discovered, which can be put right easily when he is of the right age for it to be done. Meanwhile, however, he should leave his foreskin in the forward position.

David is right again to advise not to go into detail about circumcision at this stage, and certainly not with such phrases as “permanently exposing the tender end”. As with other aspects of sex education, the best advice seems to me to be to answer the questions as they arise and in the form they arise, rather than overloading him with information or raising worries that had not occurred to him. The time for full explanations is not until a few weeks before the operation is scheduled – long enough to accept that the time has come, without looking so far ahead that it becomes an unnecessary worry to him. At that stage he should be reminded of the paraphimosis problem, told about circumcision, and encouraged to accept it as the solution. Rather than emphasising that he may look ‘different’, tell him that he is unique, but that like a few other boys, he has a problem which needs correcting.

So what is the best age for him to be cut? Here I think that Mrs B. has already done the right thing by not going ahead now. The age of four is probably the worst possible age, since he is much too young to understand that circumcision is a minor operation only, or that it will heal but only after some days, or that he may look different from his friends, but that some other boys will look the same as him. Indeed it is probably still a problem for him to cope with even having his mother or his father out of sight for long. From the personal experience of myself, my own sons and various acquaintances, my advice would coincide with that of the specialist: wait until the early stages of puberty. By this age he will be old enough to have the operation simply explained to him, and will understand that it is the remedy for the painful and rather alarming condition of paraphimosis which he already knows about. He will know that cuts heal, although taking a little time to do so, and it will not take him long to get over the discomfort of the operation. He will probably also be used to being away from home (perhaps as a cub scout, or staying overnight with a friend, etc) and undressing among strangers. Give him something to look forward to, a week or two after the planned date.

There are two other advantages of this timing, one social and the other physiological. Socially, it may be possible to co-ordinate the timing with a change of school, so that not many of his acquaintances may ask about the change – and his real friends can be told in advance so that they can give him encouragement and sympathy rather than just curiosity after the event. Physiologically, at early puberty his penis will have grown somewhat, making it easier for a competent circumciser to do a good job, but there will still be an important stage of growth ahead, so that the penis can attain its optimum size and shape unconstrained by the foreskin.

I think this answers Mrs M.B.’s questions, but there are two other points which it is important to make. First, if this and the specialist’s advice is followed, to wait about eight years, the boy’s mother and father, and most importantly the boy himself, should know what to do if there is another episode of paraphimosis. Immediate first aid will prevent panic and solve the problem – at least until next time. When it happens, he should sit down calmly (on

a chair etc) with his thighs spread, and lean a little forward. Someone (he himself when he is a little older) should then cup one hand inside the other, making a gap between the index and middle fingers of both hands. The penis should be drawn through this gap as much as possible, then gripped by bringing the fingers together. The opposed thumbs should be used to apply very firm and steady pressure to his penis helmet. A couple of minutes should be enough to press much of the blood past the constricting foreskin and back into circulation. The four fingers around the penis shaft can then be used to ease the foreskin forward over the helmet. If this doesn't work first time, try applying the pressure longer and more firmly.

The final point is that if and when the right time comes for him to be circumcised, I would strongly recommend that it be done under local anaesthetic on a day-case basis. This avoids the unpleasant and possibly risky effects of full anaesthetic. Even more importantly, it should be done by an expert in this type of surgery, perhaps contacted through *Acorn* or The Initiation Society, and not entrusted without further enquiry to a GP or a junior houseman in a hospital, many of whom get their first experience of real surgery by relieving the expert of 'trivial' circumcisions.

*Tony Acorn*

## More on Mum's Dilemma

Whilst congratulating you on your stand against the intemperate and wounding views expressed by some of our (newly?) circumcision fanatics, I did find two of the letters in Issue 3/94 rather disturbing. The first was a well-written and seemingly authoritative letter from V.Q. strongly urging the lady whose son suffered an occasion of paraphimosis to get him circumcised. Since this advice, from a layman as you point out, runs totally counter to the official medical policy expressed by expert consultants on the subject in the *British Medical Journal* of January 1993, to the effect that phimosis and paraphimosis hardly ever require circumcision these days, I consider V.Q.'s enthusiasm misplaced and mischievous. It could easily cause the lady – and her son – a whole lot of grief afterwards.

Although some of our readers accept the contention that a human being should have the right of disposal of his (or her) bodily parts, there are some hard-liners still who won't be satisfied until routine infant circumcision is reintroduced in this country, and I think V.Q. might be one of them. It's all very fine to take this view if the child in question grows up like V.Q. and looks on the foreskin as a loathsome and detestable excrescence, but what if he grows up like me, R.B.W., bitterly resenting being deprived of his birthright, and hating his mother for her unfortunate mistake? Surely the answer is to let the boy make his own decision when he's old enough to do so. By that time the problem may have disappeared spontaneously anyway according to the experts.



The second letter also concerns infant circumcision, and this time I cite Anon's second instalment, 'Anxieties', where he details the attitudes of various girlfriends to his circumcised state. Although he implies that he is indifferent to his circumcised penis, he clearly exhibits a characteristic unease and misgiving about it, and cannot fail to have been distressed when the nurse he took out was so dismissive of his circumcised organ, telling him she preferred having a foreskin to play with. The other women in his life seem to have taken the typical feminine attitude of having no opinion. But, in the light of his experience, I found it sad that he should have tried so zealously to get his sons done after securing his wife's collusion, and I applaud the hospital authorities for refusing to circumcise their children for them.

Having said all that, David, I do not think either letter to be offensive enough to suppress, but frankly, a stronger contrary view needs to be put, to clear misinformation in the first instance and to express disquiet in the second.

*R.B.W. – Bedford*

PS. You mention cavaliers never denigrating a circumcised penis or its owner – with one notable exception. That exception couldn't have been me, could it? I most certainly hope so! Although I could never bring myself to attend one of these get togethers – in my weakened state I could not take the views of some of them – I'd be very interested to know if my views were discussed. I'd be delighted to hear that they cause a stir, because that's the intention!

[Yes, R.B. the exception was you. You'll be sorry to hear that, as far as I know, your views weren't discussed at the meeting.

You'll notice also that I've omitted a couple of your denigrating words, as what's sauce for the goose etc. I'm sure that your points have been put over quite effectively without them. — D.A.]

## In Reply to Concerns

I felt that I had to write to set the record straight regarding the concerns expressed by Ray, and hope that you feel able to publish my comments.

I feel that it is appropriate to offer my apologies to anybody distressed by the film clips that I showed in Bournemouth in March. It was not my intention to offend or upset anyone, especially as I am a 'new boy' to the group.

I discussed bringing the film to the event with a number of *Acorn* members; one having viewed the clips previously. At no time did anybody counsel me against showing it and nobody was required to watch.

The film clips shown were edited sequences from a much longer documentary, but as the group's interest is in circumcision, I showed only the circumcision ceremonies. We were therefore viewing the clips totally out of context to the rest of the film.

My interest in circumcision stems from being in the uncircumcised minority at two English boarding schools. When my mother explained about circumcision to me aged eight, I was fascinated and have been intrigued ever since. I never asked to be 'as the other boys' and have rarely regretted not being circumcised. I respect the feelings of others in what is a very sensitive issue.

If anybody would like to discuss this issue further, then please write to me via *Acorn* (remember your stamp). Again I am sorry for any concern that I may have inadvertently caused.

And now onto a different topic:-

## Hermaphrodites

I found the article by Anon on the above subject (3/94) very interesting. I always intrigued me how hermaphrodites would be treated by the medical profession with regard to circumcision. As the writer indicated, the attitude in the US is to cut first and ask questions afterwards.

Whilst felling the Berlin Wall in 1989, I picked up a German book entitled *Sexuelle Welt-Rekorde (Sexual World Records)* by Axel Garding. A section of the book is devoted to the above subject. Whilst the text is not very interesting, the photographs are very revealing. There are four photos of hermaphrodites, one a close-up of the genitalia. Three photos show what appear to be removed foreskins, one clitoris or penis is sheathed.

The three subjects who have no foreskins showing all look 'American' without there being definite proof. Two of the subjects appear to be very definitely circumcised. Close inspection with a magnifying glass reveals what appears to be circumcision scars behind the corona sulci. Both penises are flaccid so one cannot be 100% certain. In the third, clothing obscures a view of the shaft, so it is difficult to determine circumcision status. However the glans is most definitely bared.

The article has stimulated me to research this area further. By the time this reply appears in *Acorn*, I will have visited Amsterdam. An ideal place to conduct research! I shall report back on my return.

If anybody would like to discuss this issue further and in private, please write to me via *Acorn*.

J.C. – London

## Come Back Cavaliers

I was sorry to learn about the loss of cavalier members in 3/94, and especially as they feel hurt by comments from us on the other side of the experience. Here is one roundhead who values their contribution, because its only through their descriptions we can begin to imagine what life might have been like for us if we had not been cut. Many of my friends are uncircumcised and I don't regard them as unclean. May I point out their superiority in that they do have the option as long as they have a foreskin, but we don't! Of course, once they cross the divide there's no going back, which, I suspect, persuades a good many to hang on to what nature gave them. Please also bear in mind there have been several scornful comments (some from ladies) on the 'disfigurement' and 'mutilation' of circumcision, which can be just as disconcerting for us snipcocks if we, who didn't have the choice, take it to heart. Both sides of the argument must be members of *Acorn* because we are strangely imbued with a lifelong curiosity to understand how the other half gained (or kept), and cope with their status. Some of those intact are seeking information about changing it, and the rest of us enjoy an exchange to reinforce our prejudices. Full marks to our editor who, despite his foreskin, seems to be impeccably fair-minded in his effort to maintain a balance of material. We should all support him.

*H.L. – Yorks*

[Many thanks for your kind remarks, and I hope the point will be taken regarding 'mutilation', etc. — D.A.]

## Update Request

With my circumcision rate graphs for the U.K. and U.S.A. sadly out of date, I wonder if anyone could furnish figures for the mid/late 1980s and early 1990s. The comparison between two 'cultures' from this penile modification throughout the century is indeed fascinating, as is the development and techniques improving the safety and final appearance of the operation.

A recent *Acorn* figure of 20,000 U.K. circumcisions annually, represents about 5% (if the male birthrate remains at 100,000 per year). A lower birthrate would indicate a slight increase in the 5%, suggesting the halting of the continuing decline of decades. What of the introduction of 'preputial plasty', especially in the 4-5 age group?

The American situation must be of continuing decline, under the combined influences of INTACT, BUFF, and the withdrawal of the insurance cover for the routine circumcising of newborn males. Are the main instruments the Gomco clamp, the Mogen shield and the Plastibell, all of which produce haemostasis, unlike the Jewish split shield? Have any new techniques been employed, eg

laser circumcising, which is in constant use in Turkey and was even adopted for a 14 year-old haemophiliac immigrant to Israel?

Despite advances in instrumentation, I have encountered very sad insertions in the contact columns of American magazines, many instances indeed of botched circumcisions, headless cocks and bad jobs of cutting. Where miracles of surgery appear almost daily, it is absolutely reprehensible to find examples of partial or complete amputation of the glans. Perhaps it is time that an American – or even universal – standard be devised for non-religious circumcision, which would satisfy the needs of fashion, hygiene, family likeness, and so on, without the possible excess of mutilation. I list four pre-requisites:-

- 1) The technique should be simple, accurate, swift, virtually pain-free and guaranteeing absolute glans integrity.
- 2) Complete haemostasis is essential (from clamp, electro- or laser cautery).
- 3) The frenulum must remain intact, together with adjoining tissue (as is the case with Jewish circumcision).
- 4) Sufficient preputial remnants should remain around the entire glans to allow for future elective restoration by stretching etc. The effect of this 'circumshortening' with an element of possible reversibility would satisfy both parents, and indeed, the baby in due course.

I trust the benefits of my criteria would more than overcome the case for the radical, irreversible, sometimes unsightly clip-job.

*Anthony*

## Paint Jobs

Very few girls these days can expect to see or experience a circumcised penis, so the appeal for women to give their views is unlikely to bear much fruit, except possibly from older women. However, I can perhaps help out, because I was reared as a foster child in a family in which the other children were two boys, both roughly my age, one circumcised and the other intact. I consequently grew up with the problem since it was frequently a matter of discussion by the parents and a source of friction and comparison by the boys. At bath time, mother would often comment on the ragged appearance of the cut boy's organ, and worried in case it might cause trouble in later life. Apparently he had been referred to her GP, by the sister at school, for stretching to relieve slight tightness at the opening. But the doctor, who was known to be an insatiable circumciser, had insisted in having him done there and then, despite the mother's strong reluctance. Consequently, when the

second boy proved to have an identical problem, she referred him to a friend in nursing instead, who successfully stretched the skin, over a period of a week or two.

The two boys spent a lot of time arguing over whose cock was the best, and I was frequently brought in as referee. In fact I found both fascinating, but although I did not care for the ragged collar of red skin behind the cut boy's glans, I knew better than to say anything about it. The other bone of contention between them was size. Both boys used to get a rigid erection for my benefit, and every week I was enlisted to measure their vital dimension and record it. The elder boy had a quarter of an inch more than his brother, but this was cancelled out if the younger kept his foreskin forward, because it extended well beyond the glans, even with an erection.

One day when confronted with the two impressive erections which I was invited to admire, I suggested for a lark that I should get the water colours and do a paint job on them. Both thought this a great idea and I went to work with the sort of enthusiasm I'd never shown in art lessons! But this brings me on to the real point of my letter, which is sensitivity. Whereas the circumcised boy was barely aware of the touch of the brush over his bare glans, the uncircumcised lad found it almost impossible to tolerate any brushing over his glans after I had pulled his skin down, and I had to stick to the shaft. His knob certainly looked very different from his brother's, being much shinier and darker, and he got very skittish indeed if I touched it with my bare fingers.

This episode was recalled last summer when I took my new boyfriend Simon for a weekend in a cottage on the side of Cader Idris in Wales with Valerie, a girl at work and her husband, Ian. The weather was hot and after a good lunch we went into the garden with a bottle of wine to sunbathe. Since we were totally secluded, in a haze of contentment and sensuality, I suggested that we strip off and get an overall tan. This was enthusiastically welcomed by my boyfriend and Valerie, less so by her husband, possibly because he'd been very untidily circumcised with a bunch of wrinkled skin hanging down on one side, and felt a bit self-conscious about it. I noted with satisfaction the contrast with the sleek streamlined perfection of Simon's penis with its fully fashioned foreskin extending well beyond the lip.

After a couple of glasses of wine, when we'd got used to seeing each other's family jewels, the conversation turned a bit raunchy, and we each related our first sexual experience. Valerie surprised me by telling a particularly sexy story about how, at the age of fourteen, she had stripped for five boys of the same age in her garage and was caressed to orgasm by them before getting their penises out and making them come each in turn. The tale apparently had a rousing effect on the two guys present, because they both jacked up with monstrous erections! Ian's penis turned out to have a left-hand slew due to the uneven removal of the skin on one side, and was all knobbly; whilst, although Simon's was perfectly symmetrical, it looked menacing with the moist purple glans glaring at us through the tautly stretched ring of foreskin.

Valerie burst into peals of laughter at the two weapons, saying that however impressive a man's stiffy might be, it could never be called beautiful. So I suggested the logical female solution – makeup! And with a lot of hilarity I applied lip gloss, pancake and eyeblush whilst getting Valerie to hold each instrument still whilst I was working on it. I had no trouble at all in brushing it over Ian's circumcised glans, he scarcely seemed to notice it. But when it was Simon's turn I had to tell Valerie to pull his skin back so I could do his knob, and his reaction strongly reminded me of my step-brother's all those years ago. He squirmed like mad at the powerful stimulus of the soft brush moving over his glans and could scarcely bare it.

Later Valerie told me she had problems with Ian's lack of sensitivity, since he was often unable to come at all during intercourse, leaving her sore and him deeply dissatisfied. She said how much he envied Simon his foreskin and said they both wished he hadn't been circumcised.

From my point of view it was evident from the two circumcised organs I have seen that the operations had been very badly done and looked rather unsightly in both cases. I felt some sympathy for Valerie and Ian, and the risk of that alone would be enough to put me off circumcision for any child (or partner) of mine. The lack of sensitivity in comparison with a normal penis was very marked and just went to confirm this view. From my experience, the idea that circumcision has no effect on sensitivity is wrong, and the conflicting idea that lack of sensitivity, in an organ supposed to be sensitive, is an asset, does not measure up to reality.

*Angela Soames – Hatfield*

## On Call

**I**t's good to know that BUPA support those seeking information on circumcision with three helplines in their telephone directory of advice on a wide range of health concerns titled, 'BUPA Medical'. For those interested, these are:-

0839 100 037 explains the how and why of circumcising babies.

0839 100 118 talks about circumcision for boys including a short detail of one method.

0839 100 462 discusses circumcision for men.

All accept that some of their members want or need this operation and are mildly encouraging. No doubt the revenue from these calls helps offset the bills they have to pick up from those who proceed. The recordings are changed from time to time and have often been done by female voices, which adds a more interesting dimension.

A year or so ago, S.A.S. (Surgical Advisory Service) advertised an information number on their circumcision. Unfortunately it only ran for a month or two before it was discontinued. It took the form of a question and answer dialogue between an anxious male being pressed by his fiancée to undergo circumcision, and now seeking reassurance from a female nurse at the clinic. She explained the clinical details and result he could expect, and placed quite a bit of emphasis on the aesthetic improvements and how many women prefer the penis to be circumcised. Someone in touch might persuade them to restore it – the recording that is!

0891 172 325 is a circumcision advice line run by The Regents Park Clinic and is much more ambivalent.

*H.L. – Yorks*

### **Simpler Snip**

During my grammar school years I noticed a few in the ranks of the circumcised whose foreskins looked to be just rolled back behind the rim of the glans and not cut short like mine. I became friendly with one of them and we made comparisons. He showed me that his foreskin would roll forward if pushed fairly hard, but recoiled back behind the rim as soon as he let go. The only scarring was not on the foreskin as such, but just below the cleft on the underside of the glans. Here his frenulum appeared to have been cut away and the lower end of it stitched into the shaft below the groove. (He was very embarrassed about this small scar and considered it had spoiled his penis.) I speculate that this was a simpler technique which could be performed at home by the midwife or doctor. Does it also indicate that the purpose of the frenulum is to act as a retaining strap facilitating quick and easy re-hooding after retraction? If removed in infancy, the skin could probably be forced much further down the shaft and left to reshape in rolled form there as its natural place. Presumably by the time the child was old enough to realise what had been done, and through curiosity try to push it forward, it would be too late. Comments from others please.

*H.L. – Yorks.*

### **Ancient Sexist Quote — The Difference**

A penis is like an extension, it's like your hand or your arm, it goes outward from you. You are testing things, you probe. Men when they urinate have this arc, they project outward, and they have to learn how to do it. Adulthood is learning how to aim, to focus, to make an arc of transcendence. Women merely water the ground they stand on.

## The Squatter's Paradise

Some of the practices/customs detailed below, namely those of male-bonding and nude fishing, pertain only to Rahbi's fishing village, and not elsewhere in Malaya. Remote and difficult of access, it had become proudly insular and retained many of its own pagan customs unknown to the rest of the country despite the incursion of Islam. One had to be a part of this little fishing village society in order to know its practices, and Rahbi was its most representative product. Other villages in the country, where Islam had already taken a stronghold, are much more puritan.

In the village, all the men customarily pee in a squatting position – no different from their womenfolk, and can partly be explained by the fact that many of the houses, especially seaside ones, are constructed of flimsy wood, thatched with palm leaves, and built on stilts. Such houses cannot accommodate heavy furniture, so most of the living is spent either sitting cross-legged or squatting on the matted floor. Also, the Malay sarong, being loose, is a most suitable apparel for squatting. The sarong has no fly and is quite difficult for a man to pee in from a standing position. The sarong should properly be worn without underpants. Only in the squatting posture, with the hem of the sarong drawn back over the knees and thighs, entirely exposing the cock and balls, could a pee be taken freely and comfortably.

To distinguish themselves from their womenfolk, who are naturally shy and seek solitude at their ablutions, a code of macho bravado had evolved among the men. Knees were held wide open so that cocks hung prominently out while squatting. If a man felt the call of nature while in the company of his male friends or relatives, woe to him who seeks a dark secluded corner or turns his back for privacy. He would at once be ridiculed, reprimanded for being a sissy, and ostracised. Word would soon be flying around the village that so-and-so was afraid to show his cock because he didn't have one.

A man was expected to expose his cock and balls to the view of everyone, and pee. Then, even though his cock was a small one, no rude word would be uttered or criticism expressed. He was accepted as one of the pack. Cocks, in this fishing community, were a common possession, shared by all.

The fisherman, when in remote waters, often worked in the nude, a condition made favourable by the hot climate and local superstition. There was a belief that exposing your testicles (a symbol of fertility) to the fishes would ensure a good catch. Men with the biggest and longest scrotums had the honour of casting the first net into the sea. So this was a male bonding society, and male communal nudity was very much a way of life.

Despite being Muslims, the stringent 'mores' of the city Muslims had fortunately failed to affect their innocent, primitive and beautiful way of life. After all, Islamic Law was mainly concerned with governing relationships between men and women, not between men and men.



Having been brought up in this peeing habit from young, shyness was never an issue. One got familiar with every cock in the village. If two or more men were peeing at the same time, they had to squat facing each other, not side by side. Only so would they grow into a community of naked fishermen, sharing together their bodies, their labour, and their fruits of toil. That such tight male-bonding sometimes overlapped into homosexuality or bisexuality was quietly accepted as part of life, and looked upon with some indulgence.

Rahbi was the perfect example of this upbringing, completely unembarrassed by his body. Displaying his cock to other males was a sign of good friendship, and if sex followed, it was a bonus. There were no hang-ups.

I well remember the following incident. All over the Far East, where the variety of cuisine is magnificent, there are eating stalls by the roadside where people either sit on low stools or squat to eat.

Late one night, Rahbi and I were the last customers at such a stall. Besides us two there were three other men at the stall, gulping down their last morsels. We had been drinking heavily earlier on and all of a sudden Rahbi urgently felt the call of nature. There was no time to look for a secluded spot, and the stall would soon move off anyway, so he decided to relieve himself there and then. Instead of turning his back to the vendor and the three men, Rahbi, perhaps prompted by his male bonding instinct, faced them squarely, drew back his sarong, and exposing his cock directly to their view, proceeded to pee.

The country being multi-racial, with a large percentage of ethnics, it was no surprise that the vendor and the others were all ethnic non-Malays and thus non-Muslims, which implied that they were all probably very much foreskinned men. Oriental men, unless Muslims, do not circumcise, for cosmetic, sexual or other non-religious reasons as the English or Americans often do, only rarely for medical reasons. However, there is a far greater amount of foreskin retraction (worn permanently), or even naturally short foreskins among Far Eastern men, than Europeans, who usually wear their prepuces full length.

But I digress. The four presumably foreskinned men, suddenly treated to the sight of Rahbi's enormous circumcised black glans, were all overcome by excitement and curiosity, and, forsaking decorum, gathered around him, squatting in a semi-circle for a close intimate scrutiny. A swift exchange of giggles and ribald jokes followed.

As Rahbi was finishing, one of the men stretched out his hand and gripped Rahbi's giant black glans tightly around the corona, saying he had never seen a Malay's "cut cock" before, adding tactlessly that it looked like a bull's penis. He felt all around the corona and sulcus for traces of any retracted foreskin but found none, and realised that this was what circumcision meant – the removal of the entire hood. He also expressed surprise, when massaging the glans, to find it so completely desensitised.

The other three men followed suit, gripping and rubbing, in search of his foreskin. Not stopping there, they squeezed his tiny balls, stroked his perineum, and even fingered his anus, to all of which, squatting throughout, he uttered not a single word of protest.

After they had done, Rahbi's cock resembled a fireman's spent giant rubber hose. Though not an orgasm, the teasing had made his loins heave in rhythmic spasms, and short spurts of pee continued shooting out. Though not fully erect, his glans had engorged, looking like a sheep's heart, and his almost non-existent shaft had elongated a tiny fraction, pushing the glans from between his thighs.

I had often wondered how he managed to carry this massive cock head between his thighs without damaging it, and he admitted that certain sitting positions, knees crossed etc. were uncomfortable for him. However, it was the size of his glans that made the squatting posture more comfortable to pee from. When standing in trousers to pee, he would often dig inside his fly only to find his cock stuck between his thighs and obstructed by his stomach paunch. With much difficulty, he would have to grip it by the corona, tug hard at it a few times before it would even peep halfway out of his fly. Then he had to aim carefully, lest, due to lack of penile shaft, his pee would dribble and trail down his trousers instead.

That his own physiological condition favoured the squat-to-pee posture, and that his village male-bonding custom demanded it, was fortunate coincidence indeed.

The indelicate matter of defecation necessitates a passing mention. Religious custom forbids the use of toilet paper by Malay Muslims. Soap and water must always be employed. In public places it can be very inconvenient.

The more luxurious places, hotels, restaurants etc., usually have a bidet in the toilet cubicle for the use of Muslim guests, but the cheaper, common public places simply supply a tub of water with bucket and ladle. In the latter case, the person squats with buttocks slightly raised, like a frog, and ladles water into the crevice of the parted 'cheeks'. It was a habit requiring much practice.

After my symbolic circumcision, which will be published shortly, I was given a long list of instructions pertaining to sexual habits and bodily cleanliness. The primary requisites, that of keeping my foreskin permanently retracted and shaving my pubic and armpit hair, I've observed to this day. The local Imam was equally adamant on the non-use of toilet paper, arguing that the anus, being such an important orifice, could only be properly cleaned with soap and water. In my own home, with proper toilet facilities, I could manage to do it, but living abroad renders it difficult, and London's measly bed-sits, with communal toilets make it impossible, so I've had to regrettably forgo the habit.

There were also rules regarding self-abuse. Masturbation, though not encouraged, was permissible in moderation (it was regarded as a useful pre-marriage outlet and a necessary evil). However, there were ways of masturbating less offensive to Allah. Again, water should be at hand to wash away this somewhat shameful deed, so it is usually done in the bathroom. The Malay Muslim first strips completely, to enable himself to wash from head to toe immediately after the act. He then turns his back to Mecca reciting some Koran phrases, and calling upon Allah to forgive him this human weakness. Regulation demands that his masturbatory posture be as punitive and uncomfortable as possible, and for this reason, all Imams prescribe the squatting position. So, squatting down, he is finally free to take his cock in hand.

Even at this point there were restrictions. Semen, the seed of future generations, and therefore sacred, should not be spilled on the ground and wantonly wasted. It should be re-absorbed into the body by either of two methods. He should either ejaculate into a cup and then drink it, or, if he found this difficult or impossible (due to the fact that most men find their own semen distasteful after orgasm when the libido has subsided), he may rub his semen all over his body to signify that it has been re-absorbed, prior to washing off. The second method, according to Rahbi, was the most commonly used.

However, masturbation being such a personal matter, it was doubtful whether all devotees followed the instructions to the letter, though I'm sure most of them tried.

Before closing, a mention should be made of the Australian Aborigines. It is well known that the men practice ritual sub incision, the cutting open of the entire urethral passage on the underside of the penis, from the meatus to the scrotum, which renders the penis entirely useless as an instrument of peeing. Thereafter, they squat and let their pee trickle down along their scrotums which must always be wet and salty.

The famous British fashion designer, Hardy Amies, revealed in an interview on health, that he squats on the toilet to defecate, a habit learnt during a holiday in Indonesia, which method removes all impurities from the bowels.

*H.C. – London*

## The Male Multiple Orgasm

It was once thought that a man automatically ejaculated once he reached orgasm. Unless a man couldn't produce semen because of genetic or surgical reasons, doctors felt it was an automatic response. But now scientists in America believe some men are capable of multiple non-ejaculatory orgasms in the same way as women. In laboratory tests, non-ejaculatory orgasms, ie spasms of ultimate sexual pleasure that registered in the prostate, pelvic and anal muscles, were recorded in 12% of the 282 men taking part in the trial. However, no research exists as yet in the UK to back up these claims. Sex therapist Sue Pallenberg of the London Institute of Human Sexuality said, "I have heard of this being reported and researched in America, but I must say I have never met a multi-orgasmic man."

## Gym Class Upset — Daily Mirror 3/2/94.

Hunky Dave Hart has been banned from an aerobic class – because he's too well developed. The 'Linford Christie' bulge in his skin-tight exercise outfit puts the women off their stroke. And now he's been told to cover it up or face the chop.

The manager of the leisure centre at Bognor Regis said yesterday, "I've had a lot of complaints from my lady customers that it is indecent. This is a family centre and I can't let anyone offend other customers."

But photographer Dave, 35, said, "What am I supposed to do – trim it off a bit?"

# ACORN

Issue  
Nº 5 1994  
Editor  
David Acorn

## Editorial

This edition has an accent on women who nowadays are becoming more and more outspoken on sexual matters and preferences. I know that quite a few members take a great interest in the female views. From the material that we get it is obvious that, in general, American women are in favour of circumcision and British women in favour of foreskins. I would imagine that this shows, like all other things in life, that people are happy with the familiar. In fact, I think if a survey had been conducted in 1930, both American and British women may have had reversed preferences.

To enable me to collate the requested update of the penis survey and to make it complete, I would ask all those who haven't returned a questionnaire to please do so. There is a questionnaire enclosed with this edition to those from whom I haven't received one. It only takes a few minutes to complete, can be signed anonymous if wished, and costs only a second class stamp.

In *Acorn*, everyone is interested in everyone else and their views, just like you are as you read this, and

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Printed & Published in England by Acorn  
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## Correspondence

Please send

**Newsletter contributions and letters for forwarding**

clearly marked for DAVID ACORN

**Membership, fees, advice and personal matters**

clearly marked for TONY ACORN

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*Acorn* can only stay alive by contributions from all members. So I would ask the recently joined members especially, if they would take a little time to write in a letter beginning, "I joined *Acorn* because...", or "Circumcision (or foreskins) are of absorbing interest to me because...". We would all be most interested to hear from you, and of course, again you can be anonymous if you wish.

*David Acorn*

## Experiencing the Difference

I thought my experiences may be of interest to your readers. I'm a female in my thirties, still happily married to a roundhead after twelve years, but I do have a secret cavalier lover these last five. He lives many miles away and we meet for sex on an occasional basis when my work takes me near his home. I have two boys aged 9 and 11. The older one is circumcised. The younger one still has his foreskin.

Both men in my life have penises pretty much the same average size, slack or firm, (measured against my hand). This is surprising considering my husband is taller by six inches or so and is of broad athletic build, whereas my other man is finer boned and slim. Hubby, circumcised as a toddler, has a large chubby glans and very little skin left behind the glans even when flaccid. With an erection this skin is completely absorbed in the shaft and the rim of his knob is very pronounced, which feels particularly good when he's inside me. In the groove down the underside there is just a faint scar where his frenulum was snipped away, and this ends in small lumpy stitch marks about half an inch below the tip edge. He loves me to bring him off by hand, but it often takes a long time, and my fingers start to ache. In intercourse he definitely lasts a lot longer, but his technique is more aggressive, and when he thrusts hard I can get a pain as he pushes against the end of my vagina. The contours of his bell end can be felt quite distinctly in certain positions.

Lover boy is a total contrast. His weapon is much more delicate and sensitive – in fact I've had to relearn all my handling technique as I really hurt him the first time in bed. I'd never pulled back a man's skin before, and in my eagerness yanked it down far too far and hard. This made him yelp, halted the proceedings and started my re-education. His frenulum is short and tight and his foreskin is long and overhangs the end quite a bit, even when erect. Because of this it forms a piled-up bunch when drawn back to the base of his glans, and this shields the rim. It also won't stay back without being held there, and moves backwards and forwards over the knob during sex. Masturbating him is easy, and intercourse is altogether a more gentle affair. During sex, the situation with him is reversed, so that I am the one who can hurt if I grip or squeeze too hard with my vaginal muscles. Once I nearly split his frenulum by using the woman on top position! He prefers to keep his glans moist and doesn't care for me to finger it due to acute sensitivity. Mention of the very word 'circumcision' makes him shudder.

Immediately after our marriage I went out with my husband to work overseas in a developing country and I soon became unintentionally pregnant. Our first boy was born in an old colonial hospital where I gathered circumcision was routine for all males. They just told me that my son would be “cut on Thursday” along with the others. Being young, inexperienced, and married to a man who was, I accepted this and had no thoughts to object. Afterwards I often wondered if anyone ever did.

It was a very different story back in England when our second son was born. As nothing concerning circumcision had transpired or been mentioned by the time our discharge was imminent, I asked for him to be done, and ran into an unexpected storm of reaction as to how absurd and barbaric it was. This led to my feeling confused, and I never had the courage to pursue the matter, even when the younger son asked questions and went through a phase of wanting to be like his brother. The elder son also quizzed me quite a bit when he discovered he was not like other boys, and I've never been able to offer him an adequate explanation. I fell into the trap of saying it was better for him “to be like his Dad”, but this brings the immediate question of why not the younger one as well?

I write all this, not because I think that one penis type is better than the other, but I do think that it makes them very, very different... and I wouldn't wish to choose between them. Variety is the spice of life and as a woman I'm delighted that I've had the best of both worlds. I would like to see all women have that option, and think that that could arise by allowing all those who wished to have their sons circumcised, to do so as a matter of routine. Many would be pleased to do it, but lots would opt out, so pushing the circumcised numbers up far more than they are now. Women of the world, let's lobby for it and return to the days when housewives had a choice!

*Jill*

## **Religion and Acorn**

I may have given the wrong impression with my remarks about religion in 2/94. Circumcision and religion are far too closely related not to be a part of our forum. What I objected to was the intolerance that religions seem to bring out in human beings. It's generally said that the more we know about other cultures and their customs the more tolerant we are of them. The next letter brings out most of these points.

*D.A.*

## Fiqh

Yes, I know you stated that you would rather not have letters regarding the religious aspect of circumcision, so if you do not want to put in this contribution I shall quite understand and won't be offended in any way.

I would however like to know just what is in 'Fiqh'. I have a few books on Islam and also a number of Muslim friends. I have discussed circumcision with a selected few of them, but have never heard 'Fiqh' mentioned by them, or seen it mentioned in the books.

The piece by Y.A.I.M.L. in 2/94 prompts me to ask, "Why is possessing a foreskin a filthy state?" As this is how God/Allah designed and created the male form, it seems rather like saying that he made a mistake in so doing, and, to a religious person, would be something of an insult, if not blasphemous.

As far as having the courage of his convictions, well, it doesn't take much courage if you are doing what everyone else does. World history is full of stories of persecution of those who dare to question and challenge long-established beliefs, customs and practices. No wonder that those who behave like thinking people, as God/Allah created us, instead of like robots by toeing the party line, have to be wary.

However, perhaps Y.A.I.L.M. would kindly tell us exactly what 'Fiqh' says regarding circumcision, and then we can judge for ourselves.

*E.S. – Greater Manchester*

## Another re Religion

I was born into a progressive reform Jewish family, and circumcision was one of those subjects which was always being discussed. In general, reform Jews question the necessity of circumcising in this day and age. Arguments tend to stress that it's an archaic rite which has no place in this day and age, and is both cruel and unnecessary. That being said, most reform Jews conform to the custom, albeit reluctantly. However, according to the minutes of a circumcision seminar in the US a couple of years back, there are a number of Jewish families there (and now increasingly in this country) who have given up circumcision altogether, and you can find areas in the States where nearly all the gentiles are circumcised and only the reformed Jews have foreskins. Just imagine! This of course is considered by the more orthodox as an outrage. But then, a lot of them don't consider the reform movement to be real Jews at all.

I remember when my brother was circumcised, I and mum waited in the next room, and when she heard him screaming (it does hurt, despite what the apologists say) she burst into tears and vowed that no son of hers would go through the ordeal ever again. She was as good as her word, and when my



second brother came along the protesting in-laws were firmly told there would be no further circumcisions in our family. And so, Junior was equipped with that unfamiliar sprig of skin which most Jews view with horror, envy, or in the case of the women, a lot of curiosity. Certainly at first Mum and I couldn't take our eyes off it in the bath.

One of the things which really worry the Jewish community in UK these days is the number of Jews of both sexes who marry out of the faith and who then find it convenient to forget their heritage, neglecting the ordinances of kashrus (diet) and bris milah (circumcision). As a consequence, observing Jews tend to restrict their social contacts to within the Jewish community, especially if they have children coming up to marriageable age. My parents, who were active in local politics, tended to mix with all and sundry and allowed me and my brothers to play with local children irrespective of class or creed.

It is a fact that, up to puberty at least, girls tend to be more interested in sexual matters than boys, and are more likely to initiate sexual activities. This was certainly the case with me – I have always had a very powerful sex drive, and still do. In fact my marriage broke down precisely because of disappointment with my husband's indifferent sexual response, and lack of consideration for my sexual demands. But at the age of ten my sexual curiosity was insatiable, and I was forever wheedling my young boyfriends to allow me to explore their willies, or else took matters into my own hands by putting my hands inside their trousers. Quite a lot of them found my attentions unacceptable and I used to feel really put down when a boy refused my request to let me examine his penis. But quite a few others were flattered by my attentions and were only too happy to oblige.

Having been brought up since infancy with circumcision being frequently discussed in family circles, and hearing Mother making excuses for allowing Junior to keep his foreskin (as much for her own benefit as anyone else's; she admitted to me later that she suffered agonies of guilt about not observing the Law, despite her strong contrary convictions), my first goal in sexual exploration was to carry out a foreskin survey. I had a burning desire to know if a boy I became acquainted with had a foreskin or not, and if at first he refused my request for a demonstration, I'd resort to spying on him whilst he was taking a pee to find out his penile status.

To a Jewish girl – and we were still observant, despite our progressive views – there is something deliciously forbidden and naughty about foreskins, and I became an absolute glutton in my desire to look and touch. I knew what they looked like because of Junior, but he was only a baby and his offering was too tiny to be of interest. Some of my young boyfriends though, were on the point of puberty and sported organs of quite impressive dimensions. A few of course were circumcised, but since this was the norm for us they lacked the attraction of the forbidden, and I lost interest in a boy as soon as I saw a bare acorn. But if he had a nice long foreskin, that was another story altogether!

My interest in the foreskinned penis extended to all possible permutations of feel and function. I found the tip of a long foreskin incredibly soft and elastic, and enjoyed pulling it forward as far as it would stretch to watch it snap back in position again when I let go. What turned me on most though, was to get a boy all stiff and excited and then stretch his foreskin back so as to see his raw-looking knob before pushing it forward again. This was particularly rewarding if his foreskin was tight and caused the lad a sexual jolt as the restricted opening was forced over the swollen knob. I was also fascinated to see how a loose foreskin tip straightened out and swelled slightly as a jet of urine was expelled.

When I finally reached adulthood I had a pretty good knowledge of the subject, and three of my first four sexual partners were uncircumcised. Finally though, the call of five thousand years of history proved irresistible, and I married a reformed Jew like myself and he conformed to the Jewish covenant, having been circumcised as ordained. Now that I am divorced I am currently living with a non-Jew who is uncircumcised, but have no plans to marry him – I still hanker to marry within the faith. The one thing that gives me cause for hesitation though, is the same dilemma that faced my mum. If I eventually have a boy-child, should I have him circumcised? My experience tells me that it's unnecessary, but the call of religion is hard to resist.

*Sarah Newman*

## American Female Preference

Compuserve is an American computer information service. The following is taken from a Human Sexuality Conference on Compuserve.

Question:- I'm a 20-year-old circumcised male. I know there's some controversy about circumcision, but I don't want to get into that. I just want to know whether most women prefer circumcised (I hope) or uncircumcised penises.

Answer:- You're lucky. Research suggests that women prefer circumcised penises. So concluded researchers at the University of Iowa after surveying 269 women who had recently delivered healthy boys. Fully 89% of the infants were circumcised. Previous studies have shown that mothers more than fathers usually determine whether or not to have their sons circumcised.

The researchers found that mothers are likely to have their sons circumcised because they prefer their own sex partners to have a circumcised penis.

Says primary author and principal investigator Associate Professor Marvel Williamson of the University of Iowa College of Nursing, "Female cultural

preferences for penile circumcision in sexual partners widely influence American mothers' decision on infant male circumcision."

**Preferred for Sexual Activity:-** The researchers believe that their study "clearly supports the hypothesis that American women prefer circumcision for sexual reasons."

"Visual appeal and sexual hygiene were predominant reasons for favouring circumcised partners," says Williamson, "but tactile, naturalness, and other sense-related factors were reasons for the women's attitudes."

The researchers found that:- Between 71% and 83% of the women in the study prefer a circumcised penis for various sexual activities. Even among women who had sexual experience only with uncircumcised partners, only half preferred uncircumcised penises.

71% prefer a circumcised penis for sexual intercourse.

76% find the visual appearance of a circumcised penis more appealing.

75% prefer to manually stimulate a circumcised penis.

83% prefer a penis to be circumcised for fellatio.

92% believe a circumcised penis stays cleaner.

90% say a circumcised penis looks sexier.

85% say a circumcised penis feels nicer to the touch.

77% say a penis looks more natural when it is circumcised.

55% say a circumcised penis smells more pleasant.

## Visit to America

A couple of years ago, when *Forum* still printed material on circumcision, I remember being surprised at the number of letters in support of it, when most of my friends were either against it or couldn't care less, knowing nothing about it. One got the impression that most of the men readers would prefer to be circumcised, presumably because they thought women would prefer them that way. I cannot believe that this is really the case.

I recently returned from America where I and my two young sons were the guests of an American family, and was extremely unimpressed by what I saw of the operation, never having seen a circumcised penis up to then. Although the family were aware of the anti-circumcision movement in California and more or less accepted their arguments, long-standing custom and GP pressure decreed that all males in the family should be circumcised.

I had no idea what to expect and was curious when I first saw the family's son undressed. His penis had a raw and traumatised look about it with a

ragged flap of red skin on one side, and a tight, sore-looking area of stretched tissue on the other. I thanked my lucky stars that the whole practice had become discredited in the UK and that both my boys had perfect little penises with nice long foreskins.

But what I found particularly interesting was the contrasting attitudes of my two American hosts to my sons' foreskins. Unbelievably, neither of them had ever seen a normal penis complete with foreskin before, and the husband made it quite clear that he didn't want to, seeming uncomfortable at the sight. It was as though he preferred to think that the circumcised state was the normal one, and he didn't like being confronted with the fact that he and his son were deficient in a part of their anatomy. The wife on the other hand reckoned that my boys' foreskins were "real cute" once she'd discovered that they merely harboured a little moisture and not the evil-smelling residue she'd been led to expect. She compared my boys' penises favourably with her own son and made it quite clear that no more males in her family would be circumcised.

*Christine Halford – Herts*

## **Tried All Ways**

**I**n a way I am, I suppose, unusual inasmuch as I have enjoyed all three conditions – uncircumcised, partial circumcision and complete circumcision.

I am 50 years old and have been married for 25 years. I first became conscious of my foreskin when I was about 5 or 6 years old, when I forced it back to expose the glans. As I got older the foreskin became loose, but it would never go back on its own, even when I became erect.

I was quite young when I found out that my penis was different from my cousins' – even then I was aware that their penises were nicer to look at.

When I was about 20, a girlfriend whose brothers were all circumcised was amazed when she saw my foreskin. As far as she was concerned she was very pro-circumcision, making the point that the penis was neater to look at.

I tried for years to get a doctor to perform the operation, but it was impossible to get it done. I used to work away from home a lot both here and in the UK. In every town and city that I went to I would try for a doctor to do it for me.

When I got married I found that when I used condoms my foreskin would come forward over my glans and tear the condom. During oral sex, my wife would keep the foreskin covering the glans, which wasn't very pleasurable. I also came very quick when having intercourse or masturbating.

Then I inflicted a 'rash' on my foreskin, and kept the 'rash' going in spite of creams, etc. prescribed by the doctor. Eventually I was sent to hospital where they only cut off half of my foreskin – which did not make any difference.

After about 2 years I had a full circumcision by a Harley St. surgeon. It took only about 45 minutes and I am really delighted with the results. My wife also likes the look of my circumcised penis, both when it is soft but more so when erect. As far as I'm concerned I would like to summarise as follows:-

#### 1. Uncircumcised:-

Foreskin generally a nuisance, always the need to wash. I found it necessary to wash my glans (for most of the time) twice a day. Sex in general, the foreskin got in the way. Be it oral, normal sex or masturbation I feel that the foreskin got in the way.

#### 2. Partial Circumcision:-

Not much of a difference – oral sex did improve but everything else was much the same except for appearance. In my case my glans was partially covered when soft, and unlike before, what was left of the foreskin would roll back when I became erect.

#### 3. Full Circumcision:-

As far as I'm concerned it is a must for every man. In my case there was a huge increase in pleasure in all aspects of my sex life. I can keep up intercourse for 10 to 15 minutes even after a long session of oral sex and foreplay. My wife has enjoyed sex much more since I had the full circumcision. I have had to learn new ways of masturbating – as I can keep going for a long while without coming. My wife has learned new ways to do it for me, and in all cases the pleasure is more intense.

When I attended the Harley St. clinic I didn't know that it was possible to have a 'radical' circumcision. Had I known about it I think I should have had it done.

*E.D. – Ireland*

## Smells

I am not a member of *Acorn* so I don't know how much right I've got to send you this. A friend of mine is a member and I peek at every opportunity at his copies of your newsletter, unbeknown to him, so I'm not giving my name as I don't want him to know I'm that sneaky. Anyway, if you don't publish it, you don't, but it is a subject I know a good bit about.

The subject of smells seems to be rubbing a lot of people up the wrong way lately. Now, I'm a bit of an old queen and I've had my fair share of 'feasting',

so I've come across a good deal in the way of smells, but no one else seems to have got to the root of it.

I've seen a good bit of smegma in my time and although it is paste-like in substance, in fact it hasn't got more than a bland smell, which I don't mind.

The big smell is actually stale body-heated cum, caused mostly by circumstances and not because of dirtiness. Like this for instance. You go to bed at night and indulge in some sort of sex, either a wank or anything else, especially with a condom when cum gets all over your cock, and drop off to sleep without washing your cock. If the room, the bed, or yourself get rather hot during the night, in the morning your cock smells a quite distinct smell. If you oversleep and have to rush to get to work and don't wash it then, by the time you get round to it, it really smells. Now here's the rub. As soon as you put hot water and soap to it then, the smell's – oh, it's bloody awful. And what's more, the washing doesn't take the smell away. It must get into the pores and wrinkles as you shrink.

In my experience, those with foreskins come off much worse with this, but it still happens with the circumcised. I was cut as a baby and always have a bunched up collar of skin behind the glans when I'm soft, and it's happened to me. I've also had faint whiffs from radically cut cocks. Talking to a bi friend about it, he told me that women suffer from it after non-condom sex, but they seem to have a self-cleansing system built in (I wouldn't know anything about that!).

I haven't read all your newsletters, which I really enjoy by the way, but I've never seen this mentioned before. Does everyone know it but too embarrassed to say it?

Anon

### Letter from American Forum

Although I was never embarrassed by the appearance of my cock, I often fantasised about what it would be like to be circumcised. Every time I jacked off I thought about circumcision. I would fold my foreskin back and hold it that way while looking at my cock. It wasn't much, but for a minute or two I was 'circumcised'. Finally, when I was 27 I got up the courage and had a real circumcision.

The thing that surprised me most about it was the increase in sensation. My shaft felt tighter and harder when erect, and even my balls felt more sensitive. I was so excited about having a circumcised cock that my sexual pleasure was greatly increased. It may sound weird to you, but for a long time, whenever I was making love to my wife, all I could think about was my newly circumcised cock. I would close my eyes and picture the way it looked slamming in and out

of her pussy and mouth. Knowing that my penis was circumcised suddenly became about the best thing about sex for me. Even my orgasms were more intense than ever before.

Needless to say, my wife has also benefited from my operation. She was apprehensive about it at first, but now is ecstatic with the results. She loves the look and feel of my circumcised cock and she has commented on more than one occasion that it's as though she has an entirely new penis with which to pleasure herself. In addition, she also reaps the benefit of a husband who has rediscovered his enthusiasm for sex.

*O.R. – Los Angeles*

[I really am pleased for this fellow. It must be great to have a fantasy come true and live up to itself. — D.A.]

## Young Fun

I was a girl of the swinging sixties. Every Saturday night we used to descend on the local dancehall, dance away until 11pm and then round the evening off being 'planked' or touched up on the rec close by.

During the week I and my girlfriends used to compare notes when we met up at the club and I can tell you the talk was pretty steamy! In those days a minority of the boys we met were circumcised (although a lot more than there are nowadays) and circumcision often formed the subject of our conversations. It was – and still is – a matter of deep curiosity to most girls, and we all formed our own ideas and preferences about it. The first priority for me on leaving the dance and heading for the rec was to find out if my new friend was 'peeled' or not, and this curiosity was often considered shockingly 'forward' by the boys when they found their todger being whipped out and examined without so much as a by-your-leave. A lot of our group were nurses from the RUH who declared circumcision was no longer considered desirable and was not practised nowadays, and this expert knowledge coloured our views on it. As far as I was concerned, once it went stiff there was no difference looking at it, but when handling it you had to be careful not to be rough with an unpeeled one after the skin was pulled back. Having said that, my view was then – and still is today – that a foreskin can be a hell of a lot of fun, since it offers so much more variety in what you can do with it. I find the undivided attention of a guy as he watches you concentrate on peeling his hampton, and the gasp as you ease the tight ring of his foreskin over the sensitive tip, very flattering, and it still turns me on more than any other sexual activity. Although I also enjoy handling a guy with a bare acorn, it does look a bit pale and dry compared to the deep threatening purple of the mysterious hidden gland, and the excitement of peeling it bit by bit is missing, although once the game of 'sink the sausage' is under way it is difficult to choose between them.

For preference I like a bloke to have a foreskin long enough to keep his knob covered, stiff or floppy, with a bit to spare until it's time to peel him.

I'd always been aware of circumcision since it was so widely practised among my generation of course, although I had no brothers of my own to satisfy my curiosity on. As a pushy ten year old though, I was able to get some of the boys in our group to produce their winkles for inspection, and the reluctant ones were given plenty of encouragement. One particular boy who was uncircumcised pretended not to want to and I got a real kick out of provoking his erection by getting the others to pinion his arms while I tickled him until he was helpless, pulled his willy out and uncovered his tip. (I suppose it's this sort of thing which helps form a girl's preferences in later life because, as stated, I always thereafter found it very arousing to pull a foreskin back). The others watched in fascination as his penis swelled and lengthened into an erection, and another girl who was watching, took a piece of Mars bar out of her mouth and smeared the chocolate all over the boy's bare knob, then pulled his foreskin back over it. The boy was rather worried and there were still traces of it three days later when he showed me it in answer to my enquiry. All it needed though was a quick wipe with a flannel, but personal hygiene was not given too much thought in those days.

The loos in the dancehall were totally inadequate and there was always a queue of desperate girls outside with their legs crossed wetting themselves for a pee. I always went knickerless, so it was easy for me to nip outside, find a suitable spot, and take a standing widdle without anyone noticing, but it has to be said that, unlike the lady reported in your recent edition, I frequently wet my leg and filled a shoe despite frantic manoeuvring with the fingers to try and avoid it. I never let it worry me though – I soon dried off in the heated atmosphere of the dancehall, and a quick puff with the atomiser ensured that all remained fresh.

There was a report recently that American women, sorely graunched at male dominance in general, and at being unable to achieve sexual equality, and equal convenience in the serious matter of peeing standing up in particular, are now able to buy a gadget coyly named "La funelle". This is just what it sounds like, a small(ish) funnel made of plastic which is shaped to enable it to be slipped up the knicker leg and into the vulva, where it is held in place by the inner lips over the urethra. The woman is then free to pee with the same confidence, accuracy and inconspicuousness as a man, with the associated pride and achievement in the performance of a job well done.

I realise that some people might find my revelations surprising, coming from a woman, since we are supposed to maintain a facade of decorum at all times. But you should be aware that times are changing! Everyone now knows that women have strong sexual instincts, often stronger than men's. Women are publishing their own sex magazines, and books on women's sexual fantasies are now best-sellers. Women behave far worse than men nowadays at male strip shows and a total lack of inhibition becomes ever more evident.



So it should come as no surprise that the fair sex is now no longer too shy to discuss taboo matters like their preference in penile fashion and indelicate facts about ladies taking a leak – everyone knows they do it, so why shouldn't they talk about it?

But to return to the original subject, I do enjoy reading the letters about foreskins and circumcision, and I'm sure if the *Acorn* publication was available over the counter you'd find a lot of women buying it. How about making it more available generally?

*Dawn Mitchell – London*

## ***The Organ***

In recent issues of her publication *The Organ*, Tuppy Owens has given us mentions under the heading 'Body Shape and Genital Concerns' as below:-

"*Acorn* has become a smarter little publication. Members met for a weekend at the end of March for a get-together, taking over an entire hotel in Bournemouth. Their newsletter doesn't say what they got up to, but the newsletter articles are about retraction of foreskins, women pissing standing up, and cock shape.

"*Acorn* continues to be a lively discourse, including letters on women's peeing positions. It's beautiful to observe men valuing their cocks and bits, the way women are just learning to love their pussies – good on you guys."

We owe you many thanks, Tuppy. Are we really as exotic and erotic as you make us sound?

*D.A.*

## **Fiction**

I would like to suggest an idea which I have been mulling over for some time. It is on the fiction side, so it would be a break with the traditions of *Acorn*. But I have been wondering whether you would be interested if I wrote stories based on a circumcision clinic. The idea is that there would be one story per issue based on a patient visiting the clinic. The only thing that I should warn is that, since I am in favour of circumcision, very few patients would emerge from the clinic with their foreskins intact.

I also thought it would be possible for other *Acorn* readers to become involved if they wished. This could happen in two different ways. Any member who wanted to could suggest a scenario himself, or a problem which a patient attending the clinic might have. I would then write up the suggestion into a story. Secondly, any member who wanted to could take over as a locum

doctor for an issue, submitting their own story which I would be pleased to edit for you. If of course they were anti circumcision they could cause chaos by sending all the patients away as not being in need of treatment! Seriously though, it would be a way of getting others involved in the scheme.

*I.G. – London*

[Many thanks I.G., I think it's a great idea, and the pilot episode you sent is produced below. For anyone interested, the length should be about two A4 pages. — D.A.]

## The Clinic

### 1. The Beginning

Dr. Bishop walked over to the examination couch where his patient was lying waiting for his check-up. The Doctor had circumcised Wayne three months before and this was a final look to make sure that healing was complete.

Wayne had had a typical case of phimosis. He had come into the surgery one evening, very embarrassed, and, with a red face and much hesitation, explained that it hurt when he made love. An examination had quickly revealed an elephant trunk foreskin extending well beyond the tip of his penis, and too tight to be withdrawn. The only remedy was circumcision, and the Doctor had no hesitation in recommending the operation. He had long ago realised that the local hospital waiting list for this sort of operation was indefinite, and over the last couple of years had been doing such minor surgery himself. So it was, that late one afternoon, Wayne had returned to the surgery and the Doctor had removed his foreskin swiftly and efficiently.

Now the Doctor examined his handiwork. He picked up Wayne's penis and gently rotated it, looking all round the circumcision line. Although a three-month check was not really necessary and he rarely found any cause for concern, nevertheless, he preferred still to carry it out. When he had last seen Wayne two months ago the remnants of the inner foreskin were still very puffed, and the circumcision scar very red looking. Now the whole thing had settled down and he was pleased with the result. The glans was well exposed and, whilst still leaving the frenulum in place, he had trimmed the skin sufficiently so that there was little bunching underneath.

"Well, Wayne, have there been any problems?"

"None, Doctor, it all seems fine now."

"How's the sensitivity now?" Wayne had commented the last time how sensitive his glans was now that it was uncovered for the first time.

"That's OK as well. I still notice it a bit, but it's not painful like it was at first." The Doctor brushed his finger gently across Wayne's glans. The boy shivered. But two months before he had almost hit the roof when the Doctor had done the same thing. Obviously the glans was now used to its permanently exposed state.

"And what about intercourse?"

Wayne went very red. "There's no problem there now. No pain at all."

"The skin doesn't feel too tight? There's no pull?" Even though he knew how elastic the penile skin was, it was always Dr. Bishop's fear that the skin of the circumcised penis would not stretch enough.

"No, it's much better than before. I'm really grateful for you doing the operation and sorting it out."

"Good. Everything seems fine. If you would like to get dressed now, you can disappear."

Wayne pulled on his jeans. "Can I ask you something, Doctor?"

"Of course."

"Well, it's my sister's boyfriend. He knew I'd had the operation and we were talking about it. He hasn't been circumcised and he's got a long foreskin, but he says he prefers the look of a circumcised... penis. He wonders whether you'd do the operation for him."

"Is he a patient of mine?"

"I don't think so."

"Well, I can't really help then. Firstly, it wouldn't be right to treat another doctor's patient; and secondly, the medical profession doesn't believe in circumcision except for medical reasons."

"He'd be willing to pay if that's the trouble."

"That's not really the problem, although the NHS doesn't cover routine circumcision. Just today, for instance, I turned down the request of one of my patients who wanted his baby boy circumcised."

"Does that mean if I got married and we had a baby, you wouldn't circumcise him?"

"I'm afraid not, unless there was a medical reason."

"But I think that's really unfair, that he might have to go through what I've gone through. Anyway, you told me I'd be much better off circumcised, so you must think it's a good thing."

"That's true. But I have to take into account the balance of medical opinion."

“Why? It’s people that count. If you think men are better off being circumcised, and they want it done, why can’t you just do it without worrying about other doctors? I bet they don’t worry about you.”

Dr. Bishop looked thoughtfully at Wayne. The young man’s argument was appealing. It was true that he was in favour of neo-natal circumcision, influenced partly by the fact that he himself had had to be circumcised at the age of sixteen, and partly because he knew from personal experience the benefits that circumcision brought. But he had bowed to current medical opinion and had always refused to undertake circumcisions unless there was a definite medical indication. But Wayne was right. The patient should come first. It was the baby boys who were disadvantaged through not being circumcised, not the other doctors. If he was really concerned about his patients, he would follow his own conscience and inclinations, not those of other doctors.

He looked up to find Wayne standing there looking rather confused.

“Sorry, Doctor, no offence meant.”

“No, Wayne, you are quite right. Look. Ask your friend to come and see me and I will see what I can do.”

“Really? Thanks, Doctor. He’ll be really pleased.”

Wayne left, and Dr. Bishop sat thinking. If he was going to be true to his new resolution he ought to be willing to circumcise anyone who asked. More than that, he ought perhaps to be telling people about the benefits of being cut. He ought really to start a circumcision clinic which catered for males of all ages, from babes in arms to full-grown men.

He picked up the phone and dialled.

“Mr. Morgan? This is Dr. Bishop. I’ve been thinking about your request and I’ve changed my mind. If you would like to bring your baby boy into the surgery I would be happy to do a circumcision. What about tomorrow afternoon, about 3 o’clock?... Good, I’ll see you and your son then.”

He put the phone down and smiled. His new work had begun.

*I.G. – London*

## Information Wanted

A member has asked if anyone can supply the name of a doctor in the Birmingham area who does private circumcisions, and an idea of the cost.

# ACORN

Issue  
Nº 6 1994  
Editor  
David Acorn

## Editorial

**F**irst may I thank all those who returned the questionnaires that were sent to them. There are only about ten left outstanding and we would love to have a complete set.

I've been asked by several members if we can have an ongoing annual meeting, so Brian has been putting his organising cap on and come up with a tentative date of November 5th – 6th weekend. All the previous ones have been in the south, so we think it would be a good idea to have it in the northern hemisphere this time. Sheffield has turned out to be the favourite. Would those who would like to attend, please let me know, with telephone numbers if possible, so that planning can go ahead.

*David Acorn*

## More Circumcisers

**T**hese names have been submitted by Brian – Leeds; V.Q. – London; and David Acorn respectively. Prices were not originally quoted, so each has been telephoned and their prices, etc are given below. In each

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Printed & Published in England by Acorn  
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## Correspondence

Please send

**Newsletter contributions and letters for forwarding**

clearly marked for DAVID ACORN

**Membership, fees, advice and personal matters**

clearly marked for TONY ACORN

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AVON, BS23 2ED

case it was stated that the surgeon will try to meet the patient's requests regarding tightness, etc.

Members are reminded that listing these names in no way implies a recommendation or endorsement by *Acorn* or its contributors, and they should act accordingly.

1. Mr R. Thomas, Yorkshire Clinic, 502 Ecclesall Road, Sheffield, S11 8PY  
Tel:- 0742-663501.

£485 inclusive of consultations. The Clinic is only registered for patients over 18. Local anaesthetic used.

2. Advertising on London's Melody Radio: The Tally Ho Clinic, 315 Ballards Lane, Finchley, London, N12 8LY. Tel:- 081-446 0101. Also at: Tally Ho Medical Centre, 139 Harley Street, London, W1N 1DJ.

Initial consultation £50. Operation and follow-up consultations (at 5 days and 1 month) £300 inclusive (£200 for boys under 7). Local anaesthetic.

3. Advertised in the Sunday Times under 'Health and Beauty' – appropriate for some: Harley St. Specialist. Tel:- 071-580 5139

£415 all inclusive. Anaesthetic is a Local Block (lasts 5 hours), except on children under 11 where a General is used (at extra cost).

## Replies

**Q**uoted above is another address for the list of those who will do private circumcisions. I feel that this clinic has been organised to suit the ever increasing number of Moslems and probable converts in the Sheffield area. It would be ideal if Tony opened up his little black book and shared with us all the names and addresses of all the doctors who are willing to carry out circumcisions, for the benefit of non-circumcised members who would like to be done, but to date may wish to ask, but not through a third party.

With regard to the membership, may I suggest that we put adverts, suitably worded, in magazines in the USA, Canada, Australia and New Zealand, and anywhere else we already have foreign members. This will give us a broader membership range and possibly create a greater interest. As we have about a hundred members, the income should be able to cover the small cost of such adverts. As a point of interest, *Forum* has a number of foreign issues and it would seem to be sensible to make use of them.

Reply to Jill. Having been in both states myself, I can understand her dilemma as far as dealing with the two styles of penises. But by now she will have learnt that practice makes perfect. For the fact that she has nearly damaged lover boy in the woman-on-top position, it is possible she needs a lubricant to make it easier for both of them. As far as number two son is

concerned, I personally would have him circumcised, as at home he does feel the odd man out, and speaking from my own experience, he will thank you for it in years to come.

Reply to Sarah Newman. With regard to the Bris of her first brother, I would suggest it depends on the skill of the mohel as to whether it hurts or not; but I was present at the Brit Milah of my three nephews and can assure her that they did not let out so much as a whimper at the actual cut, although they were upset at having been woken up and having their legs held apart by their uncle. Afterwards they were given their feed and went back to sleep as any normal baby. Of course, the ideal method is that practised by the American Mohel, Joel Shoulson. [Described in *Acorn* issue 1/91 — *Ed.*] He has got it down to a fine art. He has designed a comfortable restraining frame that holds the baby firmly but with no discomfort, and using a spray-on anaesthetic immediately after the cut. He has modified his own shield so it acts as a haemostat as well as shielding the glans. His expertise is in great demand and he even teaches non-Jewish doctors how to circumcise by his method. The style of the Jewish circumcision is not dictated by the Torah, but has been evolved through the centuries. The Rabbinical courts say this and that about how it should be done, and what is and what is not acceptable. Today, the Mohelim say that if the Mohel uses a shield he will remove both the foreskin and the mucous membrane in one cut, avoiding the need to tear the inner membrane as was done in the old way.

It is a puzzle why the Plastibell is not accepted by the Mohelim, as it does as good a job, and is aesthetically acceptable, giving a straight scar around the shaft at about one inch behind the glans.

*Brian – Leeds*

## Neonatal Sadness

Sometimes when I read *Acorn* I feel very sad. I don't mind reading about how much damage a man inflicts to his own penis. As far as I'm concerned, if he wants to, a man can have the whole thing amputated. It is his decision and I am totally indifferent to it.

What does upset me however, is reading what these people do to their sons. Instead of being thankful that they have a healthy normal child, they cannot wait to have him surgically mutilated.

*Why?* Are they afraid that if they leave him intact he may well decide to keep his foreskin when he is old enough to make up his own mind?

What are they going to tell their sons when they ask what has happened to them? Presumably they can cope if the child is not satisfied with their answer. Presumably they can also cope if their son ends up hating them for what they have done to him. Never mind, they might have lost their son's respect and

trust, but at least he will not be burdened with a foreskin, so it's probably worth it to them.

What about the medical profession's involvement in this, our so-called caring profession? How can anyone amputate a healthy part of a person's anatomy? It is against the law to amputate any other part of the body. Why should the foreskin not be protected in the same way?

As far as I'm concerned, childhood circumcision should be recognised for what it is – legalised sexual abuse by the child's parent and the medical profession. It can have the same mental effect and should carry the same legal penalties.

*D.S. – Staff's*

[This member wrote me an accompanying letter, excerpts of which I hope he doesn't mind me publishing.

"I wrote to Jim Biggelow, the author of the book on non-surgical foreskin restoration. He put me in touch with a doctor in the UK who is trying to mount a campaign to educate his colleagues to the dangers and adverse effects of circumcision. He is circumcised himself and at present he is restoring his foreskin by the Biggelow method.

Unfortunately my penis is damaged beyond repair. I cannot use the non-surgical method as my scar tissue is so bad. Luckily I don't get so many erections these days, but the constant nagging pain, I must admit, I could live without.

I don't think that I will be renewing my subscription next year as I find some of the pro-circumcision articles distressing, particularly those involving children.

You could however, in Contact Corner, ask for anyone who has had or is thinking of having a surgical restoration, to contact me through you. Kind Regards, *D.S.*"

I'm truly sorry to hear of your distress, *D.S.*, and understand how you (and *R.B.W.*) feel about your unwanted circumcision. In all operations there are a tiny minority that are badly done, but that is no consolation to one of the recipients. Publishing all sides of the subject is the lifeblood of this newsletter so I'm afraid that I can't help in relieving your distress. What I can do is write about surgical foreskin restoration and a method of doing it. — *D.A.*]



## Restoration

First, with the penis flaccid, the shaft skin is cut all round the circumference at the base. The shaft skin is then moved up the shaft until the required length of a foreskin is formed at the tip, as in Fig 1. Measurements are then taken of the length of the circumferential cut (a), and the distance now between the two edges of the cut (b). The resultant rectangle is then marked on the scrotum, measurement (a) going down the scrotum and measurement (b) going across, as in Fig 1. The full thickness of scrotal skin is then cut out to the dimensions, care being taken to preserve the blood supply to the skin. This flap is then turned 90 degrees (Fig 2) and wrapped around the denuded part of the penis shaft, where all the edges are sewn together. The scrotum also is sewn up (Fig 3). Next, three or four small transverse incisions are made to the tip of the foreskin and sutured longitudinally to narrow the foreskin (Fig 4).

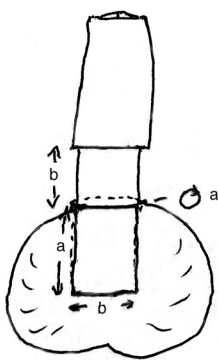


Fig 1

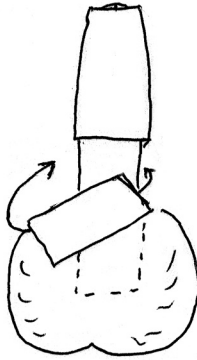


Fig 2

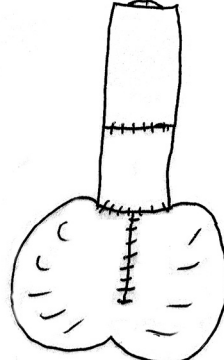


Fig 3

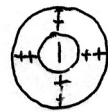


Fig 4

I've seen a picture of a penis taken 6 weeks after the operation and it looks a perfectly normal foreskin. I would imagine that if the original circumcision retained most of the inner foreskin, ie. the scar well down the shaft, then the inner foreskin might easily return to its task of mucously moistening. Two questions might be asked. Does the scrotal skin on the shaft move around as mine does with changes of temperature and stages of sexual excitement? Does the bottom half of the shaft stay covered in scrotal hair? What is certain is that there's plenty of scope for revisions. My scrotal skin when stretched measures about 6" square. Double this for the two layers and you have over 70 square inches. What a long foreskin you can have!

D.A.

## The Clinic

### 2. A Question of Length

Dr. Bishop looked down at his appointment book. The next patient in his clinic was Paul, here for a preliminary discussion about circumcision. In a way, the Doctor reflected, this was the person who had started it all. His friend Wayne, whom the Doctor had circumcised some months before, had asked the Doctor to see Paul. Initially he had refused, and then changed his mind. And so the clinic had been set up.

So, what was the problem? The Doctor chatted for a few minutes and tried to put the patient at his ease.

"And how can I help you this evening?" he eventually asked. Paul noticeably took a deep breath.

"I would like you to circumcise me", he said. The Doctor knew what an effort that statement had taken, but now it had been said the barrier had been crossed.

"Would you like to tell me why you'd like to be circumcised?"

"My foreskin's too long."

Dr. Bishop resisted the temptation of asking how long was too long. Such judgements were subjective, and what was important was that Paul was dissatisfied.

"Why is your foreskin too long?"

"It looks awful. All my mates laugh at me and take the mickey. They say I don't need a Durex, that I could just tie a knot in it. Things like that."

"It seems a bit much to lose your foreskin because your friends don't like it. What do you think about it?"

"I just know that if I'm circumcised they would have nothing to mock me for."

"Perhaps if you were circumcised they would mock you for that."

"No they wouldn't! They tried that with Wayne and he soon turned round and told them he was a real man and they were just jealous."

"Do you think that you'll be more of a man if you're circumcised?"

"Well, your cock looks much better, and Wayne says sex is terrific now." Paul blushed at his boldness.

"Wayne had a particular problem with his foreskin which made sex difficult. Do you have any problems with sex?"

“Well, the skin doesn’t always stay back. There’s so much of it that it seems to cover the top.”

“I think it’s time that we actually had a look. Could you slip off your shoes, trousers and underpants and climb onto the couch, please.”

Paul quickly undressed and Dr. Bishop crossed over to him. The Doctor was quite used to patients having a slightly distorted view of their bodies, but as he looked down at Paul he had to admit that he did have an exceptionally long foreskin. It extended fully an inch and a half beyond the end of the glans, and even then the part which tapered off continued for another half inch. He picked up the penis to examine it. The entrance to the foreskin was quite wide and the foreskin itself looked perfectly healthy. The Doctor was also relieved to find that it was spotlessly clean. He pulled back the foreskin to examine the glans. There was a considerable bunching of skin behind the rim. He could tell that, even with an erection, there would be just too much for the shaft to absorb. The glans was quite normal. Paul winced as the Doctor’s fingers touched it. The Doctor released the penis. Immediately the foreskin came forward again and covered the glans. It was obvious that, when flaccid, there was no way of keeping it back except by holding it.

“Does the head uncover itself when you have an erection?”

“Not unless I skin it back.”

“And does the foreskin stay back once you have pulled it back?”

“Sometimes, but usually it comes forward. And as soon as I get inside, it does.”

By this stage, Dr. Bishop was convinced that there was a medical case for circumcision. In his opinion, a bared glans was essential to the enjoyment of intercourse. Paul was not getting the full sensation if his foreskin constantly got in the way. The Doctor was also worried that, with that length of foreskin, the semen would get caught, and might be a hindrance in due course to Paul being able to impregnate his partner.

But the Doctor also recognised that a full circumcision was not strictly necessary.

“I think that your foreskin is too long and, if you wish, I am quite prepared to circumcise you.”

Paul looked relieved and smiled. “Yes please!” he said quickly.

“There is an alternative. I could give you a partial circumcision. If I cut off the skin at the end of the glans you would still be covered most of the time, but it would peel back and stay back when you were excited.”

“What’s the point of that?”

“Well – if it’s the length of your foreskin that worries you, then it would be shortened, but in a sense you would still be uncircumcised. Your glans would still be protected.”

“But I don’t want to be uncircumcised. Wayne says it’s great to be free of all that skin, and it looks a hell of a lot better when the top’s uncovered.”

Dr. Bishop smiled. Wayne was one hell of a salesman for circumcision. Perhaps he should employ him to advertise the clinic!

The Doctor’s conscience was clear. He had explained the alternatives to his patient and the patient had chosen.

“Very well, young man. A full circumcision it is. If you would like to get dressed we will make an appointment for the operation.”

*I.G. – London*

## **Answer to Smells**

**I**n reply to Anon on smells, there is a solution to his problem. What he does wrong is to wash with hot water and soap. It is essential to rinse the penis in **cold** water thoroughly first, and then hot water and soap, then there is no smell or taste left.

I have a long foreskin which is very sensitive and I keep it forward habitually. In fact, even after I had regular sex with my (then) girlfriend I did not retract my foreskin, not even for fellatio. I had no teaching from my parents and was never taught sexual hygiene. I must have been in my late twenties when an infection took me to a urologist. He yanked my foreskin back, and that was the first time. The disgusting stink was indescribable. I was prescribed an ointment containing silver, and a cleaning solution of Cetamimum. This solution is also useful to remove greasy or other clinging remains from the glans. It is inexpensively readily available from chemists, and I do use it occasionally in a morning cleaning session.

My foreskin loses a lot of its sensitivity once it is pulled back, so I prefer our foreplay with it unretracted. It is inevitable that sexual hygiene is more lengthy and more frequently required than with a circumcised penis. However, if one retracts the foreskin before peeing, or after peeing is finished, to make sure that no droplets are trapped in the foreskin, washing is needed at the most only twice a day. If I expect to have oral sex, I do feel uncomfortable if I have not washed before, although whenever I check with my wife she assures me that there is no taste.

*J.T.D. – London*

## Contrary to What Others Think

As the 'Anon' in 'Anxieties' referred to by R.B.W. in *Acorn* 4/94, I thought I'd respond. Firstly, I'm not, as he has concluded, indifferent to my circumcised state, but rather pleased with it in fact. I've read most of his missives over the years and, unlike him, appreciate those who cut me did so with every good intention and, who knows, I may even have been spared the problems they foresaw. He really should forgive his mother who clearly thought she had done for him what was best. Sadly it sounds like the incompetence of the surgery which ought to be the focus of his wrath. Despite that, it may gratify him to ponder that there are curious and dissatisfied women out there who would appreciate the experience and novelty of his services.

He refers to the 'official' policy of experts in the BMA which of course seems to underpin all anti-circumcision articles which appear in the media. I have a feeling that within the BMA there is also a considerable block of dissenting silence. Those who, through treating the misfortunes of many who should have been better circumcised, have formed a positive view of its value. It would be good if they came out of the woodwork, but I expect they would be howled down by R.B.W. and his kind. He may care to ponder that his anguish at being circumcised without his consent is equalled in others who would gladly have given theirs. The argument will continue, but the anti's are currently in the ascendancy and we pro's feel a sense of denial for ourselves and our children every bit as strongly as R.B.W. does from the days when the pendulum was across the other side of its swing.

Anon

## Young Matron

I notice from some back numbers of *Acorn* which have been passed to me that there is very little said from the orthodox medical point of view on circumcision, and, although all opinions are of interest, current paediatric thinking should be given an airing even though some of your members may not agree with it.

I was born at the beginning of the fifties and was brought up to look upon circumcision as a 'good thing'. Both my older brothers were done and so was my father. Mother considered that all males should be circumcised as a matter of course to promote cleanliness, and I naturally had no reason to disagree. When I left school I went to nursing college, and eventually took up paediatrics. One of the first things I learnt was that circumcision should no longer be performed on infants except in special cases, and then very rarely. Although this change in attitude from the 'circumcision is a good thing' view had been in place for several years, I was warned that I would meet entrenched opposition to current practice from parents and old-fashioned GPs who were

set in their ways, and it would be years before universal uncircumcision was fully accepted, although the reactionaries' hands would be forced to some extent by it not being available on the NHS.

After a number of years I got fed up with the low pay and poor conditions prevalent in those days, and was happy to take up a post as 'matron' at a prep boarding school which catered mainly for the sons of expatriate workers, covering the age range from 7 to 13. It immediately became clear that the modern attitude of not circumcising was being observed since very few of the boys were circumcised when they arrived, although quite a few lost their foreskins before they left, as I shall explain.

As matron I was left in sole charge of bath night (twice a week), and it was my task to be present and prevent horseplay and 'unacceptable behaviour'. I was also given the embarrassing job of checking out every boy's 'bits and pieces' to ensure that there were no problems, by which was meant that penile hygiene was observed. The school doctor also told me to check very carefully for tight foreskins or balanitis, and to refer both to him immediately.

As a relatively young woman of 27, I found the prospect of checking a thirteen year old's foreskin rather flustering to put it mildly, despite my medical training. But my instructions to be diligent in this matter were absolutely clear, and I had no option. The check was done monthly on a bath night. There was no problem with the little ones who looked on me as a mother figure, but it was a different matter with the bigger ones who tended to treat the occasion as a chance to show off or demonstrate their sexual development by deliberately provoking an erection, and as an unmarried woman I found the sight of near-adult penises in a state of sexual tension quite disturbing at first, though I soon found that the right attitude was to treat it as a joke. I was very careful though, to make the older boys do any foreskin manipulation themselves unless there was an obvious problem. Some of them used to play me up by letting me catch them wanking, and in fact, some would quite blatantly pull their penises in front of me, but I just ignored it.

Naturally enough, there were a small number of boys, usually the younger ones, who tended to have tight foreskins and, following instructions, I referred these to the school MO. I was very disturbed to find that, after a perfunctory notification to the parents, these boys were promptly circumcised, usually by the school doctor himself – and the parents were presented with a large bill. According to my training, circumcision was supposed to be the last resort and certainly not justified by a condition which was causing no problems, and which would usually correct itself automatically with the passage of time.

The problem was made infinitely worse by the attitude of the boys themselves who, in this school, tended to tease boys who had been circumcised, unmercifully. Any boy who had been 'bimmed', as they called it, was subjected to 'tortures' such as towel flicking down a line of boys in the baths, and were taunted with the name of 'verps' – unless they were big and strong enough to

fight back. I made it clear that such behaviour was unacceptable and did my best to protect them, but you can't be everywhere at once. So the prospect facing a boy who got referred was not a happy one, and those with possible foreskin problems went in fear and trembling. I well remember one cheerful extrovert little boy who I referred in the early days because he had trouble uncovering his glans, who came back after circumcision as a tearful, cowed and thoroughly intimidated lad, his confidence destroyed to such an extent that he started wetting the bed. I did my best to comfort him, but eventually his parents had to take him away.

I did hesitantly once suggest to the doctor, that a boy with minimal foreskin tightness did not need circumcising, but was icily told that he was not interested in my views. So I very soon started being a lot more discriminating in whom I referred, so as to avoid what I knew to be a lot of unnecessary circumcisions being carried out. Some boys clearly had only minor difficulties which could safely be ignored, but I remember one worried 7-year-old with an unretractable foreskin who came to me in tears begging me not to refer him. "I don't want to be bimmed, Miss", he said. So I decided to help him myself, and by careful stretching I managed to enlarge the stricture enough for him eventually to retract. Unfortunately the doctor somehow got to hear about it and I was summarily dismissed for 'disregarding instructions'. When a few months later I heard that the doctor concerned was dragged before the Medical Council and severely admonished – and then sacked by the school – for unnecessarily circumcising a boy, whose parents were horrified at not being adequately consulted, my surprise was tinged with relief. The case made the national papers and some of your more mature members will probably remember it.

I am pleased to say that such high-handed action by a medical practitioner is very much rarer these days, although a distinguished paediatric consultant complained recently that far too many little boys are still being referred by old-fashioned GPs and, to the shame of the specialists concerned, are being circumcised unnecessarily.

*Ms P.H. – Middx.*

## Cap d'Agde

I have just returned from a short holiday at the enormous naturist complex at Cap d'Agde in the south of France, and I thought that a few observations might be of interest. For those of us who are in favour of circumcision the news is not good. Ignoring the ethnic/religious ones, only 1%, or at the most 2%, of boys had been done. Of these, the great majority were Germans, and the method of preference, Islamic, with the scarline well down the shaft. Perhaps they are going to immigrant Muslim doctors. It would be ironic indeed if the Germans became the last practitioners of infant circumcision in Europe. This said, it was clear that most had been medically indicated, eg. youngest

of three brothers cut, eldest of two brothers done, circumcised father with uncircumcised sons – and vice versa. Adult circumcisions were also rare, being easily outnumbered by the cavalier with his foreskin rolled back. Three recently-carried-out adult circumcisions were sighted, all neatly done with the scar close to the glans. Although of no interest personally, there was a fair amount of piercing to be seen. Most commonly through the frenulum or foreskin tip, but one man had a gold pin with a ball at each end going horizontally through his glans. Must have hurt like hell! I saw no circumcised man who was pierced, so it seems to be a foreskin oriented thing.

*J.W. – France*

## Aborigine Sub-Incisions

I must correct H.C. – London (The Squatters' Paradise 4/94) on his assumption about the extent and effects of Aborigine sub-incisions. Firstly, such eye-witness evidence as there is, reports that cuts right to the level of the scrotum are exceptional, and that these are only achieved after several repeated sub-incisions. About an inch of sub-incision would appear to have been obligatory in those tribes that practised it.

As to the effect of such mutilations, I can confirm (from my own experience), that the mandatory short sub-incision does indeed mess up the jets (both of urine and semen), but with the shaft uncut one can still use the urinal (or the local vegetation) standing up without wetting one's feet or trousers. I have also discovered that an extension to halfway along the shaft (when flaccid and hanging free) actually improves the jets, such that I can now use a normal toilet standing up to urinate, and the first one or two spurts of semen regularly land over five feet away from me.

Even with a three-inch sub-incision, internal delivery of semen to one's partner is no problem as there are another three inches of shaft for penetration.

*P.D. – Dublin*

## Masai Circumcision

The Masai people live in Kenya and northern Tanzania. The Masai-Mara national park, a major tourist attraction, is named after them. The Masai are the cow-men of the African savannah; they live and count their wealth by the number of cattle they own. The tribe is organised socially by age sets: boys become warriors (*morans*) following circumcision, and morans become elders when they have circumcised children. Originally, the interval between major circumcision and transition ceremonies was about fourteen years, but in recent times the initiation ceremonies are more individualised. The



warriors search out good grazing and water, protect their families and cattle from wild animals and, until prevented by British colonial power, ranged far and wide along the Great Rift Valley and onto the high ground beside it, raiding the Kikuyu and other neighbouring tribes for cattle and captives. The Masai are usually tall, athletic, and finely featured, not heavily built, round-headed and thick-lipped like the Bantu. They live largely on milk, and blood drawn from a cow's jugular vein without killing it. A Masai homestead (*manyatta*) is a group of low huts made of bent branches daubed with mud and dried cowdung, surrounded by a thorn fence, with separate huts for the father, each wife and her young children, and for the morans. The Oldorobo people in the 19th. century were mainly forest dwellers and lived by hunting, collecting honey and, as blacksmiths, making spears, swords and knives to trade with the Masai and other neighbouring tribes, for whom they also act as expert circumcisers.

To the Masai *layonis*, young boys, the word *emorata* sounds like sweet erotic music loaded with promises of heroic deeds. It means the end of low-status boyhood and the entrance into the world of the *morans*. From being hard-working dogsbodies who enjoy little respect, they rise to the top of society. They become the young, strong, courageous protectors and providers of their people, and the handsome, virile heroes of the young women. In short, they become everything that every young man, wherever he lives, longs to be. The English poet, Wordsworth asked, "Who is the happy warrior, he who every man in arms would like to be?" The answer is, he is the Masai moran.

When you meet Masai *layonis*, you see that they do their work as instructed, but otherwise they are like young boys everywhere, full of life and carefree laughter. Then one day when the elders decide to repair the *olpiron*, a firestick which is the sign that a new round of circumcisions is coming up, the young boys embark on a mental metamorphosis. The boys are presented to the *laibon*, the witchdoctor, who gives his permission to start the *ngipataa*, the ceremony preparatory to the day of circumcision. Ceremonies vary among clans, but common to all is the feature that the boys are shaved of hair on all parts of their bodies, and that all jewellery and other objects they have fastened to their bodies are removed. Thus they are made naked, ready for the rebirth into the adult world. They are then daubed in patterns of white chalk, red ochre and black charcoal, and spend the night dancing and celebrating. The next day, an ox, goat or sheep from each boy's family is slaughtered and everybody feasts. In preparation for the feast, honey has been collected and beer has been brewed. This is consumed in great quantities by the elders and the Oldorobo circumciser, all of whom frequently become intoxicated to the point of unconsciousness.

This account is of the circumcision of a young boy named Samuel. His Masai name, given him at birth by his father, was Parasayip. His full Masai name was therefore Parasayip Ole Koyoti, Ole meaning 'son of' in Masai. Masai children get a new, most often biblical name, when they start school.

I first met Samuel outside his father's manyatta while he was home from school during the Christmas holidays. It was on December 10th, two days before the Kenyan Independence Day. Samuel was a slim athlete of 14, and fairly fluent in English. After the holidays he would go back to school. He was aiming in top grades in order to get a scholarship for further studies to become a veterinarian.

But before resuming school he was to be circumcised. Not that he wanted to become a moran, he told me; he just wanted to be a man, because only then would he be respected by the Masai.

As I talked to him I remembered how another Masai, Tepilit Ole Saitoti, recalled his father's admonitory speech before he was circumcised: "Tepilit, circumcision means a sharp knife cutting into the skin of the most sensitive part of the body. You must not budge; don't move a muscle or even blink. The slightest movement on your part will mean you are a coward, incompetent and unworthy to be a Masai man. Ours has always been a proud family and we will not tolerate unnecessary embarrassment, so you had better be ready. Imagine yourself alone being uncircumcised like the water youth (white man). I hear they are not circumcised. Such a thing is not known in Masailand."

After a pause he continued: "The pain you will feel is symbolic, it has a deeper meaning. Circumcision means a break between childhood and adulthood. For the first time you will be considered a grown-up, complete man. You will be expected to give, and not just to receive, to protect your family and not just be protected. And your wise judgement will for the first time be taken into consideration. If you are ready for all these responsibilities, tell us now. Entering into manhood is a heavy load on your shoulders and especially a burden on your mind."

Undoubtedly Samuel had received the same admonition from his father. And he had certainly been told by the morans that the operation would be dreadfully painful, but that it would not be unbearable. Or as the Masai say, typical of their cattle culture, "Only blood will flow, not milk." And they would have asked him if he was a *orkirkenyi*, one who has had intercourse with a circumcised woman. And if Samuel had admitted such an experience, his father, mother and circumciser would have taken a cow from him as punishment.

Samuel's ordeal started at noon in the hut of his mother. First, Samuel's father's first wife had her hair wetted with milk and was clean shaved. Then she did the same to Samuel's biological mother, who was his father's second wife. Finally she shaved Samuel's head. Then all three had their heads painted with red ochre.

The first wife then took the young boy through the gate of the manyatta and together they caught three grasshoppers which were put into a mini calabash which was sealed with cow dung. After the circumcision, the grasshoppers would be released into the calf pen where they would be trampled to death.

This was to symbolise that the young man's cattle pastures would never be hit by locust swarms or famine.

Samuel was now dressed in a black goatskin toga and sent out to collect an olive sapling to be his firestick, a stick used to make fire and also symbolising the links between generations. When he returned, his metamorphosis was striking. He no longer smiled or talked; he was alone in the crowd of his people. And they did not communicate with him either, except for occasionally derogatory or abusive words, like "You coward, you stupid boy." This was their way of encouraging him, of strengthening his resolve and thus preparing for the coming ordeal.

Very early next morning, a good hour before sunrise, Samuel left the manyatta in company with other to-be-circumcised boys. They went to the river where Samuel chilled his genitals with the intention of easing some of the pain of the forthcoming operation. This completed, they hurried back to the manyatta where the preparations were in full swing. In the middle of the manyatta, among the fifty odd cattle which were just awakening, a half circle of olive saplings had been prepared. Inside the circle stood the circumciser and an elder of his father's age. As Samuel entered the manyatta he grasped an ox-hide and threw it down like a rug into the half circle. For a moment he stood still, as if in a trance, while ice cold water was poured over his head from a very special pot. This pot was the one that contained his placenta and had been kept just outside the gate of his family's manyatta all these years. Samuel then threw himself down on the hide and the elder supported him from behind. Immediately the circumciser went to work. He spread the boy's legs, wetted his penis with milk, and then sprayed it with a white powder. With quick, professional hands, he cut a semicircular slit at the base of the foreskin and threaded the penis head through it; then he removed all but the ventral 'seam' of the foreskin. This *ndelesia* – a good inch-long flap of skin – was left to chase evil spirits out of a woman's vagina during intercourse, and to protect him against venereal diseases. Supposedly, it also gives women added pleasure, and so makes them prefer the morans to uncircumcised males.

During the surgery, which took less than two minutes, Samuel did not utter a sound, twitch a muscle or make the slightest grimace which could reveal pain or weakness. From his appearance you would have sworn that he had been properly anaesthetised. As he was escorted into his mother's hut afterwards, he was complemented for his bravery by all the onlookers, and his mother was repeatedly told what a good son she'd raised.

The circumcision ceremony is not just an ordeal for the one being circumcised. Judging from their reaction, it is also an intense emotional experience for the other young men; something like a religious revival meeting. Some of the young morans became very excited and a few threw themselves on the ground as if having epileptic fits, with their bodies shaking in muscular spasms and froth appearing round their mouths. During the ceremony they drank a soup made from the bark of the kiloriti bush, which is said to have

an invigorating effect. Our guide, who grew up with the Masai, had enjoyed it several times during his youth, but could not recall any special effect.

Samuel did not bleed during the operation. The circumciser explained that Samuel had eaten some special red berries the day before the operation which, together with the powder used during surgery, effectively prevented bleeding. However, when the powder was tested under proper medical conditions, it proved to have no anti-bleeding effect. Thus, it appears most likely, that both the lack of bleeding during the surgery, and the fits of the onlookers, are caused by something similar to self-hypnosis. Furthermore, danger, fear and cold are known to constrict the blood vessels of the genitals through sympathetic nerve stimulation.

After the circumcision, Samuel's mother treated his penis with warm milk, fresh cow's urine and mildewed dung. A strong young ox was bled and Samuel was offered the fresh blood to drink in order to regain his strength. Two days later we met him out walking with other newly circumcised boys, *mbarnotis*. And of course we asked him the obvious question.

"Was it painful?"

"Yes", he replied.

"But you did not show any pain?"

For a moment Samuel looked at us with his dark brown afro-asian eyes.

"No. I didn't." And after a pause, "You don't."

One would fear that the lack of cleanliness during the operation would inevitably lead to infection. However, only in rare cases do infections occur, the reason being these boys' natural resistance, together with the use of fresh urine, which is almost sterile, and of mildewed dung which may contain anti-microbial substances.

(To be concluded)

*Tony Acorn*

## Status

To add to the lists of famous states – Doug Savant in the film *Masquerade* – circumcised.

*R.H. – London*

# ACORN

Issue  
Nº 7 1994  
Editor  
David Acorn

## Editorial

The writer of the letter entitled 'Book' asked me some time ago if there was any information on how men who resent their cut state have come to terms with it, and wondered whether a support group might be of any help. If there are any more like R.B.W., D.S. and G. himself, perhaps you could let me know and we could see what we could instigate.

There is still time for anyone interested to book a place at the meeting on Nov. 7th.

*David Acorn*

## Book

I've been impressed with the new newsletter layout and am pleased that *Acorn* still offers a fine forum for all views.

I feel for D.S. and hope that he does decide to renew his subscription.

I would welcome information as to where in the U.K. one might obtain a copy of Jim Bigelow's book, and perhaps details might be published in *Acorn*.

*G. - Birmingham*

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Printed & Published in England by Acorn  
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## Correspondence

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**Newsletter contributions and letters for forwarding**

clearly marked for DAVID ACORN

**Membership, fees, advice and personal matters**

clearly marked for TONY ACORN

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## A Loving Cut

I am nineteen years old and a keen nudist. I met my current boyfriend two years ago at my local club. I was at once attracted to him because he had such a nice body and was extremely well-endowed. When we started getting intimate on our third or fourth meeting, I discovered that, although his penis was really big, some eight inches long and another inch or so of foreskin, his foreskin was in fact tight, and it was terribly difficult to pull it back over the glans in order to have sex. When I did manage to pull it right back, at some considerable pain to him, I found it would not return to its normal position covering the glans. He did manage to fuck me again with some pain to himself but I didn't enjoy it too much either.

After we had uncoupled, I suggested he see a doctor with a view to having something done about it, probably circumcision, but he would not agree. I felt there was no way I could enjoy having sex with him the way he was; even the thought of oral sex did not attract me. On the other hand, his cock was so big and thick that the very thought of what it would be like to have all of it inside me if he could overcome his foreskin problem made me feel wet between the legs. So I did something about it. I went through my back copies of *H. & E.* (there are always articles on circumcision) and found the answer. It said that circumcision does not have to be total. Instead of cutting away the whole of the loose foreskin, one could cut the frenulum, and this would loosen the foreskin, making it easy to pull back and expose the glans.

I showed this to Alan who did not seem too keen, but when I told him that if he loved me, and wanted to have normal sex with me, he would have to do something about it, he dithered, and when I said that I would cut it for him he finally agreed. As it was such an important thing to do I felt we should record it on video, so I asked my friend Jenny if she would film it for us. She is a fellow nudist and quite used to the sight of men's cocks, and she agreed.

So next evening they both came round to my flat. We stripped off and had a few drinks to gain dutch courage, then went into the bathroom where Alan sat at the end of the bath with his legs apart. I knelt between them, while Jenny set up the camera on a tripod. When she started the camera I took Alan's cock in my left hand and pulled his foreskin back as far as it would go. This left his frenulum fully exposed, all pink and tight. I cut it with a very sharp pair of nail scissors, as near to the glans as I could. This produced a cry of pain from Alan and a surprising amount of blood which splashed all over my body. It took four more sessions before I had removed Alan's frenulum entirely, but when it was finished the result was startling. The foreskin was now loose, and when pulled back, revealed his knob in all its glory. It looked really beautiful. I kissed it on sight it was so gorgeous.

However, there was another problem. The foreskin was now so loose it would not stay back. We overcame this with the aid of a penis ring we saw advertised

in a porn magazine. This fitted over the shaft of the penis and the foreskin was pulled back over it, leaving the knob exposed. The rings came in a pack of six because as time went on the foreskin was stretched both lengthwise and in diameter, and the next size up had to be used.

Alan was now wearing a ring all the time, and when he had an erection the skin of his cock was really stretched. We were able to fuck like this. The experience of feeling Alan's knob penetrating my vaginal tube was something I had not felt before. As his knob slid into my vagina I had the most beautiful sensation, one I had never had before, and as his knob pushed the whole length of my vaginal tube I had my first orgasm. Then as the ring with its covering of foreskin touched my clitoris I went berserk. Oral sex was just as stimulating.

I am still considering whether to have Alan fully circumcised. Physically, the circumcised knob is better, the feel of it inside you, whatever orifice you take it in, gives me much more sexual pleasure than the normal cock with foreskin. However, as Alan has this quite enormous foreskin he is able to pull and hold it right back, and have sex like that.

Visually, the circumcised prick can be very beautiful. I love looking at Alan's knob; it makes me horny, it turns me on, something that never happened when he was suffering from a tight foreskin. On the other hand, Alan says his knob is not nearly as sensitive as it used to be before I partially circumcised him. In those days, he says, a girl would only have to pull his foreskin back and touch his knob, for him to spunk. Now when I wank him I can 'handle' him for twenty minutes or more before he shoots his load. I think I will leave things as they are. After all, I seem to have the best of both worlds.

*Amanda Carrington*

## Penile Let-Down

I am a recent *Acorn* subscriber. Being rather fascinated by that strange phenomenon, the human penis, I find it very interesting.

The subject given most coverage is circumcision, which is indeed interesting. As one who has been, I must say that I rather envy those who have a bit extra to play with, or for their companions to play with. My girl friend (who is also very enthusiastic about penises) says she prefers them circumcised, but actually she hasn't had any experience with the other kind. So I keep suggesting she should get some. (Ulterior motive: maybe she'd be able to arrange for me to have a close look too. But anyway, she'd be able to describe it to me in detail. Having her enthuse to me about another cock is the biggest turn-on I know.)

Anyway, there is at least one other penile subject which must command great interest: **impotence**. Yes, depressing I know – not exactly a turn-on. However,

it is said that there are quite a lot of sufferers, and you are ideally placed to conduct an exchange of views and experience about how to combat it.

Speaking personally, I am not a complete lost cause. With the girlfriend's help a reasonable erection usually develops in due course. However it often does not persist very long, especially when inside her. No doubt, in common with other sufferers, I have concentrated over the years on foreplay, which is very enjoyable for both of us. But although she is considerate about it, I know she would like a solid finishing, and so would I, and they don't come very often.

It's curious that additional sexual excitement, for example watching a good video, or hearing my girlfriend enthusing over another sexual experience, while making me feel very nice and turned-on, actually makes me go softer rather than harder. I can come alright, and have a very intense orgasm, but with a soft cock. Rather disappointing.

Considering how one can strengthen other parts of the body by therapy or exercise, it's odd that you can't seem to be able to do anything about the cock. Or maybe you can?

Obviously, psychology comes into it: would, for instance, hypnotism help, do you think? I know all about those 'avoid the genital caressing' type of cures that are advocated: no good for me unfortunately.

If there isn't a simple physical therapy, do you know of any clinics with a reputation for success? Any suggestion would be gratefully received.

*Tom – N. Yorks*

[I tried to start a dialogue on this subject a couple of years ago, but there was no response to it. Maybe it's one of those rare subjects among us where it's hard to admit it. But if anyone can help, please let us know. – D.A.]

## The Clinic

### 3. On the Operating Table

Paul, dressed in surgical gown, climbed onto the operating table and lay down. A few minutes before, he had signed his consent to a circumcision being performed on him. Now he waited nervously for Dr. Bishop to begin.

The Doctor knew that all patients were nervous at this stage. He himself was not without nerves, although these were strictly under control. He pushed the gown up to expose Paul's genitals and covered his legs with a blanket.

"First, I am going to clean the area with a mild antiseptic." Quickly he wiped the penis and the general surrounding area, drawing back the foreskin to



ensure that it also was free from dirt and excretions. Then he placed a cloth with a circular hole in it over Paul's midriff, and drew Paul's penis through so that Paul's body was completely covered except for the part to receive his attention.

"I am going to freeze the penis with a local anaesthetic. You will feel the needle going into the skin but it won't be too painful."

The Doctor was aware of Paul tensing as he drew back the foreskin and injected four shots of anaesthetic into the penis at the base of the glans, two at either side of the frenum and two on either side near the front.

"We'll just wait a couple of minutes for the anaesthetic to take effect, and in the meantime I will just mark where the operation will be performed." Dr. Bishop often thought that this was the most crucial part of his job. The marks which he made now would guide his scalpel. Wrongly placed, too much or too little skin would be removed. His aim was to leave the glans fully exposed, with no surplus skin whatsoever to roll up behind the glans rim. The Doctor liked to leave some inner foreskin in place stretched down the shaft. This had two advantages. It meant that some of the sensitive foreskin was retained, and also meant that the circumcisional scar was clearly visible on the shaft, which, he thought, gave a pleasing aesthetic effect. The mark traced round the underpart of the penis up to the frenulum, which the Doctor intended to leave intact. Then he completed the marking process on the inner foreskin. Now he was ready to cut. First he tested the local anaesthetic. It had taken – Paul could feel none of the sharp pricks which the Doctor applied to his penis and foreskin.

Once he had started, the Doctor worked carefully and concentratedly, but as quickly as possible. He inserted forceps into the opening of the foreskin and held the foreskin tautly. He cut down the dorsal line, first through both layers of the foreskin until he reached the mark on the inner foreskin, then through the outer layer alone. He then made the lateral cuts, first on the left side, through the outer, then the inner layer of foreskin, tying the bleeding points as he went. By now half the foreskin had been cut away, and he put it into a specimen dish before putting together the inner and outer layers of skin and suturing them together. A similar process on the right side and the job was done. He cleaned the wound and applied an inner and then an outer dressing. He looked at Paul and smiled.

"All over – you are now circumcised just as you wished."

The Doctor looked back at the specimen dish and the discarded foreskin. He was always amazed at how voluminous the separated prepuce appeared. But in Paul's case it was almost unbelievable. If he had stretched it out and measured it, he reckoned that each piece would have been over 5 inches in length.

Forty minutes later, having in the meantime circumcised a 14 year-old with phimosis, Dr. Bishop went into the recovery room where Paul was recuperating. He checked the dressings to make sure there had been no bleeding, but they were unmarked.

“How are you feeling?”

Paul smiled. “I’m OK, although everything is still numb down there.”

“It will take another two or three hours for the anaesthetic to start to wear off. After that you may start to feel some discomfort – not too much I hope. But I’ll give you a prescription for some painkillers. Take two every four hours, but only if you need them.”

The Doctor sat down on a chair. “You can get dressed and go now, but first I’ll just run through some instructions. They’re all printed on the leaflet that I’ll give you, but if I explain them it will give you a chance to ask questions.

“First, leave the dressing on for 48 hours, then remove it. The outer dressing will just unwind. The inner one may best be soaked off in the bath. I’m afraid that when the penis is uncovered it will look a bit battered and bruised, and the skin will be puffy in places. Don’t worry – it will all settle down in due course. You don’t need any other dressing on the wound. Leave it open to the air and it will help it to heal. The stitches which I have put in are soluble and will gradually dissolve over the next week to ten days. Don’t pull any loose ends – they will gradually come away of their own accord, and if any remain I’ll remove them when I see you in a fortnight.

“As you probably know, everyone has erections during the course of their sleep. These may be quite painful and wake you up. This is because the skin will be tight and will be pulling against the stitches. Don’t worry – the stitches won’t give way. Just wait for the erection to go, or help it on its way by applying a cool flannel or splashing with cold water.

“Right – I think that’s everything. Any questions?”

“Er – what about making love?”

“Sorry,” apologised Dr. Bishop. “I shouldn’t have forgotten the most important item. I’m afraid that intercourse is completely forbidden at least until I see you again. We have to make sure that the wound is completely and properly healed. Normally that takes about three weeks, and then when you start making love again, you need to be fairly gentle. Having sex puts quite a lot of strain on the skin of the penis, and you don’t want to cause any damage. I’m sorry if that seems a very long time – it’s part of the price you have to pay. Anything else?”

“What about sport?”

“Try to avoid any contact sport, just in case. Otherwise, you can start exercising after a week, but make sure that you wear a good support, and it

might also make sense to protect your penis with some padding or something similar to keep it still, relative to your body. Then, you should be OK... Is that it?"

"I think so."

"Right then. You can get dressed and go home." The Doctor shook Paul's hand and then took his leave. Paul got off the bed, took off the gown and looked down at his bandaged groin. He felt elated. There, under the dressings lay his foreskinless penis. He looked forward eagerly to the dressings being off, the stitches being out and to everything being properly healed. But for the moment it was enough – he was circumcised at last.

[Next month's episode; 'The Men in Her Life' will be based on ideas sent in by a member. I am very happy to receive ideas for future episodes, or problems you would like the doctor to handle in the clinic. Or you could even write a whole episode yourself. Please write to me via David Acorn.]

I.G. – London

## Piercing

### **(Extract of a letter in *Piercing World*)**

At my first school medical at the age of five, my foreskin was deemed to be too tight, and a danger to myself and others. Over the next few months I underwent a number of traumatic and painful attempts to stretch it. These having failed, my foreskin was slit and all was well for a few months. However, I began to have further problems and so, having escaped the knife at birth, I was circumcised around six years of age. This didn't pose any problems until I changed school at the age of ten. There, I was the only one without a foreskin, and how I wished that I had one. Despite this, it didn't really cause me any problems throughout my teens and twenties, and my girlfriends certainly never complained. However, the subject of circumcision was one that was of great interest to me, and I always read anything that came my way on the subject.

About four or five years ago, I was having a session with my acupuncturist when she remarked on the neatness of my scar. She then went on to tell me that she had read how circumcised penises could be re-sensitised by putting a little ring in the rim. I knew immediately that this was something I had to do. At that time there was nothing to be found anywhere on piercing, so it wasn't until eighteen months later that I came across *Body Art* magazine. I decided that many of the piercings would, for me, inhibit rather than enhance sexual

pleasure. I settled on a frenulum piercing. Through a gay friend of mine I found a doctor who was used to piercing. I was nervous but excited also. He inspected me and again commented on the neatness of my scar. He was pleased to find that most of the frenulum had been left, and then very quickly and skilfully pierced me, using a hollow needle. I had no anaesthetic and felt only a few moments of firm pressure – no worse than an injection. A few moments later I was the proud owner of a frenulum ring. It healed completely within four weeks and I have never had a problem since. I thoroughly recommend using Australian Tea-tree oil as an antiseptic with healing properties, and a course of zinc tablets to promote healing. Other than that, just don't fiddle with it.

I usually wear a small 10mm gold ring in it, but I do change to a steel barbell if I know I am having to remove it for any reason, such as holidaying with other people. I and my girlfriend find the piercing attractive and practical, and an added enjoyment during sex. I don't think I would contemplate any more piercings other than perhaps a second frenulum. I feel most of the other piercings would be unattractive – less is more in my book. I think some of the multiples are rather overwhelming. I like to enhance my body's appearance rather than subdue it – but each to his own!

*David – Australia*

## Attitude to Circumcision

If our membership is around a hundred, there must be many who have yet to make their 'maiden contribution'. Let me assure them that their experiences and opinions on circumcision (or avoiding it!) are of great interest to us all. "How was it for you?" is the life blood of *Acorn*. Please, if this means you, remember you don't need any literary skills and you can write with absolute anonymity. Whether you're pro or anti circumcision, putting your innermost feelings about this topic on paper can be a very therapeutic experience. Even R.B.W. declared so!

Perhaps some need a starting line, 'I first found out about circumcision when...' has proved a good prompt, and according to our surveys seems to have found favour with readers. Long may it continue, but let me suggest another scenario which might even draw response from partners:-

'My girlfriend/fiancée discovered my circumcision...' (when she asked? / embarked on foreplay? / during first intercourse? / well into our relationship? / never mentioned it?)

How did she react? What exactly did she say? Was she delighted or disappointed? Did it influence her decision to (or not to) circumcise your sons?

I've written my own story of female response (Issue 3/94) and would dearly love to hear how others fared. Women vary enormously in their reaction, interest and preference. Some are well-informed through their mothers having explained why their brothers have been circumcised. Others, incredibly, may reach the marriage bed without any knowledge of the subject whatsoever!

In all sexual encounters, there comes a moment when the fact that you have been circumcised cannot be concealed. This poses the point; is it best to make a disclosure beforehand? Unfortunately there never seems a right moment to say, "By the way, I'm circumcised. I hope you don't mind!" On the other hand, to make no comment can cause some apprehension, anticipating a surprised or unwelcome remark from a partner when she makes the inevitable discovery. This may be uttered at some inappropriate point in the activity (usually early foreplay in my experience). If nothing at all is said, then you know it's likely to crop up in conversation at some time afterwards. Eventually you can expect a casual, "Incidentally, I couldn't help noticing...", or more directly, "When/why were you circumcised?" This may initiate a welcome exchange of opinions on the matter, but these are academic, because the situation between both partners is unalterable.

However reconciled a 'circumcisee' becomes to his state, there is always that degree of curiosity – wondering what it would have been like to have been left 'entire'. Unlike the cavalier, the option can never be available to him.

Please ladies, if you encounter a trimmed male, keep any adverse reaction, remark or disappointment to yourself. At the same time, don't leave your obvious, and maybe intrigued, observation unsaid, either. We like our women to show an interest, but choose your moment carefully and express your surprise or feelings in a good way if you can.

Understandably, most of us men welcome a chance to explain what befell us and how we feel about it – hence the success of *Acorn*.

The most considerate thing a woman can do for a circumcised partner is to share his acceptance of something he cannot alter, and she confirms this every time she chooses to make love with him. Both know that there are thousands of uncircumcised men out there she could have, but she has chosen him, and that is a comfort and consolation. If her feelings can expand to enthusiasm for his circumcision then that is a sheer delight!

As one of the 'no choice, circumcised', it would be good to hear from *Acorn* readers of both sexes on how they handled the 'moment of discovery'.

Anon

[Here is someone who has felt deeply and traumatically about his state and doesn't mind expressing it. What strikes me is that, because as a boy I equated circumcision with the rich, and foreskins as belonging only to the poor and

wretched, I grew up with exactly the same feelings but from the opposite status. The problems must come more from the head than the genitals! – D.A.]

## Reversing an Unkind Cut

**(Item by Dr James Le Fanu In *The Daily Telegraph* 13.9.94)**

**A**fter Greenpeace's famous Save the Whale campaign, Andrew Gordon and Jack Collins, surgeons at Oxford's Radcliffe hospital, are trying to persuade colleagues and the public to 'save the foreskin'.

They say that three out of four circumcisions performed in Britain cannot be justified on medical grounds. Their campaign will undoubtedly be boosted by the publicity generated by the latest fad to reach these shores from California – uncircumcising.

The principle is not dis-similar to the practice of some African tribes, of applying weights to the ear lobes to elongate them. The penile skin over the shaft is stretched downwards and a ball bearing attached to the end with surgical tape.

Within ten days, some degree of elasticity is induced, though it may take several years before the foreskin is cosmetically and anatomically restored.

This may all sound a bit bizarre, but this week's *British Medical Journal* contains a powerful defence of the joys of uncircumcising which is very convincing. The writer compares the function of the foreskin to that of the eyelid, protecting and moistening the delicate, sensitive tissue underneath. With the loss of the foreskin, he says, the vulnerable tip of the penis (the glans) "is always uncomfortable throughout childhood when rubbed by clothing". With time it becomes coarser, which in turn reduces the intensity of sexual pleasure.

He describes the benefits of uncircumcising: "The glans becomes softer and steadily more sensitive... after about ten weeks my wife and I both noticed intercourse became much easier and almost frictionless."

This account of the penalties of losing the foreskin should make doctors much more cautious about recommending circumcision, even when the foreskin is very tight – a condition known as phimosis, which may be associated with infection.

According to Gordon and Collins, such infections should be treated with antibiotics because, by the age of five, the problem cures itself; by then almost 90% of foreskins can be fully pulled back. Even if they cannot, Mr G.A. McKinley of Edinburgh's Royal Hospital for Sick Children advises that the surgeon's knife should be avoided in favour of instilling a powerful local anaesthetic under the foreskin, and then slowly separating it from the underlying glans.

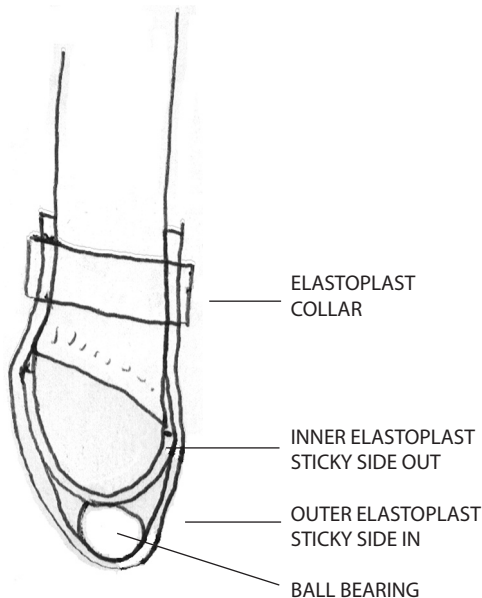
He has treated 39 boys in this way and in only 7 was it not possible to achieve full and painless retraction. "Circumcision is all too frequently performed without good reason: it is rarely required," he says.

Bill of Kingston, who sent this article says, "I do not understand how it is possible to attach a ball bearing to the end with surgical tape. Any enlightenment would be appreciated."

Here is a drawing of how it is done. For ease of clarity I've shown a slight growth of foreskin over the glans. The tape over the end is doubled sticky to sticky to ensure the ball isn't lost and so that the tape doesn't stick to the glans itself, which would defeat the object.

I've always thought that phimosis was due to the constriction of the foreskin at the tip, but several medical articles I've read talk (like this one) about the adherence of the

foreskin to the glans. This must be to the whole surface of the glans, as mine adhered to the rim of the glans up to the age of twelve, with retraction, and no ill effects at all. Has anyone any more information?



D.A.

## Foreskin Bank

I was interested in the article 'Question of Length' (Clinic 2). The young man wanted to be circumcised because he said his foreskin was too long. As someone who admires the beauty of a long foreskin and the pleasure it gives (having an inch overhang myself), it seems a terrible waste to cut it off and throw it in the bin. I can imagine what those guys feel who lost theirs when they were infants, and would give anything to possess one like this young man's. Perhaps one day in the future there will be a foreskin bank for transplants.

This would make everyone happy, so that the ones which aren't wanted could be given to those who do want them.

*H.J.M. – Mid-Glam.*

## **It Should Have Been Done Years Ago**

I was circumcised somewhat late in life, which appears to be rather unusual. To start at the beginning. When I was a boy of 12 or so, my foreskin was one of those long pointed jobs and quite tight. At school we used to experiment with our friends' penises, and they used to try to get my foreskin back, but all that could be achieved was to show about a quarter of an inch diameter hole, as well as being painful.

This continued for some years, and about every three or four weeks the end of my penis would feel hot and irritate. I learned how to cure this, by squeezing the foreskin tightly at the end when I had a pee, so that it blew up to about the size of a large plum. Releasing the pressure suddenly made the water force out the smegma underneath.

When I went into the army I was examined, but nothing was said about it until one day when the doctor caught hold of it and tried to move it back. That made me jump, and after further chat, he said that it must be circumcised. Well, of course, being the services, that's as far as it went. I didn't press the matter and that's how things stayed for many years. But just after that brush with the doctor, I tried hard to force it back until one day I succeeded. I had a shock, as the glans was covered in plates of smegma. After washing it off I expected a struggle to return my foreskin to its usual position, but it went back fairly easily.

Now that is more or less the history of my troublesome foreskin. Over the years I became a naturist, and also as a Christian I had an interest in the Jewish people. So now I started to keep my foreskin permanently back. This was quite satisfactory for some time, but then I thought that I should be circumcised. That was easier said than done, as the doctor would not refer me to a hospital, saying it was not necessary. I then tried a synagogue, but they would only do it upon a conversion to their faith, so that was out. I was on the point of having it done privately when I had a stroke of luck. From not being able to retract my foreskin, now it would not come forward, and began to feel tight around the head of my penis.

So back to the doctor again, and after he had tried manipulation a couple of times with no lasting effect, I suggested circumcision again. All he said was, "Oh well, if you want." I had an appointment at the hospital and the surgeon examined it (there wasn't much to examine, it had shrivelled up so), said that it was phimosis and would have to be circumcised.



Five weeks after that I went to the day surgery for the op., and I have nothing but praise for the way that it was carried out at the West Middlesex Hospital. Every bit of foreskin was removed, the shaft is nice and smooth, and no scars. The head of the penis is much more sensitive, and when I move now and the penis rubs on my leg or trousers it is like heaven.

Perhaps the diameter of the glans is a little larger just around the rim, but there is no significant difference in size. The great improvement is in sensitivity, the appearance, and a general sense of freedom. I don't mind anyone having a look now. Like someone wrote in *Acorn*, I used to turn to the wall in the shower or changing room, but now I show it all to the world.

To those mums who are considering having their sons circumcised I would say, go to it. But in my opinion I would think that about 12 or 13 years of age is the right time, when it can be explained to them and they will understand. After all, it only seems right that they should be consulted on the future appearance and performance of so important a member of their body.

R.R. – Middx.

## Size

Hopefully, some *Acorn* readers share my interest in cock size and enlargement methods. Having recently filled in the questionnaire I look forward to a few published statistics on the subject.

On a semi-regular basis I have used vacuum developers for about ten years. It is clear to me that an increase in erect length has occurred which is permanent – about three-quarters of an inch. There have been no drawbacks and only once did I create a small blood blister on my shaft, which soon healed. I have always applied vacuum gently, only after 15 minutes increasing the suction to maximum. I presently use a high quality model with strong suction, sold as 'Handsome Up'.

The increase in size under vacuum is mostly girth, a homemade collar giving an indication of size. Length increases rather less; I'm probably near my own limit. On removing the developer some increase in size is retained until the erection is lost. Repeated use has given me nice hard erections, certainly not spongy or flabby in any way.

Masturbation or intercourse after a session with the developer is very good, with intense sensations in my circumcised glans. Erection can of course be regained with the developer, although getting erect again is not usually difficult. Perhaps this is another benefit.

There has been a lot of adverse comment on the effectiveness of developers in *Forum* and elsewhere. Contacts are welcome to write and discuss.

P. – Hants.

## Masai Circumcision (Conclusion)

### Another Masai Ordeal

During the recovery from circumcision, while the cut is healing, the young man may be exposed to ordeals of another kind however.

David Read narrates such a situation in his book on Masai life in earlier times, *Waters of the Sanjan*; while lying in his bed recovering from circumcision, the young man was visited by a married woman to whom he had once, as a layoni, made improper suggestions. The woman sat down on his bed, removed her skirt and began to caress him. All the while she spoke softly to him, telling him how much she had often wanted him but had been too frightened to take him as he was still uncircumcised. It was different now, she whispered; now that he was a moran no one could stop them making love. She moved her hand down to his pubic area and when he started to have an erection, she lay down at his side and purred that he should move closer.

"I cannot," he panted, "and you know it!"

"We do not have to do it all until you are properly recovered," she said, "but there is nothing to stop us caressing each other."

With that, the young man's erection split open the wounds and he began to bleed. Then the woman rose and said:

"You have paid for your insult as custom requires, and I shall hurt you no more. I have truly been fond of you, and now that you are a moran and my husband's *olpirion* (of his age group) you will be welcome in my house and we can be *asanjas* (lovers)."

Of course, I don't know if this happened to Samuel. But it might have.

Circumcision was once followed by a period when the mbarnotis prepared themselves for moranhood. Wandering around in small groups armed only with sticks and bows and arrows, they had to fend for themselves. They were to keep out of sight of the other Masai and were not allowed to join the morans. However, at night, they could visit the manyatta for shelter and food. A major occupation during this period was to adorn their halo-like headdresses with as many of the most colourful birds as possible. For this purpose they tipped their arrows with a ball of beeswax or resin, so that when they hit a bird it would be stunned without damage to feathers or skin. Now this period is often omitted and the boys are usually given a fully adorned headdress once the circumcision is over.

Whilst circumcision of the young men is a voluntary act where the youth can show how brave he is, the circumcision of the women is not. *Nditos* (uncircumcised girls) are circumcised once they become pregnant or before their ninth menstruation. They are allowed to kick and scream as long as they do not kick the knife. Usually they are held by women. During the operation

the clitoris and parts of the labia are removed, and the vagina is enlarged. The women's wounds are treated in the same way as the men's, and infection is said to be rare.

### **The Masai Circumcision Operation**

The Masai operation is quite distinctive, although very similar to the way that boys are circumcised in the Samburu, Kikuyu, and other tribes for whom the Olorobo act as circumcisers. An early description of the Masai operation is given in German by Merker (1904, p62-3). He comments that because the operation is very painful it is done at dawn, the coolest time of the day, and to reduce their sensitivity to pain, the boys soak themselves with cold water. The Dorobo operator uses a two-edged pointed knife about the length of a finger. During the operation the boy sits on a cowhide on the ground with his legs spread. Shifting from German into Latin for his description of the operating technique, Merker writes, "the outer skin of the penis is retracted and the internal surface is cut around with the knife directly behind the glans. The glans then lies in an elongated covering into which a cut is made from above; through this the glans is pushed. The skin which then hangs down long from under the glans is half removed and the remainder grows together within 14 days and, when healed, looks like a uvula (Bryk translates this as a small grape)." Younger boys sometimes try to appear circumcised by daubing their glans with the juice of a Euphorbia plant called *oljugi*, which makes the glans swell and prevents the prepuce slipping forward.

Bagge's 1904 account of the Masai operation differs in minor details: "the prepuce is retracted and the operator scarifies each side of the frenulum with the point of his knife, by means of which a certain amount of play is allowed. Inserting his finger between the upper surface of the glans and the prepuce, he makes a transverse incision immediately below a previously placed mark indicating the level of the corona glandis. Through this opening he protrudes the glans penis, and by means of a thorn, so pierces the skin of the prepuce that it is unable to return to its former position. Then, if this part of the prepuce appears to be too long, he cuts off a small portion from it and throws it down. When the operation is over, the circumciser washes the blood from the penis with a mixture of milk and water".

Photographs of Sambru and Masai youths, and early ones of Kikuyu warriors, show a sometimes quite large roll of foreskin hanging in the 'tassel' position, and often this displaced foreskin appears not to have been shortened at the tip. Koenig (1956, p88) describes it as "a lower, shovel-like projection...which, so it is said, increases the sexual lust in both the man and the woman". In his book, *The Kilimanjaro Expedition*, H.H. Johnson describes the result as "a soft round swelling lying under the glans, and giving the penis the appearance of having a double end: among the Masai it is enormous, and is openly displayed".

The description by Bryk (1934, p65) of the Masai and Kikuyu is that they are “only half circumcised, the lower part of the foreskin not being cut away at all, but hanging atrophied for the rest of the owner’s life. The Kikuyu have two members, say neighbouring tribes. This hanging foreskin at first constitutes something of a hindrance during the sexual act. I was told that as a result of it the Kikuyu could not enter at all at first. Only after his wife has given birth is complete coition possible. His foreskin hanging down behind the glans is said to be especially arousing to the woman, whose centres of sensation have been shifted as a result of the extirpation of the clitoris”.

The operation can be termed a ‘simple buttonhole method’ of circumcision. When it consists only of the one transverse slit, it has the advantages that it can be done quickly, and with very little bloodshed. (This seems a more plausible explanation than the red berries or white powder for the absence of bleeding when Samuel was circumcised.) It exposes the glans fully, and is usually quick to heal, since the inner and outer cut surfaces of the foreskin are held together by the glans. It is especially suitable for the older lads on whom it is performed, since an erection will tighten the alignment of the two skin surfaces, rather than pulling them apart. Most of these advantages are retained if the frenulum area is cut first. If the tip is left untrimmed, the displaced foreskin remains a tube which, in principle, could, after healing, be drawn back over the glans. If the tip is trimmed, the displaced foreskin may form a pouch and pose a problem of hygiene.

This account is based mainly on the fascinating recent book by Steen and Riddervold, but also draws on the following sources:

Bagge, S. (1904) ‘The Circumcision Ceremony among the Naivasha Masai’, *Journal of the Anthropological Institute*, 167-9.

Bryk, Felix (1934), *Circumcision in Man and Woman: its history, psychology and ethnology* (New York: American Ethnological Press). Also published as *Sex and Circumcision: a study of phallic worship and mutilation in men and women* (Brandon House, 7311 Fulton Avenue, North Hollywood, California.) (1967, paperback).

Johnson, H.H., *The Kilimanjaro Expedition*.

Merker, M. (1904), *Die Masai* (Berlin).

Read, David, *Waters of the Sanjan*.

Steen, Johan B. & Esben Riddervold (1993), *The Masai People* (Oslo: Riddervold Photo AS).

Tony Acorn

# ACORN

Issue  
Nº 8 1994  
Editor  
David Acorn

## Editorial

As none of the members who were at the meeting in Sheffield have volunteered to do a write-up of the meeting, it looks as if it falls to me to do the honours.

All the previous meetings have been held in the south so it was thought to be a good idea to hold this one in the north to allow those living in and around a chance to get there cheaply and quickly. Therefore we were extremely disappointed that only one member appeared from north of London. Also, apart from two, all had been to previous meetings. Nevertheless it was good to renew old acquaintances and make new ones.

Many Acorn topics were discussed, but the main concern with all was the future of the group. It was felt that there was a need for particular interest groups, particular advice groups, organised advertising (the only proper ads up to now have been paid for privately by Brian and myself, for which we had no mandate), and financial accountability. The correct way to do all these things appeared to be within the framework of a formal and democratic code of conduct. To

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Printed & Published in England by The Acorn Society.  
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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

this end a draft Constitution was devised, which would be sent to all members with No 1/95 so that comments could be made, with an inaugural AGM to ratify it to be held probably at Croydon around Easter sometime. A steering committee consisting of myself, Brian of the West Country, Dean of S.Wales and Vernon of London was voted in to prepare this. In the meantime, Dean was asked to become the *pro tem* treasurer to set up a banking system to take care of next year's early subscriptions.

I know all this sounds very technical and cold, and that we have built ourselves up in a confidentially respected atmosphere of warm brotherly feelings (at least I have – and think most others have too) even though there are opposing viewpoints, but I see no reason why there should be any change. I will, as ever, try to keep a fully balanced newsletter, and will fight to keep it so if a bunch of zealots, one way or the other, were to try to take over in the future.

You will find a membership renewal form inside for 1995. Please make cheques and P.O.s payable to THE ACORN SOCIETY, the new full name.

David Acorn

## Double Trouble; Royal Revelations & Words

### Double Trouble?

**A** most fascinating, almost unknown fact emerged in a book by Dr Vernon Coleman. Apparently one in every five million males is born with a second penis!! From such an amazing statistic, there must be five or six examples of that phenomenon in the United Kingdom. Perhaps an infant born with two penes would have one excised with expediency for the sake of conformity – as was the case with a friend's sixth finger. What is absolutely fantastic is the possibility of a man having one circumcised penis whilst the other remained intact!

If I remember right, Felix Bryk's paperback *Sex and Circumcision* illustrated a phallic wand with two limbs, which I found most curious at the time. It must have been fashioned in mimicry of that rare phenomenon, and the tip on one side gave the appearance of the underside of a circumcised penis.

Biphallicism would be an obvious source of conjecture. With the intact and circumcised combination (fore'n'away) there would be a prepuce for foreplay and masturbation, and a dry glans for fellatio, with a choice of either for intercourse! Should the individual have been born Jewish, would both have been circumcised according to the Dinim of Milah?

### Royal Revelations

**S**o Prince Charles' full frontal photograph appeared in the foreign press! I found it ironic that the initial publishing was in a German newspaper,

*Bild*, for a readership where the lack of a foreskin is still frowned upon. When it is considered that the circumcised condition led to concentration camp gas chambers during W.W.2, the sudden revelation of the mohel's art becomes even more outstanding – a real newsflash.

Later the same photograph appeared in *Paris Match*, but was not included in the U.K. edition. (A Di-version, perhaps!!)

A much earlier Prince came into my conversation when the abbreviation P.A. was questioned. Putting Prince Albert aside, I quipped:-

“It doesn't stand for pretty awful, but rather, pubic addition; it has a definite 'ring' to it!”

(With apologies to the late Prince Albert, also circumcised, but not in the Jewish fashion.)

### Words

Words never fail to stimulate! In Issue 7 Amanda's nail scissor trimming of her boyfriend's frenulum was described as a partial circumcision. There are many reluctant roundheads who would have jumped for joy at 'partial circumcision' without any foreskin loss.

Further in that issue was the delightful term 'circumcisee', never encountered before. What a novel gerund possibility!! Could 'circumciseeing' be hazarded as the operation, or perhaps a glimpse of the result!

May I wish all Acorn-minded seekers after truth a rewarding and happy New Year.

*Anthony*

[And many thanks for your apt card. — D.A.]

### Stan Acornson

My dad is an *Acorn* member and I get to read all the newsletters. He had himself circumcised three years ago and has been on at me to get done as well. He tried to have me done when I was a tiny kid 17 years ago, but my mum didn't like the idea, and anyway he never got past the nurse when he took me along for it once when my mum was away.

He's very insistent that it would be a good thing for me, but my mum says he doesn't know his arse from his elbow when it comes to sex, and I shouldn't listen to him. So for the time being I'm going to hang onto my foreskin although

I've read enough in *Acorn* to make me realise that a lot of people prefer circumcision, and I might go for it one day. What worries me though, is the letters from so many end-users (females) who disapprove. I do quite well as it is and I would hate to find my popularity affected by it!

There has been a lot of comment recently in the papers about young people having sex at an early age with lots of criticism from older people, but not a word from younger people themselves. There was a story a few months ago about a school open day on the Isle of Wight where parents wandering around went into the school kitchens by mistake and surprised about a dozen seniors watching a couple of girls being given oral sex up against the hot plates. They seemed dead surprised by it all, but it really isn't all that unusual from my experience.

About half the girls I grew up with had had full sex by the time they were 15, and quite a lot had it before then. The boys tended to be older but not much. One of the reasons is all the sexy films and videos you get to see. One of our lot used to show us his dad's porny videos when he was out, and they used to get you really turned on, including the girls. Although the girls (and some of the boys, including me) found it a bit shocking to start with, we soon got used to seeing scenes of bonking and oral sex done to both sexes, plus the occasional 'golden shower', and it was only natural to try it ourselves after. It was helped by drink being available from off-licences which helps get you in the mood. You can always get an older kid to buy it for you. When we had a few cans of strong lager we'd go down to the scout hut for sex sessions after drinking the booze on the corner outside the shop.

When I think back, I'm quite ashamed at some of the things we used to do when I was in my mid-teens, usually after a few beers. Grown-ups used to be really shocked by our language, and I suppose it is rather surprising if you're not used to it to hear young girls saying "fuck" and "cunt", although at the time we thought it a bit of a lark and enjoyed the reaction. The girls were just as bad as the boys when it came to bad behaviour, and while drinking the lager before retiring to the scout hut a group of about ten of us used to congregate round the corner, chatting, shouting and swearing. When we'd had a few, it was no big deal for us to take a leak against a wall in broad daylight, whilst the girls often took a pee in the telephone kiosk, and couldn't care less if anyone saw them. Disgusting when you think about it now I suppose!

Doing such things in public was rather OTT, but it all seemed innocent fun in those days, and I don't suppose it did us any harm. Needless to say, with all the sexual experimentation which included everything from wanking and bonking to oral sex (strangely, the girls enjoyed doing this more than the boys) you got to see a wide cross-section of male and female private parts. I don't remember any of the boys being circumcised though.

What I do remember is that one of our group had a very tight foreskin of the 'phimosis' type, and from what I've since read in *Acorn* should by rights have



been circumcised. He didn't know that though, and seemed quite happy as he was. It never stopped him wanking, and his girlfriend said he had a lot more staying power than most of us when it came to full sex, although he didn't get the same enjoyment we got from oral sex. You couldn't tell immediately from just looking at it that he had a tight foreskin. The first time I realised it was when he stood laughing at us in the call box entrance to show off to the girls and took a leak in front of us. I was amazed to see his penis swell up to the size of an orange as he did so, and a fine jet of pee issued from the tip to arc in a curve towards us. The girls were shrieking with laughter, and one of them went over and stood beside him, lifting her dress and loosing off a great splashing torrent in total contrast. Apparently his foreskin always swelled up if he peed really hard, and I suppose it washed out any dirt that may have gathered under his foreskin. He never complained of soreness or the bad smells you're supposed to get though. He's now married with a small kid and to my knowledge hasn't had any problems.

Although circumcision seems to be an important part of life for people who read *Acorn*, the kids in our group barely knew of its existence, and I don't remember any of the kids at school being done. Since I left school though, and started doing computer studies, I found one of the blokes on the course has been done and it's a matter of great curiosity, particularly to the girls. From what I can see he is cashing in on this and getting quite a lot of success, but how much of it is due to personal attraction and how much to curiosity, I wouldn't like to say.

What I like about *Acorn* is the tremendous arguments you get in favour of circumcision on the one hand and foreskins on the other. I think that the women's comments are very amusing too. I'd like to see a little more comment on the other guy's point of view instead of always repeating statements giving their own attitude without acknowledging or commenting on others who think differently. My pet hate? Long-winded geography/history lessons about primitive tribes etc. I'd much rather concentrate on the likes and dislikes of people like me, and advice as to circumcise or not to circumcise – so I've got something to base a decision on.

Stan

## Book Request

In 7/94, I was interested to read, at the end, of a book I would like to read:- Bryk, Felix (1934). Would it be possible to offer this in xeroxed form?

R.F.W.

[Maybe Tony or Anthony could oblige. — D.A.]

## Circumcisers

Members who are seeking a circumciser for their infant sons may like to contact The Initiation Society, which is an orthodox Jewish organisation for Mohelim (ritual circumcisers). The Society can provide names of qualified mohelim in any part of the country.

It should be noted that, although most mohelim will perform circumcisions not only for Jews but also for Moslems and anyone else who requests it, some may choose not to circumcise non-Jews.

Although highly trained and skilled in circumcising baby boys, many mohelims are not medically qualified and hence are unable to perform circumcisions for adults or for boys over 1 year old. In any list obtained from The Initiation Society only those marked as Dr. are medically qualified.

Fees are a matter for individual mohelim and should be discussed directly with them when making arrangements. To obtain details of local mohelim, write to:-

Mr Alex Minn,  
Secretary,  
The Initiation Society,  
15, Sunny Hill Court,  
Sunningfields Crescent,  
LONDON, NW4 4RB

or telephone him on 0181-203 1352 (Not on Friday nights or Saturday please.)

*V.Q. – London*

## NORM(UK)

I have recently received the latest copy of *Acorn* and would like to refer to your editorial comments about men who resent their cut state forming a support group.

You may be interested to know that a group is now in existence. The first meeting of NORM(UK), which stands for National Organisation of Restoring Men, took place in London on 19/11/94. Fifteen men attended the meeting including myself and G. of Birmingham. The media are starting to take an active interest in the group and we hope for some good publicity before long.

You may also be interested in a new stretching device called a P.U.D. (Penile Uncircumcising Device) which at the moment can only be obtained from the U.S.

If anyone would like to become a member of NORM, would they please phone 01279 429771.

I was interested to hear, David, that you equated circumcision with wealth, and foreskins with poverty. I equated circumcision with dirty people. Everyone went on about circumcision being for hygiene, so I assumed that people who were circumcised were not to be trusted to keep themselves clean. Strangely enough, most of the people I have come across who have been circumcised also seem to be the least particular with their appearance and personal hygiene.

*D.S. – Staffs*

[I'm sure that many members would be interested in hearing about the meetings. Would it be possible for you to act as our official representative? With regard to your last paragraph, it always amazes me on the things that stick in small boys' minds, and I can see why you have the loathing for your circumcision. I can't really say that I've found any evidence to support your last sentence though. — *D.A.*]

## Sensitivity

I am responding belatedly to an editorial in 1/93 in which David reported on an experiment in keeping his foreskin retracted for a few days, and noted; "After a few minutes I didn't know whether my foreskin was retracted or not". This astonished me as one who was circumcised over 40 years ago and can still feel the difference in being so today. Done aged 8 (unnecessarily!), and having experienced the comfort and protection of a foreskin for those formative years, I can remember the acute sensitivity of the moist glans in those early explorations in the days prior to circumcision. It was comparable to touching an eyeball, and there was no way I would have walked around comfortably with my foreskin retracted. Not long afterwards I was cut and didn't have any choice! The really acute sensations quickly subsided as the glans adjusted to permanent dryness, but never to a level of comfort afforded by my foreskin. Also it still feels as though my foreskin is retracted – it definitely ends (without the roll) at the sulcus – something I can sense without looking or touching. It still feels slightly stretched as it had to do to allow passage over the glans. Presumably because the cut edge has left nerve endings there, nearer the surface.

I feel certain this matter is not, as David suggests, "more in the mind", because the degree of sensation is dependent on my underwear. Tight jockeys hold everything in one place and boxers let it all flop about. Consequently the latter are a bit too stimulating for regular wear. I confided this to a circumcised friend and he finds them the same, whereas a number of my uncircumcised friends seem to prefer the freedom of boxers. (Scope for another *Acorn* survey here?) A few years ago we were friendly with a couple with whom we exchanged good natured joky banter on the merits of circumcision, he being 'entire'. I

sensed his wife wasn't sure about it because she told us her earlier 'long-standing' boyfriend was cut as a baby. On one occasion her husband agreed to experiment by keeping his foreskin retracted for a whole day. At our next meeting his wife laughed and said he'd called the whole thing off by lunchtime because he couldn't endure walking about in such discomfort!

*H.L. – Yorks*

[One only feels as one finds! There are many types and ages of foreskins, and I would imagine a young, tight, or damp one would have these consequences. Mine happens to be short (the tip is never covered), loose and dryish; plus of course having been aided by a lot of wonderful wear and tear. So I take your point. — D.A.]

### **An Open Letter to 'G' and 'No Choice, Circumcised'**

So, you came to adolescence and found that all cocks were not the same. A similar thing happened to me. If you've read "Ian's Tail" (4/93) you will know that I was circumcised at the suggestion of a midwife and that my Mother agreed to the suggestion in a manner that could not be considered as 'informed consent'. When I made the discovery that my foreskin had been cut off with the agreement of a parent I couldn't believe it. I was hurt, mystified, perplexed, call it what you will, and for some time, thoughts about it were constantly in my mind. I mourned the loss of my foreskin. Like all boys I had to handle my cock several times a day to take a leak. Every time I did so there, before me, was my mutilated cock (for those that have not read Ian's Tail, my circumcision was badly done, later surgery correcting the deformity). Matters were not helped by not being able to talk about what I perceived as my problem. It wasn't that I couldn't talk, it was more a question of who would listen without shutting me up in their embarrassment.

As I became older I found that I was bi-sexual. I was a sexually active teenager and seldom lacked a partner when I wanted one. I realised that, even though I'd lost my foreskin, the remainder of my equipment worked splendidly, so it couldn't all be bad!

At 21 years of age I found a regular partner and, one evening, in the course of a jolly romp, I mentioned my disgust at the appearance of my cock, and my regret at not having a foreskin. My partner was not embarrassed. Quietly and gently I was encouraged to talk, and when I had talked myself out, asked to listen. I was told that sex was a part of life, a good part, an important part, an enjoyable part, and that it was doubtful that a few inches of skin would change it very much. I was complimented on other skills and abilities that I possessed. I was understood, valued, perhaps even cherished. I was appreciated for the man that I am, not the man I might have been.

It's some years since I settled down and accepted that I am a roundhead. I know that the only cock that is going to give me the satisfaction of an erection, the joy of ejaculation, and the thrill of orgasm, is the one between my legs. Would I consider stretching or plastic surgery to re-cover my knob? No. My foreskin went into the trashcan years ago. It may be possible to cover my knob, but the skin that did so would not be a foreskin. Life is sweet, challenging, rewarding, and I'm not going to spend time regretting the consequence of a decision in which I had no part.

*Ian*

## **Jill's Feelings**

**I** am a 67 year old woman, married for 40 years, and have experienced many strangers' cocks. My husband is a very keen wife-watcher and loves to see me with another man, giving me lots of encouragement to do this, which I don't really need as I love to do it with anybody of any age.

I experienced my first cock when I was 16 so I have had 51 years of different types of cocks. From the beginning I wouldn't like to estimate the times I have had full sexual intercourse with a stranger.

from 16-20 I had a great number  
from 20-26 I had a fair number  
from 26-50 I had a great number  
from 50-67 I had a fair number

At 67 I still have two lovers, one once a month and the other about twice a week (plus hubby twice a week), so I'm still very active with my sex life. I make the point, not to boast, but to let you realise that I am a woman of experience with regards to men's cocks.

My preference always has been for a cock that has a foreskin. The very first hard erect cock that I saw at 16 gave me a pleasant surprise. I was pleased to play with it, rubbing it up and down. Then I allowed him to slide it into me and enjoyed the super sensation. Maybe I am biased because that first cock was one that had a foreskin.

However, the first time that I went out with a boy who was circumcised, I took it out of his trousers and was shocked at how ugly it looked to me with just a bare knob. I can play so much easier with a cock that has a foreskin, sliding it up and down the full length with the damp knob sliding in and out. When I get a circumcised cock in my hand I feel lost to know what to do, and normally just fondle it, unless I use some oil to make it slippery. So when handling a man's cock my preference is most definitely for a cock with a foreskin, and am always disappointed when a man slips off his underpants and out pops a circumcised cock. I never did refuse it however – just disappointed.

Before a cock slides into me, I like to rub the knob up and down the length of my fanny. This gets it nice and wet and I find this action very, very stimulating. At my age I can still have a strong orgasm simply by rubbing in this way. At this stage it doesn't matter to me whether the cock is circumcised or has a foreskin, as I am only using the tip of the knob.

Now let's get the hard cock inside my hole. If it is circumcised I reckon I feel the difference in sensation. My vagina grips the knob and there is nothing to slide back on the cock, it is just a solid pole. Don't get me wrong – a circumcised cock inside me still feels great, but I feel I am missing some of the extra excitement that a foreskinned cock can give me. It is more like using a plastic vibrator – great fun but no movement on the surface of the cock.

When I am about to receive a cock with a foreskin I always make sure that the foreskin is covering the knob and not pushed back. I try to let it slip in with the foreskin still over the knob, and then not grip the cock with my muscles until I have the full length in my hole.

When either type of cock is being thrust in and out during sex, it feels good and similar, but with the cock with a foreskin, at the end of the inward stroke, I can grip the foreskin, feel the knob sliding out of the foreskin, and the knob then penetrates deeper into me. This is the extra sensation I love, and miss on a circumcised cock. A circumcised cock will still penetrate me deeply but this extra feeling is missing. This again has nothing to do with length of cock, which I don't think makes any difference to good sex. It is nice sometimes to have a young, solid, long cock inside me, but it can also hurt if too rough. I am more concerned to have a very hard cock inside me than worry about its size.

I have played games, being blindfolded before a man undressed, and I can tell 100% when a cock slides into me whether it is circumcised or not. I can also tell hubby's cock out of a selection when blindfolded. A woman's hole is a very sensitive piece of equipment.

*Jill*

## What To Put On It

I have noticed that a number of members who were circumcised at birth or as a child and are dissatisfied with their state complain about a dry glans and lack of sensitivity in it. May I suggest that they get themselves some skin cream containing vitamin E, or even the vitamin E capsules, and massage this into the whole of their penis, paying special attention to the glans, on a regular basis. They will find it has the effect of making the membrane far more sensitive and soft. They can do this before going to bed or get their partner to do it for them as foreplay. But whatever, it certainly does make a difference.

Perhaps Ray Hamble would like to comment from a medical point of view.

On the subject of famous circumcisions, the item below will I am sure be of interest to those purists who say they know who is and isn't cut amongst famous persons. I culled it from the magazine *New Moon*, which is a Jewish magazine that supports Norwood, which is a charity for Jewish children. It covers a wide range of topics allied to Jewish life for Orthodox to Reform Judaism, from Hetero to Gay Judaism – even lonely hearts.

The article is interesting because it is from Marlon Brando's latest autobiography, *Songs My Mother Taught Me*. His comments on meditation and pain control are interesting.

*B.H. – Leeds*

## Circumcision Decision

The more I have meditated, the more I have been able to control not only stress in my life, but pain. If I have a headache or stub my toe, I'm often able to locate the pain with my mind and will it away. So confident am I of this ability that when I decided a few years ago to be circumcised, I asked the doctor to do it without a painkiller. I assured him that I could eliminate the pain using mind control during the operation. He was sceptical, but said it would be an interesting medical experience, and he scheduled the operation. But when I arrived at the hospital, what seemed like its entire medical staff was waiting to witness the event. The prospect of seeing a movie star circumcised without anaesthesia must have been a hot topic of discussion in the doctors' lounge. I didn't welcome the presence of uninvited guests, and since I go by instinct, I went home.

Later a different doctor agreed to do the operation without painkillers, but he became frightened and an anaesthetist was waiting for me when I kept my appointment. He said that because of medical ethics, he couldn't circumcise me without using a painkiller. Disappointed and angry, but tired of the delays, I let the anaesthetist give me a shot in my back.

Nevertheless, I still wanted to show the doctors what I could do, and I told them to take my blood pressure. I had already meditated, brought my blood pressure down more than twenty points, and even put myself into one of those moments of satori that I rarely achieve. To this day, I'm sure that if they hadn't given me the shot, I would have felt no pain.

*Marlon Brando*

## Stitch

I am 41 now, but one night, many years ago, I was about 17 and inexperienced in sex matters. I was making love to my girlfriend in the front room of her parents' house. It was in the late sixties and I think we had the Moody Blues on. Anyway, I think I must have entered her too soon, and I guess she must have been quite dry, because I tore my foreskin. I don't know the technical name for the bit that I tore; I have a friend who calls it a 'stitch', which I think is quite descriptive. It's the piece that seems to attach the prepuce to the glans. I'd say that the tear was about 1 cm deep, resulting in a 2 cm long wound. Obviously there was blood everywhere, but it seemed to heal up pretty quickly, and has left an almost invisible white line of scar tissue.

Since then I've read and heard the odd thing about foreskins. I know that some men have difficulty pulling the foreskin back over the head of their penis; I've heard the arguments about circumcision repeatedly. But it's only recently that I've realised that the incident above was probably a lucky break. Even before that night I had no problem pulling my foreskin back, but since then I've been able to pull it back a further 2 cm. When erect, I can pull my foreskin fully back; there is no tension in my 'stitch', and my penis looks circumcised. When flaccid, the foreskin covers the head so there is no loss of sensitivity.

C. F.

The following is an item from *The Independent* of November 15th. A member sent me the story in a Birmingham newspaper when it occurred, but there were no details of why the boy died. Two things come to my mind. Doesn't the law grind along slowly. This doctor could have been a psychopath. Secondly, as in a recent case, you can get thrown into prison for being afraid to be a witness, but just get a wiggling for killing a little boy. But then, I must remember it's not my job here to criticise our legal system. — D.A.

## G.P Suspended over Circumcision Death

A doctor who gave a nine-year-old boy a massive overdose of drugs, including heroin, for a circumcision operation – after which the child died – was found guilty of serious professional misconduct yesterday.

The drugs injected by Dr Mahbubul Alam were “wholly inappropriate”, the General Medical Council's professional conduct committee was told. The committee ordered the doctor to be suspended from the medical register for eight months, beginning in 28 days, pending any appeal.

Dr Alam injected Raju Miah with more than three times the recommended amount of diamorphine – heroin – and excess amounts of the tranquilliser Stemetil. Raju was the last of four boys aged between 7 and 10 circumcised



by Dr Alam in July 1991. The other three boys recovered consciousness, but Raju remained unconscious and died in hospital on August 7th. 1991 from respiratory failure due to narcotic poisoning.

Earlier this year, at Stafford Crown Court, Dr Alam, of Handsworth Road, Birmingham, admitted manslaughter. He was given a 12-month jail sentence, suspended for a year, and ordered to pay £3000 costs.

And now a cutting sent by a member from Wales, found in the letters page of the current edition of *Health and Efficiency*.

## And More On

I should not wish my name or town to be quoted, as I am writing about circumcision – a subject which seems to interest many readers.

I had myself circumcised at the age of 60. It cost £200 and was worth every penny. It was a 'walk-away' operation. The organ was bandaged up for a week; then I had a bath and removed the bandage; it was bruised black and blue, not a pretty sight. In another week the bruising had gone, and after another week the stitching had gone.

I would say it was 'uncomfortable' rather than 'painful', but I was determined to end a condition of discomfort and misery lasting so long. The uncleanness was the worst part of being uncircumcised. Owing to our English prudery, I was left to discover for myself at the age of 10 how necessary it is to wash there. I wonder how many men wash sufficiently to remain clean. In some conditions it must be impossible to wash.

Female cervical cancer **may** be due to male partners being unclean through not being circumcised. I think all male babies should be circumcised at birth as a routine matter. If all American babies are circumcised at birth, it would be interesting to compare the incidence of cervical cancer there with the incidence here or in, for example, Catholic countries.

A picture of an uncircumcised man in your magazine fills me with horror, how could anyone be so primitive.

R.T.

[There's none so righteous as the newly converted. I'm sorry he never learnt to wash himself in 50 years. His ears and bum must be terrible. — D.A.]

## Young Tricks

This little story may be of interest to our readers. It concerns myself, a friend, and his brother. At the time we were 16 and the brother 15. We all attended a school in the middle of London, but at the time had our sportsground at what was then the outskirts of town. In midweek we all journeyed to the ground, and also on Saturdays if there was something special on – a football match or sports day. Midweek, everyone travelled from the school to the ground by train, but made our own way there on Saturdays.

Now, this is a somewhat comic story of masturbation, the way it happened, and one could say the outcome of the action. We could not put our plan into action travelling to the ground as the carriages were too crowded, but on the return journey was when it all happened. The drill was for the three of us to go to the back of the train, get a vacant carriage, and keep it for ourselves. As soon as the carriage was clear of the platform, it was quickly to undo our flies, and out with our already standing cocks, then to masturbating ourselves or one another. We were soon able to be able to time the length of our action before 'coming' to occur between stations. We had to be on the alert that the train did not pull up in front of a signal box.

My two friends were Jewish, so they were circumcised, but I was not, so we both found each other's penis very exciting. At our age our penises were then of adult size, but the brother a year younger was still just short of being full grown, although still a very useful tool. We were returning to London, my friend and I sitting with our backs to the direction of travel, with his brother opposite; all three busy with our penises, by this time quite erect. On the next line a fast train was slowly overtaking ours. The implications of this didn't register with us for a second. Suddenly we saw a lady of about 30 peering in the window at us. Quickly she was joined by a second girl. As their train went by, we two passed out of their view, but his brother was still in their line of vision and he still continued with what he was doing. By the look on the ladies' faces they seemed to have enjoyed it also.

Just a little story of long ago which I thought might be of interest. I wonder if any other members have little memories of this nature. They would be good to read.

*R. R. – Middx.*

## Further Name for Famous States

The Spanish film star Xavier Bardem – circumcised. (Films – Jamon Jamon and Golden Balls).

*R.H. – London*

## No Balls

### An open letter to Tom, N. Yorks, Issue 7/94.

I must be completely opposite to you. Firstly, I wake up nine out of ten mornings with a hard on. If my wife touches me in bed I get hard. If I think of sex or see sexy films I get hard. I wish I could exchange 20% of my overpotence for some of your impotence.

Have you ever thought about having a prince albert fitted to the end of your knob. It's a stainless steel ring that goes in through the urethra and comes out on the underside (frenulum). The piercing is small, doesn't even bleed, and only takes a few minutes to do. It's very suitable for circumcised men and almost guarantees you'll wake up with an erection every morning after you have it fitted. Plus it will add extra excitement keeping you harder when you push it up against the end of the vagina deep inside your girl.

I also envy you with a circumcised penis. Mine still has its full foreskin on, which I would like to lose (but haven't had the balls to make an appointment for a circumcision to be done on me yet).

I would be more than willing to tell you or your girlfriend about a penis with a foreskin. Perhaps you could tell me about a circumcised one, like, when you have intercourse, does your shaft skin slide in and out as you move? This I think will be the main difference because, at the moment, when I slide my penis right into my wife, my shaft skin stays still in her fanny entrance, and my knob with the inner and outer foreskin slides up and down inside her, unless I move more than two or three inches.

Also, is the scar line very wide; does it have feeling in it or has the scar almost disappeared? Also, does it not hurt a circumcised penis when you pull your shaft skin back? Can you masturbate without lubrication? These are some of the things I would like to know about a cock without a foreskin. Feel free to ask any questions you want about an uncircumcised penis.

*John – Worcs.*

[P.S. to Tom – The frenulum (or frenum) is the small strip of skin on the underside of your knob. You've also got one under your tongue, but that doesn't have all the beautiful nerve endings like your cock one. See 'Stitch'. — D.A.]

## Circumcision and Masturbation

**I**n March 1994, *HIM* magazine, in which my medical advice column had appeared for many years, ceased publication and I was transferred back to *Zipper* magazine – a title to which I had contributed yonks and yonks ago. *Zipper* carries more erotic male nude photos than *HIM* used to do and I get the impression from the agony letters I receive nowadays that it has an older readership, many of whom are solo masturbators using the pictures as ‘wanking fodder’.

Emerging from this correspondence is a clear distinction between the masturbation techniques of those who are circumcised and those who are not. Not surprisingly, those without a foreskin tend to apply direct friction to their glans, using their fingers or clenched hand, whilst those who are uncut seem more inclined to grip their penile shaft and rely upon the mobility of their foreskin, thrust to and fro over the glans, to produce the required sensations. Also, as anticipated, circumcised guys are more disposed towards the use of lubrication than the uncircumcised.

Thoughts around these differences lead me to seek the views of *Acorn* readers. Would those who are cut and those who are uncut care to comment, anonymously if they so wish, on their own techniques in order that a more comprehensive picture may be built up of specific differences in masturbatory behaviour and experience? I hesitate to compile a formal questionnaire because I’m sure to leave out a crucial question simply because I’m not exactly sure what to ask. However I’ll be more than happy to collate the information generated and, of course, I’ll reply personally to all those whose name and address accompanies their comments. The more wide-ranging the replies the more information will be gleaned. Indeed, perhaps ‘masturbation techniques’ is itself an inadequate question. In a nutshell, what are the differences in all forms of sexual arousal between the cut and the uncut, whether it be wanking, wet dreams or whatever?

*Ray Hamble*

## Happy Christmas

**I**t now only remains for me and the publishing team to wish you all a very Happy Christmas and a genitally perfect New Year.

*D.A.*

# ACORN

Issue  
No 1 1995  
Editor  
David Acorn

## Editorial

A part from reminding all that we are now entering our 8th year, a length of time not envisaged by anyone at the start (and we still have quite a few members who were in at the beginning, so we can't have been too repetitive or boring), I'll just say that we are now also entering a new era and leave you for a moment in the capable hands of Vernon, who drew up this new draft —

## Constitution

With this issue of *Acorn* you will find a draft constitution for The Acorn Society. This will be discussed and voted upon at the first AGM of the Group on 1st April. (See page 16.) I know it is not as interesting to read as *Acorn* itself, but please do take time to do so and to prepare any comments that you may have.

David indicated in his editorial to the last issue why the Group needs to be democratised. If that is to happen then it needs to have a Constitution, which must be approved at a General Meeting.

Constitutions are the legal basis on which organisations are run. They define why the organisation

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Printed & Published in England by The Acorn Society

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## Correspondence

Please send all correspondence to:

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WESTON-SUPER-MARE  
AVON, BS23 2ED

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

exists, who can join, how the subscription is to be determined, how the organisation is administered, and how the money is to be looked after.

Of necessity, a Constitution is fairly large and complex, but we have tried to strike a balance between specifying all that is essential for the Society to run as a balanced and harmonious group and, on the other hand, dotting every *i* and crossing every *t* in totally incomprehensible legal jargon.

It is important to remember that an organisation can only do what its Constitution's 'Objects' clause says it can do. However, it is not obliged to do absolutely everything in this clause, nor do it all at once. Hence, provision has to be made for what might want to be done in future as funds, etc. permit.

The clauses about meetings and ballots may seem complex, but with a membership spread all over the country (and some overseas) it will not be economical for the committee to all meet in one place every time a decision needs to be taken. Nor for the membership to always have to come together when their consent to something is required. Provision has therefore been made to allow most committee work to be conducted by telephone or post, and for some decisions of the membership to be by postal ballot. Neither stops a physical meeting from being held if that is considered more desirable.

Formal notice of the AGM and a form of proxy will be enclosed with issue 2/95. Please support the democratisation of the Society by either attending the AGM or appointing a proxy to vote on your behalf. Comments on the Constitution can be raised at the meeting, but time can be saved if you put them in writing to me via David as soon as possible so that we can sort them out and see their effects on the Constitution as a whole. We would also like to hear from anyone who wishes to be proposed for the Committee.

Finally, if there are any solicitors or accountants amongst our membership who would be prepared to offer their services to The Society (in confidence if necessary), then we would like to hear from you.

*Vernon – London*  
on behalf of the interim steering group

[I have to offer my sincere apologies to Ian for not including his last two paragraphs which were on another page and somehow got separated. He feels that his overall feelings might be misconstrued without them, and it would make my conscience clearer if you would all read his entry again in 8/94 plus the final portion which I gladly publish here. — D.A.]

### **Rest of 'Open Letter 8/94'**

I am, in general, opposed to the circumcision of young boys other than for medical or religious reasons. I do understand the desire for sons to be

like their fathers or brothers, particularly if there is to be a modest degree of family nudity. I would support any man who decided that he wanted to be circumcised. It is a personal choice, and one should be free to exercise choice freely.

Do I, just occasionally, speculate about what it would be like to have a foreskin? Yes, of course I do! My bank statement dropped through the letterbox last Wednesday (the same day as *Acorn*). Thankfully I am in credit, but I did wonder what it would be like to have a credit balance with 6 figures before the decimal. No, I have not bought tickets for the lottery.

Ian

[We don't know who Amanda is, but I have had two requests for correspondence with her. Here is one from a French member, showing not a little frustration with enquiries he has made on his favourite subject. — D.A.]

## Amanda

Dear Amanda,

Your letter in *Acorn* really inspired me very much. The first time I have read somebody with apparently the same orientation as myself. For a very long time I have wanted to know what is the best kind of circumcision.

Here in France it is incredible how taboo it is. What is more exasperating is that I have met many women who are pro circumcision, but I could never find their real reason. I'm beginning to suspect that they all had sex with Arabs, whom they had liked, and that they are afraid to speak about it in case someone guesses what they have done.

But it seems improbable that it is the only reason. Absolutely everybody avoids the subject, and there are never any details on circumcision in magazines, books or pornography. Circumcision is the operation for phimosis. That's all.

I have tried to talk about it to a large number of psychologists and psychiatrists. They all refuse to answer the root of the question. But what has really surprised me were those women who were very pro circumcision, who got their babies circumcised because it was cleaner. Some talked very easily on sex, but when I asked them what kind of circumcision did they believe was better – the wall. I tried to tell them that primitives were usually not interested in hygiene. Just the same – the wall.

I would be very pleased if you or someone else would write more of the same kind. Imagine that a man that you love feels like getting circumcised and asks you your opinion and advice. What would you say? Only a woman can really answer to that – dicks are made for pussies.

J.P. – France

## Loving Cut — Two

I was interested to read Ms Carrington's article in a recent issue of *Acorn*, and greatly admire her determination to help her partner with his little problem, and his courage in complying with her wishes. May they long enjoy the result.

A short frenulum severely restricts the free movement of the foreskin and may be damaged by normal sexual activities. I personally can cite four such cases:-

1. A close relative ruptured his frenulum during loveplay (not intercourse) with his fiancée.
2. As a teenager my frenulum split while strongly retracting my foreskin. Later I cut the remaining tie to improve freedom of movement (and never regretted doing so).
3. Two comrades in the RAF suffered a similar injury during intercourse, both with the same female partner who was reputed to have a very narrow vagina.

Earlier this century it was customary in Peru to sever a baby boy's frenulum, but a complete circumcision was not performed. Also, Felix Bryk's book describes how young boys would cut themselves likewise to attain full retraction of the prepuce.

Some writers have considered the frenulum to be analogous with the female hymen. I quote from correspondence in a 1974 issue of *H & E*:

"The foreskin is intended by nature to prevent too promiscuous mutual intercourse in youth, the pain of pressure on the part of the contracting parties delaying the double rape until the last possible moment of courtship."

"In the last century a woman's crowning ambition was to learn that she had, with her hymen, severed what was then called (and is no longer) the G-string that underpins the foreskin of the glans."

I cannot quite agree that nature intended the foreskin as a check on promiscuity, and doubt many swains were as virginal as is indicated here. But it is a romantic picture, and would certainly be a memorable experience for the lucky few who sacrificed their cherries simultaneously in this manner.

In conclusion, I consider the frenulum to be a disposable structure, which should be removed if it limits movement of the foreskin or causes discomfort during foreplay or intercourse.

I would be interested in readers' opinions on this subject.

Now to other matters. The 'new look' newsletter is both restrained and dignified, and this format should be retained. Many thanks to both the designers and producers.



R.F.W's desire to read the Felix Bryk classic raises the question of its availability and, if so, what demand would there be? And at what price?

A survey of members would be interesting in this respect.

*A.W. – Sussex*

[One of the items I am proposing at the first AGM is the setting up of a library from which photocopies of articles can be obtained for a small sum, and book publishers' names. — D.A.]

## The Ring

The article by Amanda Carrington in 7/94 is interesting in regard to the penis ring which her boyfriend uses. However, from the description I cannot understand exactly how it works ie. how does the foreskin cover the ring? Perhaps it is to do with whereabouts the ring is positioned, or its width. Could you ask Amanda for more details including where the rings are obtained from, the price and the name of the magazine in which they are advertised.

*E.S. – Lancs*

[There you are Amanda, lots of comment on your contribution with a pair of balls in your court. — D.A.]

## Confused

A few years ago, at the age of 10 or thereabouts, my cousin Alice, who was five years older than me, took me Christmas shopping in London. As we walked among the crowds in Oxford Street we saw a sight which I've never forgotten. A scruffy-looking boy about my age was coming towards us weaving through the crowds when suddenly he stopped, undid his trousers, produced a big fat willy, and started peeing down the drain! The crowds swirling around him pretended, in true British fashion, not to notice; but Alice and I were so astounded we just stood and watched. The boy, who had a defiant smirk on his face, saw us looking and winked while he went on pissing. Such a thing was totally unthinkable where I had been brought up, and the fact that this boy could expose his penis and urinate so nonchalantly in full view of everybody just took my breath away.

It wasn't just that though that held me riveted. What I couldn't fail to notice was how different this boy's penis was from my brothers', both of whom had a small round tomato on the end, while this lad's tapered to a long nozzle of corrugated skin. As he saw us watching him, he wagged his penis up and down for our benefit and tugged at the tip, stretching it as he went on peeing.

This brought Alice and I back to earth with a bang and we walked on, giggling our heads off.

Although such a sight was not common then in this country (I'm told it has become more so since kids have taken up drinking lager), I have recently had a similar experience when on holiday in the Black Forest. I was walking through a crowded market in Friburg when a young respectable-looking fellow with glasses and a briefcase, suddenly stopped, whipped out his cock, and started peeing unconcernedly into a tub with a miniature tree in it. Once again I couldn't help hesitating as I wandered along so as to take a long look at his penis as he did so, struck by how similar it looked to that of the rude London boy. He saw me staring and frowned indignantly, as though it were the most natural thing in the world to expose your penis and urinate in front of scores of housewives doing their shopping. Perhaps it was, in Friburg.

Anyway, to go back to my original story. As we left the pissing boy behind, I still couldn't believe my eyes, and said as much to Alice, who still couldn't stop giggling. Later we talked about it more calmly, and I told Alice how different it seemed from my brothers with their tomatoes stuck on the end, and it was then that I first found out about circumcision. Alice who was knowledgeable about such things, explained that my brothers had both had their willies circumcised because it was the done thing for people from our background. Mother always referred to it as the boy's 'little gentleman', and I've since discovered that a circumcised willy was considered the hallmark of a gentleman in those days.

Alice went on to satisfy my curiosity by telling me that circumcision meant cutting off the foreskin in childhood and that it provided a lot of benefits. She said that foreskins were nasty, dirty, smelly things which gave boys lots of trouble in later life, and nice girls wouldn't have anything to do with them! It was thus made clear to me that circumcision in a boy was not just desirable, it was mandatory for a girl with a proper British upbringing to insist on it!

What I didn't know was how quickly and easily such convictions can be forgotten – although temporarily – when you meet someone you really fall for. My very first serious boyfriend at college proved to have a long tight foreskin, and I really couldn't have cared less. Naturally, with my background, I did comment on it and asked him why he hadn't been done. He seemed puzzled, and asked me instead why I thought he should be. I told him what Alice had said, at which he was quite offended. Then he called me a silly goose and asked me if I had any complaints about the state of cleanliness of his willy. I had to admit that there was absolutely nothing to complain about, and the subject was never mentioned again.

Eventually I married a man who conformed to my family's ideal in that he was circumcised. By now I had enough experience to know that the derogatory remarks made by my cousin about foreskins were rather exaggerated, but I still kept at the back of my mind the comforting thought that circumcision

conferred a mark of respectability, if not superiority, on a male, and had no qualms about my husband's missing foreskin.

However, the subject was brought to the forefront of our attention on the birth of our son a few weeks ago. We both instinctively feel that he ought to be circumcised as the 'right thing', but recently there has been a barrage of anti-circumcision publicity in the health pages of the press – *The Independent* in particular – copies of which I have kept for reference, which I enclose. Firstly there was a rather breath-catching full-page spread about an American book on the reversal of circumcision which catered for the large numbers of men there who feel bad about being circumcised, with the book being reviewed sympathetically by the lady editor.

Then there was a letter from a consultant who commented unfavourably on the fact that parents can elect to have boys circumcised, whilst it was a serious offence to do it to girls. In giving reasons, he explained that there was mounting evidence that the loss of the foreskin caused harm throughout a male's life, since it detracted from pleasure during sexual arousal, destroyed specialised nerve endings, and often left a man with mechanical sexual problems due to insufficient skin being left. The other point he made was that many men are badly affected psychologically, as is borne out by the American experience mentioned above.

Another letter which was published in June was from a man who had been circumcised in adulthood and who complained about a loss of sensitivity, confirmed by his wife.

Finally, the lady health correspondent published a report the other day from an official Australian medical publication, *Genitourinary Medicine*, that the view that circumcision protects against sexually transmitted diseases is a myth.

Consequently, I and my husband have been having second thoughts about whether to treat Junior to the snip or not. We are not totally naive, and since all these reports originated from the same paper (and the same lady editor), it did occur to us that the paper might have an unreasonable bias against circumcision, despite the fairly compelling evidence produced. Our GP however gave a similar view and told us there wouldn't be the slightest hope of getting him done under the National Health, and that we'd have to go private. When I voiced our misgivings, based on long-term views, based on family custom, he suggested rather curtly that if I didn't believe him I should refer to the baby books and take their advice. So I did. There are dozens of such books available now, a lot of which don't even mention circumcision, merely advising on foreskin care. The others dismiss the operation as being unnecessary and occasionally dangerous. Even one American baby book did not advocate circumcision as such, merely mentioning it as an alternative, whilst stressing that there were no medical grounds for it.

The upshot is that, under this mass of anti-circumcision advice, and with no contrary view of any substance, we have finally and somewhat reluctantly decided that Junior shall retain his foreskin. I only hope that we have done the right thing, and would greatly appreciate comment from your members on what to me is a highly confusing issue.

*Penelope Baxter*

[I won't publish the articles mentioned as Penelope has adequately described them, and we have published bits of them before. — D.A.]

## French Phimosis

A French Sexologist doctor has written a small thesis on the natural cure of phimosis.

He has worked especially with teenagers and explained to them how to pull regularly on their foreskins. He says that in a month it is usually cured and his patients were very pleased to have the benefit of such a simple therapy. He says too, that in the hundreds of cases he has handled, he has never sent one to a surgeon.

To illustrate what he says, he shows a photograph of a negro with a very large plate in the lip and asks if there is a limit to the extensibility of tissue; and the foreskin being much softer than the lip, it is much easier.

He believes that phimosis comes from the prohibition of masturbation; that if little boys were left to their own devices, they would play and pull their pricks around and the problem wouldn't occur. So, if what he says is true, circumcision is 'never necessary'.

The thesis (with colour photographs) is available for 130 French francs from: A.M.E., Boite Postale 220, 92108 Boulogne Cedex, France.

It is called *Traitement medical du phimosis congenital de l'adolescent*, by Dr Michel Beauge. He lives in: 6, rue Parc, 29000 Quimper, France.

*Our French Correspondent*

## Contact Corner

Circumcised guy seeks correspondence and/or meetings with like minded guys.

*P.H. – Milton Keynes*

## Tight as a Drum

I had always wanted to be circumcised just as long as I can remember. It all began when my father used to wash underneath my foreskin and told me that I should always keep it clean.

I asked him why he didn't have a penis that looked like mine, and he told me that this was because he had been cut as a baby. I asked him why I hadn't been done when I was a neonate and he replied that he had asked the doctors at the time, but they suggested that these days it wasn't done routinely and not to worry.

Both my Mum and my Dad were quite keen for me to be cut as a baby because my foreskin, even then, seemed pretty long. As a young boy my Dad often said that I may have problems when I'm older, and that if I did, I should tell him and he would sort everything out.

Well, at 15, I eventually made up my mind that I wanted to be cut just like my Dad, and told him that I wanted to see our GP. Within one week I had my appointment. Only one problem though, my penis was fully functional and didn't need circumcising!

The only thing that I had tried that made any difference to the appearance of my knob was the addition of superglue, which gave it the look of having phimosis. This went down well with the GP who didn't suspect a thing and referred me on to the hospital urologist.

One month later I had an appointment to meet with him, and he was more than happy, even after examining me and putting up with my story about having a tight foreskin, to circumcise me. I remember him telling me all about the operation, that it would be a complete circumcision, and that I would be 'completely circumcised back.'

The waiting list was only one month and I could hardly believe that this charade had worked so well. My father thought it rather ironic that he had asked for me to be cut at birth because it was a bit of a family tradition, and that in the end I needed it anyway. When I went to the hospital I met two other blokes there who were to be circumcised the following day, just like me. Neither of them seemed to know much about what the operation involved and what was going to be removed. I got them straight on a few facts and then we shared experiences and stories. Both of them were older than me – in their twenties.

On the day of the op I quickly checked that the superglue I had applied that morning was still working. Then I awaited my turn to go under the surgeon's knife. On awakening I couldn't believe that it had actually been done until I was alone with the curtains drawn and I could see for myself what the surgeon had done. I was disappointed because, even though there was a lot of swelling, I was sure that the surgeon hadn't removed enough of my prepuce. Before

the op I had an overhang of foreskin of at least an inch, and the glans was ultra sensitive so much that when I had an erection I couldn't touch it with my hand as the sensation was too intense.

As the wound healed my worst fears were confirmed. During the flaccid state there was a lot of skin bunching behind the glans, and when I was particularly cold this would encroach markedly over the corona of the helmet and look as though I almost had my foreskin back again. I was resigned at the time to having it remain like that, besides which, during an erection it looked fine and improved my sexual enjoyment no end.

Two years later I met my present boyfriend who surprised me one day by saying that he was proud of my circumcised cock and wished that he had been cut as a baby. He was under the impression that, at 23, he couldn't do anything about it. I was pleased and surprised to hear him talk on the subject, and proceeded to tell him how it was possible to get his cock cut on the NHS if he was willing to do a little play acting and invest in a tube of superglue.

He eventually decided to give it a go, but wanted me to help because he didn't know exactly where to place all the glue. He fooled his GP no problem and was referred on to the surgeons. Unfortunately, at the surgical consultation, the doctor decided that my partner needed only his frenulum cut, an operation called a frenuloplasty, to relieve his problems of phimosis. It seemed that we hadn't spread the glue enough over his helmet, and it must have collected all around the frenulum, thus looking a less severe form of phimosis. We decided to go for the op in the mind that we could always try again and say that the original op was unsuccessful. This wasn't necessary however.

Doug, my partner, on the day of the op spoke to the surgeon personally and asked him the difference between a full circumcision and a frenuloplasty. The doctor said that it didn't take much longer to do but took longer to heal afterwards. Doug told him that he wouldn't like to come back to have a full circumcision done a second time if this op failed. He also said that he'd prefer a full circumcision to start off with, so that he could guarantee the surgery would be successful.

After consulting the senior surgeon a full circumcision was agreed and done. When I met him at his parents' house that evening I was still under the impression that he had had a frenuloplasty and didn't know until he showed me his newly cut and exposed knob end that he had been fully cut back. The skin that remained on the shaft was nice and tight. The scarline was 1 inch from the lip of the helmet, and his helmet bulged about 4mm away from the shaft on all sides. It was a fine sight. He was very happy with the result and soon fully healed in 3 weeks.

Now, 4 years after this, Doug and I were still together and kept going on about how much loose skin was present on my erect and flaccid cock (I could still move some of the shaft skin over the corona when erect). I had just discovered *Acorn* and how other people had had revisions done on their cocks to

improve the appearance. This discovery really excited me and I quickly got the names and addresses of several recommended doctors who were sympathetic to patients having revised circumcisions purely on cosmetic/psychological grounds. I excitedly phoned up my final choice and had a frank discussion over the phone as to the cost and what exactly I wanted done. Then I made an appointment for two weeks later.

Doug drove me there and I wore a jockstrap and tracksuit bottoms so that I had support but not too much pressure. When I rang the doorbell the doctor quickly answered and asked us both in. I was expecting that Doug would have to wait in the car but the doctor invited him into the study/operating room with me. He asked me whether I wished Doug to stay and I said yes.

He quickly got me to lie down on his couch and take off my trousers and jockstrap, and then asked me why I had been circumcised and when. He asked Doug whether he wanted to be cut too and was genuinely interested when he said he'd already been done. The doctor remarked as to the amount of spare skin that was bunched behind my helmet and asked if I wanted this removed so that it was 'nice and tight'. This was exactly what I wanted. He then asked if I wanted the scar near the helmet or halfway down the shaft. I knew exactly what I wanted and requested it to be up near the glans.

I watched the whole op because it was done under local. At one point Doug actually came over and assisted the Doctor because the stitching took such a long time. The Doctor pointed out that this scar should be much neater than the previous one because of the number of stitches that he had put in place. Soon my cock was bandaged up and in my jockstrap. I quickly went to the loo and came back into the room to see the Doctor inspecting what kind of job Doug had done 4 years previously. The Doctor said that it was very neat and tidy for an NHS job. I was very satisfied with the operation, the Doctor telling me exactly what he was doing at every stage. As we left he asked me to come back in 6 weeks time "when you'll be able to show off your new cock", he said.

The swelling soon decreased and I was pleasantly surprised how the new cut had produced the 'tight as a drum' look that I had always desired. Even when flaccid the helmet was totally exposed and not even the smallest flap remained to cover the glans. Wanking is now very intense as there is now only a very small area near the tip of my cock that is really sensitive. Also, the helmet seems to have increased in size, the corona become more flared and prominent. This also happened to Doug's cock. I'm very pleased with the result and would recommend a revision operation to anyone who considers it.

*Anon*

## Diverse Thoughts

I intend this to be my last letter for the foreseeable future since by now you have a backlog of several, and there's little point in writing yet more. Not a whiff of complaint, mark you. I've said before that I've had a pretty fair crack of the whip in your columns and all the new blood needs to be given a chance. I only hope that the next time a 'saga' comes wafting in on the breeze that you'll suppress it in favour of whatever backlog of letters you have, including mine. Incidentally, the only sagas so far have mostly been tedious epics terminating inevitably in the sublime state of circumcision. If you should ever succumb to the temptation again, how about one lauding the benefits of foreskin retention? Of course it will not enjoy the tense wind-up to the finale of the flashing scalpel with subsequent catharsis all round and sighs of relief – "Got rid of the fucking thing at last!" Strange what turns people on though!

On this subject, David, you must have developed an eye for the genuine letter and those that are not. For example, although I really enjoy reading the letters from the ladies, and applaud their general objectivity – and tendency to treat the cock as a joke rather than the crown jewels, I can't help feeling that one or two in the past may have stemmed from the same pen – probably male. Certainly the last two in 7 and 8/94 (Amanda and Jill) gave me pause for thought. The language used by one ("hard cock inside my hole...") is not really what you'd expect even from a tough old taggy up Kings Cross – more like a contribution by a *Forum* pud-puller. The other one, smacking her lips at getting spattered with blood as she slices through her boyfriend's penile parts is so reminiscent! Anyway, it's still so much more entertaining than the anthropological stuff which I don't think was even mentioned as a preference in your questionnaire.

I've already told you how pleased I was to find 'Anon' in 6/94 having a go at me, and noted how pleased he said he was at being circumcised. Hello, I thought, we've got a bit of a tiger here. So what a let-down to find in 7/94 that, instead of swaggering up to a girl and proudly confronting her with his splendidly de-frocked ding-dong with the words, "How about that one then?", he is diffidently and defensively imploring her not to be rude about it! But as Rabbi Lionel Blue told me on a recent visit to Bedford, "Don't take it too heavy, my friend".

I must say I was surprised and delighted to see that *The Daily Telegraph* has at last deigned to mention our subject. I had virtually written it off as too stuffy, unlike *The Independent* with its gallant lady foreskin defenders, *The Guardian* as ever with its penchant for the minority view, and the noble example of *The Times* which, after the war, supported Gairdner's campaign against pernicious and unnecessary surgery, culminating in its scoop in reporting Princess Diana's courageous stand against the Palace circumcisers. You have to admit, David, that the campaign against circumcision is rising to a crescendo – from all quarters. What about asking if any of our readers



have actually changed their minds over the last year or two as a result of what they've read in *Acorn* or anywhere else?

I was happy to see that a few more disgruntled 'circumcisees' (boom boom!) have decided to come out of the woodwork, and that I'm no longer a lone voice crying in the wilderness. I can't wait to see what Norm-UK turns out to be.

So, as we launch ourselves into 1995 with a cry of "Earwiggo, earwiggo, earwiggo", I wish you and your ladyfriend all the best in the coming year. Happy New Year to All.

*R.B.W. – Bedford*

## Water Jet Surgery

I thought members might be interested in the following item which appeared in *The New Scientist*, 23/7/94. The circumcision application, as an alternative to laser surgery, is obvious. According to *Tomorrow's World*, the technique dramatically reduces blood loss as blood vessels can be exposed, to be cut and sutured. (They showed a liver operation.)

'A cutting device that uses high pressure liquid could soon be replacing the surgeon's traditional stainless-steel scalpel, following the successful testing of a prototype in Germany.

A German engineer has designed the system, which uses a pump to force sterile water-based cutting liquid through tiny nozzles at pressures up to 150 bar. The resulting water jets were found to slice through animal livers, kidneys and hearts causing minimal damage to blood vessels and nerves.

It may be possible to couple the water jet to surgical lasers, which are being used increasingly for a wide range of surgical techniques ranging from cataract removal to hernia operations. But the optical fibre that brings the laser beam to the tissue to be cut off overheats and must be replaced. The German engineers want to replace the last few millimetres of the optical fibre with a low pressure water jet, thus reducing the heating of the tissue.'

## Boxer Shorts

My nephew, aged 30 and cut at 5 months due to a tight foreskin (according to the clinic nurse), asked his Missus to sew up the flies in his boxers. His cock kept poking through and rubbing against the zip of his jeans, which he found very uncomfortable. Incidentally his own son is still intact – whenever the subject has arisen (twice in my presence) my nephew kept very quiet. I take it therefore as read that he does not agree, but I would love to discuss it with him though! My sister is very pro, as was my nephew's father (her first hubbie). He wasn't cut though.

## Masturbation

I have always applied friction directly to the knob, even when a cavalier. I always found moving skin over the knob, or up and down the shaft, a real turn off and I lose the erection. It was one of the principal reasons I wanted to be circumcised – I still want a ‘drumskin tight’ cut so partners must stimulate the knob.

I personally do not find much additional stimulation from baby oil. Two Jewish friends **adore** it, and I love applying it! Incidentally, they are both very tender after coming, as is a Muslim friend. I must confess to enjoying continuing stimulation after they have come – they leap and yell (as I do when the roles are reversed), but I carry on regardless, telling them to complain to their mohel/sunnarsi, not me!! (I think it must be the fact that they have nothing to protect the glans, despite what I do, that I find a turn on. Perhaps Ray Hamble would like to comment.)

*J.T. – Westcliff*

## From Birth Forward

**H**ad my mother not been so frugal, I suspect that I would have been circumcised at birth (early 30's) as our family doctor probably favoured it. I was seven years old when my brother was born and remember being called in while the doctor was visiting. He made me drop my shorts and then retracted my foreskin. I don't remember my reaction at the time, nor his remarks to my mother, but it did, I think, trigger my interest in cocks! Certainly as a result three or four of us local boys inspected each other's cocks. My first encounter with a circumcised cock, which we all inspected closely, was some time during the war when some evacuees joined us. We used to play naked in the local brook.

At boarding school, I reckon that my peer group was divided roughly 50-50. By the age of thirteen, when we had medical checks, my foreskin was quite loose, and I enjoyed rolling it back in the bath and washing it well.

Some twenty years ago when I was working in the tropical heat of Nigeria, I used to get very sweaty and sometimes a little sore around the genitals. I found that keeping the area shaved prevented this. Also at that time I conditioned my foreskin to remain retracted at all times, since when, I think the glans rim has enlarged, making it less easy to draw the foreskin forward, which suits me as I prefer the glans uncovered.

I have occasionally thought of having some of the excess skin removed to make for a smoother shaft, but don't really consider the cost justifiable.

Since contracting malaria in 1990, I have also developed diabetes, needing injections twice daily. This seems to have reduced my sexual capabilities, which is more worrying than the form of my penis!

As my parents were both from large families, I have a plethora of cousins worldwide. Of the ones I know about,  $\frac{1}{3}$  are circumcised.

G.C. – Staffs

## Books

In reply to the enquiry by G. – Birmingham in Issue 7/94:-

*The Joy of Uncircumcising* by Jim Bigelow is available from UNCIRC, PO Box 52138, Pacific Grove, CA 93950 at \$16.95 plus postage and packing. This is going to be more than the \$2 quoted for U.S. rate but unfortunately I cannot remember how much they charged me some two years ago.

Two more books in the same vein:-

*Decircumcision* by Gary Griffin, available from Second Skin, 1335 Kentucky Street, Dept. 5, New Orleans, LA 70117 at \$14.95

*Say No To Circumcision* by Thomas Ritter, available from NOCIRC, PO Box 2512, San Anselmo, CA 94979 at \$10.95 plus P & P.

This organisation also produces a good deal of anti-circumcision literature and information.

Anon

## What a Business!

Submitted by an *Acorn* member, taken from *Bedside Manna*, by Rabbi Lionel Blue.

A lady passes a shop with clocks in the window. She goes in and says to the old man behind the counter, "I'd like to buy a watch. What do you recommend?"

"I know nothing about watches," he says, "I am not a watchmaker."

"Then what are you?" she asks tartly.

"I am a Jewish ritual circumciser", he says.

"Then why do you have all those watches and clocks in the window", says the lady indignantly.

"Madam", he replies wearily, "What should I put in the window?"

## Words

Anthony betrays he's had a good classical education in 'Words' 8/94. He and others may be interested to know that I mischievously coined the word 'circumcisee' as a derivative to 'amputee'. Would you admit it describes, more precisely, the same thing? In my account 'Anxieties' 3/94, I mentioned that the word 'circumcised' didn't enter my vocabulary until early teens. It was explained in a scripture lesson by a red-faced male teacher responding to the provocative questioning of one of the girls in our class. Prior to that, from primary school days, my condition, and those likewise, had been described and accepted as 'cut'. Until I began reading *Forum*, and then *Acorn*, I didn't realise that this simple crisp word had such specific common parlance amongst the initiated. Those so conscious of it, like me, have many a smile when we open newspapers and see headlines like 'Gas showroom staff to be cut'. (Bet that didn't include the Chairman!)

I enjoy the double entendre of words and malapropisms, and there must be many still to come in the *Acorn* sphere of interest. That word alone is such a perfect title for our Society. How I wish that I'd thought of it! But perhaps I should now own up and say it was me who chose the typeface and made a naughty addition to the letter 'A' for our magazine masthead. I'll hitherto sign my contributions G.D. for 'graphic designer'.

G.D. – Yorks

## Acorn Gathering and AGM

An *Acorn* gathering will be held in Croydon, South London over the weekend of 1st/2nd April and will incorporate the AGM on the Saturday afternoon.

If you are interested in staying overnight on the Friday and/or Saturday the price will be £33-50 per person per night sharing a twin room. This includes Evening Meal and Breakfast (Single room prices on request.) £10 per night deposit (payable to Croydon Park Hotel) will be required with bookings. Please contact Brian, by phone or via *Acorn*, as soon as possible to ensure that the hotel has enough room for us.

Note that it is not essential to stay overnight in order to attend the AGM, formal details of which will be in the next issue.

## Subscriptions

Those who haven't yet renewed their subscription will, never the less, have received this first edition of the year. I would ask that the renewals come in quickish so that we can set a budget out before the AGM. Many thanks in advance.

David.

# ACORN

Issue  
Nº 2 1995  
Editor  
David Acorn

## Editorial

In with this issue are the AGM agenda and voting forms, all of which are self explanatory. All I'd like to say is that in it all, confidentiality still abounds.

Through the good offices of Brian in California I have been introduced to an organisation called GNU, standing for Glans Naked and Unashamed. It is newly formed, the first issue of its quarterly newsletter went out in December, and has 39 members in 4 Continents, 80% of whom are circumcised. From what the Organiser tells me of their aspirations, they are a mirror image of ourselves, the Name belying the fact that it is 'For and about men whose foreskins, or lack thereof, are a source of fascination for them'.

He has a copy of one of our newsletters and is very impressed with it. In turn he sent me a copy of their first newsletter and asks if we could have a mutual reprint agreement, so that he could put some of our items in his newsletter and vice versa. In this way a lot of personal contacts might ensue, but I would like to know if there are any objections to this.

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Printed & Published in England by The Acorn Society.  
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## Correspondence

Please send all correspondence to:-

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P.O. BOX 113  
WESTON-SUPER-MARE  
AVON, BS23 2ED

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

To stay in America still, the first item today is from Brian in San Fransisco. Happy reading.

D.A.

## American Trend

You may have read or heard that the current trend in the U.S. now is not to circumcise newborn babies routinely. In fact the process is questioned in all areas now. Lots of magazine articles spell out pros and cons, radio and TV talk shows feature heated debates, by both men and women, on the advantages and disadvantages of the foreskin. It's today's hot topic. One sees addresses and phone numbers listed where one can get foreskin restoration information (probably at great expense).

The following is a cutting from *The San Jose Mercury News* by one of those chatty columnists.

"They were talking about circumcision on the car radio. I wasn't paying much mind. Circumcision is a decision that has come and gone in my life. For me and my sons, the foreskin follies were a foregone conclusion. It was ritual.

"But now, I understand, lots of 'experts' disdain the practice, be it for religion or health. There was one woman on the programme who was really upset. She said that circumcision was an attack on human rights; that it was an act of brutal disfigurement; that it had a psychological aftermath that led men to become violent. She said that for many circumcised men, way down deep in their psyche is a resentment toward what had been done to them, and then as adults they try to get even. I thought she was going overboard.

"But then, as one red light turned green, someone said something that really shocked me. 'Men who have been circumcised,' said this panellist, 'enjoy only a small percentage of the sexual pleasure of men who have not been circumcised.' I almost drove off the road. Now I was listening closely.

"One male caller said that he had been circumcised as a baby, but then had the foreskin replaced as an adult. 'And it was fantastic,' he said, speaking of his sexual awakening. 'All those years,' he said, 'I had never known what I was missing.'

"There were more calls similar to that. Testimonials to foreskin. 'Don't you see?' said another caller. 'That's where the nerve endings are.'

"The woman who had spoken of human rights – to nobody's particular interest – now was animated. She chortled that men everywhere were seeking to have their foreskins replaced. 'Parents should realise just how serious a deprivation circumcision is,' she was saying, glad to have everyone's ear. Well, she had mine. 'Men who have been circumcised have no idea what they've been missing!' I let that waft through my cerebrum.

“Could this be true? This is the sort of idea that can drive a man mad. How would you like to be told, for example, that your taste buds are defective? That you just don’t know what pizza tastes like because you lack a facility for spices? Well, unfortunately, there is no way of knowing. Sex certainly has seemed pleasurable in my life. I keep thinking: ‘seemed.’ But if these experts know their stuff, imagine what it must be like for non-circumcised men.

“Well, as I drove along, I decided to change the station. But my mind wandered. Most men, I mused, even if they have concerns about circumcision, are unlikely to hunt around for their old foreskins. And who wants somebody else’s? Still, I hated to think that life is full of champagne and caviar, and I’ve spent it all sipping Kool-Aid. It’s like when I tell a friend I had a wonderful time at Lake Tahoe, and he smiles and says, ‘Nice, but have you seen the Alps?’ It’s like when I show an old friend my best column and he just nods, then adds, ‘By the way, have you read my 12-volume series on the rise and fall of the Roman Empire?’ That’s show-off stuff.

“Maybe all those guys with foreskins are just showing off. Maybe it’s not nearly as great for them as they want us deprivées to feel.

“That’s what I believe. And I wish they’d shut up.”

*Brian Rogers – USA*

## **In Response to Penelope**

**M**ay I first thank you for your splendid letter in 1/95. It had all the good things many of us like to read: a woman’s view of our favourite topic, intrigue, experience, humour and a serious question at the end.

In respect of the latter, I do urge you and your husband to overturn your ‘final reluctant’ decision and follow your instincts to circumcise your baby son. In support of this advice I make the following points:

1. The great majority of us who had our cocks cut without our consent are grateful to our parents for doing it, and wish to pass the perceived benefits on to our sons. Your husband is clearly one of us and well satisfied with his own circumcision or he wouldn’t for a moment have been party to the first accord you reached.
2. You are better informed to make a judgement than most mothers in your position, having experienced seeing both sorts of penis during childhood and sexually testing them as an adult. Whilst you’ve recognised your cousin’s criticism of foreskins was overdone, your letter clearly indicates a preference for your husband’s circumcised willy. You should endorse this on your son.
3. Your mother’s mode of expression on the subject may now seem quaint, but the substance was sound. Circumcision is the mark of a gentleman because no gentleman would service a woman with his penis unclean. Of course,

most men with foreskins follow this code and, like your college boyfriend, are scrupulous about penile hygiene. The point is, that in their case, there is always room for doubt in a woman's mind, and as you discovered, even asking leads to outrage, hurt and embarrassment. When a lady is confronted by a circumcised penis she has absolute physical assurance of cleanliness there in her hand, and thereafter has no reason to mention it.

4. You and your husband's perception of the current anti-circumcision campaign in the media is quite correct. It is selective and greatly biased. Millions of men throughout the world have lost their foreskins so you are bound to get a few hard cases and dissenters. They are more than matched by those who regret having been left uncircumcised, and especially by those who've had problems as a result. Our own *Acorn* survey and letter content over the years will bear this out. Remember that this male operation has been practised for thousands of years, independently, in many cultures, ancient and modern, around the world. It wouldn't have endured if both men and women hadn't found its results prophylactically and sexually beneficial. At the moment our society is on a down cycle of circumcision fashion and, like many other time-honoured traditions, is due to be 're-discovered' in a decade or two. It is strange now, when the whole slant of medicine is on preventative action and healthy lifestyle, that circumcision is an exception in not taking its rightful place and gaining acceptance in that cause.

5. There is an emotional dimension shared by pro-circumcisionists which is hard to explain to those who are anti. I was pleased to be circumcised like my father, and wanted my sons to be circumcised like me. Wives and partners often pick up this feeling and are very supportive of their men in this matter. My wife is, and I suspect you are too. Over twenty years ago we were in exactly the same position as you and your husband. We wanted our boys cut, but were defeated several times by prevailing medical opinion. I've always regretted we didn't go privately and have our wish for them carried out. From this disappointing experience I recommend you go right ahead now. Don't be fobbed off with 'wait and see' and alternative remedies if trouble should arise. The time is now. His foreskin should be back behind his glans before he ever knows it once covered it! Later on, it's harder to find a co-operative practitioner, and it's more expensive, more painful, and more embarrassing to have it done. You will have great satisfaction seeing your son grow up neatly circumcised, clean and trouble free, and knowing he is going to delight some future sexual partner(s) all the better for it. Who knows, it may well be a sought-after novelty then.

G.D.



Article from *The Independent* [Several members have sent in this one, and here it forms part of a letter. – D.A.]

### Why Boys Are The Cry Babies

Baby boys are well known for crying more when they are vaccinated than baby girls. And now doctors from Canada believe they know why.

They say that boys who have been circumcised have their pain response enhanced – an effect that can last for several months after the procedure has been carried out. That means pain relief should be given to the babies before circumcision to save them from pain later.

Curious as to why boys appear to experience more pain, Doctor Gideon Koren of the Hospital for Sick Children, Ontario, set up an experiment to measure the distress caused by the needle. The boys, aged 4-6 months, were having routine diphtheria-whooping cough-tetanus injections. Some were also given an injection for meningitis. Half the babies had a local anaesthetic cream rubbed on their thighs half an hour before the injections. All their responses were recorded on video and assessed by an impartial observer.

Dr Koren says in *The Lancet* that the circumcised boys, who made up 71% of the total, overall had more pain. 'Male circumcision is the most common neonatal surgical procedure. It causes intense pain and measurable changes in behaviour that last up to a day. We found that circumcision was associated with increased infant pain response. Circumcised boys had significantly longer crying bouts and higher pain scores.'

Pain was measured by evaluation of the expression on the baby's face, his movements and his crying. Dr Koren says that although his observations are speculative, given the small number of babies in the test, pain relief should be given routinely to those to be circumcised.

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This report appeared in *The Independent* of February 3rd. and touched on a subject which seems not to have been talked about very much since I became a member. (Admittedly, I have been a member for only a year and a quarter.)

Circumcision experiences in *Acorn* and the letters I have received on the subject mentioned only a slight discomfort for a few weeks after a circumcision as being the normal experience. Why should babies suffer pain and adults not? Individuals differ in their pain thresholds, of course, and I suppose different penises have different quantities of nerves and blood vessels. Other operations involving cutting flesh are assumed to be painful. Why should circumcision not be? Is it to do with the psychology and/or upbringing of men?

Because I had heard so frequently about 'a few weeks discomfort at most', nothing had prepared me for the agony I had to endure after my re-circumcision 7 months ago. I suffered the most extreme constant pain for 3 months, unable even to touch my penis without feeling I was going to faint or vomit, severe pain for another 3 months and now, 7 months later, I still suffer when not actually having an orgasm. My cock has ceased to be a source of pleasure.

Did I have a particularly sensitive penis? It doesn't seem likely. Did other *Acorn* members who felt only a little discomfort after their operations have non-sensitive foreskins? It seems improbable. Do men who have frequent sex or who masturbate frequently suffer more or less on being circumcised? I don't imagine anyone has done any research on the subject. It seems that circumcision is a very hit and miss affair. Very little medical/scientific study seems to have been done on the subject, and we seem to know very little. For example, what happens to the nerves and blood vessel endings when the flesh of the foreskin and penis are cut away? Are they damaged beyond repair; do they regenerate in some way? I had a very thick vein running down the front of my erect penis. It has now gone. What has happened? In addition, I have lost  $\frac{3}{4}$ " from the length of my penis. No one can explain this. No one even hinted that this might be a possibility.

I have been told that, before I became a member, there was some discussion about how much skin should ideally be cut away, but this subject hasn't cropped up since I have been a member. (Is it possible that the pain I suffered is associated with the amount of flesh removed?)

As might be imagined, my very sobering experience has turned me from a pro-circumcision man into a convinced anti-circumcision man.

Now for a slightly different, but connected, subject. When re-reading letters sent to me more carefully, it struck me that many *Acorn* members like cut cocks very much, and the more extreme the cut the better. Some letters were less than objective. I had many letters from the 'tight as a drum school'. (Stupidly, I fell for it). In these letters, the excitement engendered by the idea of severely cut cocks was often cloaked in authoritative or semi-medical language. On reflection, it is impossible to be 'tight as a drum' when both soft and erect – unless one's cock remains the same size in both states (possible but unusual). This is the kind of fantasy, parading as fact, which can be dangerous. Likewise, cutting frenulums with scissors (7/94) must surely involve a certain risk. (This article appeared without an editorial caution of any kind).

I have considerable sympathy for the point of view of R.B.W. (1/95), when he says that some articles read like straightforward male fantasy (I was going to say pornography), rather than factual events. I enjoy erotic fantasy a great deal, and I imagine most *Acorn* readers do too, but I do think that in a responsible magazine such as *Acorn* is trying to be, there should be a clear distinction between fantasy and scientific or medically accurate articles. Circumcision is a very interesting subject, because it is the meeting place for a number of

interests, religion, sexual fantasy, the opportunity for hetero and homosexual men to discuss a semi-taboo part of their body, hygiene, aesthetics of the male body, etc, etc, but because there are these superimposed layers, I think it is important to acknowledge the strength of suppressed sexual fantasy when we talk about our subject.

I would be interested to hear what other members think about the points I have raised. I would also, in view of my new shortened state, be interested to learn anything about cock lengthening operations.

*William*

[I am not medically qualified to state whether anything done to one's body is dangerous or not. We have from time to time stated that we cannot take any responsibility for anything said or done by members: and I reiterate here.

On the question of sorting fact from fantasy, if I'm not told an item is fantasy, who am I to be the judge and jury. Your letter has really touched me, but who is to say that another member might read it and not say to himself that here is a bloke who gets his rocks off with a pain and mutilation fantasy? At the moment, the only published known non-factual item is 'The Clinic' — D.A.]

## Better Late Than Never

Born in the 1940's, when it was fashionable to have baby boys circumcised, I was duly 'done' when a few days old, so I believe. I have *never* regretted it since. The cut was almost perfectly made to the small penis and obviously with no lasting memories of pain or other discomfort, resulting in a good-looking cock which I am proud to possess for the rest of my life!

I was to grow up in a North London suburb, going first to a primary school and then on to a mixed secondary school with other boys, many of whom had also been cut at just after birth. Little boys are always inquisitive and fascinated to compare attributes and I was (and still am for that matter) no exception. I formed some general schoolboy observations, such as how pleased I was with what I had – a large knob uncluttered by the folds of skin I saw on the shafts of the majority of my school friends – only some 30% of them seemed to be like me. Also I noticed that, as a general rule, taller boys *and* shorter boys than me both generally had smaller penises (particularly in girth) than those of us who were, like me, of average height.

As a young teenager, my sex organs had matured to adult size and I masturbated a great deal, deriving hours of mental and physical bliss from wanking, often many times a day (perhaps yesteryear's equivalent of today's feeling of euphoria experienced by teenagers in drugtaking, but with no addiction or side effects!)

When I wanked, it was not long before I became aware of a small tag of skin that, when my penis was erect, stretched from the rim of the glans to the top of the shaft. It was only about 4mm wide and, fortunately, was exactly in the centre on the top side, but caused my knob to be pulled at this point. I found I could even pass a needle and thread through a small hole underneath the tag of skin, which was quite fun, and I frequently wondered whether to tug extra hard to break the tag, but I thought the pain would be too much. No real problem when masturbating – all worked extremely well but, then in my late teens, I wondered if the tag would cause problems if I had sex.

I consulted my GP, who took a look at my cock. He forced me to erect it in his presence (by placing his fingers under my balls and pressing hard). From what he saw he concluded that no problems with intercourse would be caused, but suggested that, if I had surgery at any time in the future for anything else, I should request that the tag should be snipped.

Later I went on to father three sons with absolutely no difficulty at all, but in 1982, following the birth of our third son, I was told by a doctor that there would be roughly an 80% chance of me fathering yet another son if we were to have more children. 'Enough is enough', I thought, and immediately requested a vasectomy, which was granted and organised as one of four to take place during a lunch time at the National Women's Hospital in London (the only operation carried out on men there) a week or so later.

With some trepidation (you don't like to risk upsetting a surgeon who is just about to attack your balls!) I asked if they would be prepared to remove the post-circumcision tag from my shaft at the same time. To my astonishment they agreed. The vasectomy took place under local anaesthetic which, as I'm not squeamish, allowed me to sit up a bit and watch. It was a strange feeling seeing some of the tubes attached to your most manly parts being tied off (by a woman) but, viewed in a detached way, quite exhilarating at the same time. Then, quick as a flash, out came the surgeon's snips, and the 39 year old tag was no more.

After a couple of weeks, when the bruising from the vasectomy had subsided, it was time to do some experiments. And yes, the erection was now perfect and the site of the tag was hardly noticeable, the big knob now perfectly shaped – and I had a bonus: even more erotic nerve endings, hitherto covered up, exposed to give me more pleasure still! As some of you who come to the Croydon meeting in early April may be able to see, I am lucky enough to possess an organ which has very little scarring (the result of having been circumcised as an infant) and now, thanks to the tag removal, complete in every way.

I am a keen club and beach (and anywhere else that it's legal) Naturist, so I have, for over ten years now, been able to present a perfectly formed circumcised penis which I am not reluctant to have seen on such occasions, and to advance my feeling of 'openness' I decided after the operation to remain in the shaved state they had given me, *indefinitely*. So I am still one of the ever

growing number of *smoothies* amongst naturists who enjoy the advantages of depilation. (If any readers of *Acorn* are interested in Smooth Naturism or in *The Smoothie Club* – a UK based international club of some 200 member units – I should be only too happy to hear from you via the Editor.)

### Postscript

It is so sad that the medical profession has deemed circumcision an ‘unnecessary operation’ to put a baby boy through, and thus my three sons (and eventually their partners) will not be able to benefit from the cleanliness and elegant good looks of a splendid roundhead.

*J.H. – Middx*

## Sensitivity

Are there any readers who are in their late forties or early fifties, and who have been circumcised from childhood, experiencing a considerable lessening of the sensitivity of the knob during masturbation or when having sex, compared with, say, ten years ago? I have asked my doctor about this and he says it is ‘all in the mind’. I remain unconvinced, and continue to feel less sensation when rubbing. Is it because I have wanked my unprotected (ie. no foreskin) penis for all these years, or does it happen as we all get older anyway? There is one bonus: because of the sensitivity being less, it takes longer to climax, but when the climax is reached, I find it is far ‘higher’ than before, and spurting more powerful (the yield remains as much as before). We would be interested in your related views and experiences.

*J.H. – Middx*

## The Favourite Pastime

I am a new member of *Acorn*, so please forgive me if my letter oversteps the bounds set by the Society. I write regarding masturbation, something that I get a great deal of pleasure from. I have a fairly loose foreskin and usually rub that backwards and forwards over my glans, although sometimes I keep it pulled back and wank on a lubricated shaft à la roundhead.

I much prefer the use of the foreskin, which leaves me asking, ‘Do cavaliers masturbate more than roundheads? And how often?’ I average between 50 to 70 times a year.

If any members would like to contact me direct I’d love to hear from them, via *Acorn*.

*S.F. - Milton Keynes*

## Taking Care of Willy

I suspect that members join *The Acorn Society* for many and varied reasons not entirely associated with a detached, altruistic, scientific interest in the male genitalia and, especially in circumcision or the lack of it. In spite of all manner of protestations of innocence I guess that most of us belong because, one way or another, we are sexually turned on by talk and thought about willies, balls and all the paraphernalia that goes with them. There are not, to my knowledge, similar fan clubs for those intrigued by, say, thumbs or ear lobes or the length of our eyelashes.

Asked to justify my membership publicly, I could claim professional interest as a doctor and the need to keep abreast of society's social and moral attitudes to matters on the sexual agenda. However, if the truth be known, I'm addicted to my cock and, because I'm an obsessively sexual gay man, other guy's cocks as well, along with what they do with them.

You may well say, 'Speak for yourself'. Nevertheless, I imagine that I also speak for many other members in the supposition that, either heterosexually, homosexually or solosexually, we use, and possibly in the process 'abuse', our dicks rather more excessively than a high percentage of 'ordinary' guys in the community. (Please don't pick me up on the political correctness of the use of the word 'ordinary').

Many is the time when I've emerged from a sex session with my willy red, raw and ever so sore, having earned its keep the 'hard' way. What's to be done in such circumstances and, more to the point, what steps ought we to take to keep our dangly bits in good condition to minimise this 'trauma potential' (to coin a bit of highfalutin jargon)?

I'm old-fashioned by nature and, when the heat's on, my lifelong standby has been good old pink Germoline, regardless of its mentholic or eucalyptus smell – after all, the colour is right! A little smeared thinly onto a piece of lint, which is then wrapped around the offending plonker and held in situ by wearing a pair of snug fitting briefs overnight, usually sees me right and ready for getting married (again) in the morning. I guess any simple antiseptic cream, like Savlon, would do just as well, but I think we should pay more attention than we are often inclined to do to friction abrasions of this kind. There are too many nasty infections capable of getting into the system through minor breaks in the skin, and it's important to clear up any blemishes as quickly as possible.

Of course, the risk of getting such problems can be minimised in the first place if sensible precautions are taken beforehand. We don't all produce sufficient pre-cum 'love juice' to lubricate our willies as thoroughly as we might, and not all other orifices necessarily make up the shortfall when we take an exploratory trip inside. So extra preliminary lubrication is often a great help, especially if you plan to take your time over the foreplay and the bang.

Remember that pre-cum, spit and even KY tend to evaporate quickly, and the resulting tackiness can actually increase the risk of friction damage during 'non-penetrative erotic genital stimulation' (the posh phrase for wanking!). In such circumstances, an oily lubricant – eg: baby oil, vaseline or even butter – has its merits, but remember that such products will destroy the latex from which condoms are made. So if you intend to don a rubber mack as the moment of pica approaches, then you must stick to a water-based lube like KY.

By the way, the Health Promotion Department of the Huntingdon Health Authority in Cambridgeshire has produced a helpful leaflet recommending 'gel charging' of condoms before use either during masturbation or intercourse. It suggests that a teaspoonful of a water-based lubricant gel (eg KY) squirted into the teat and flared end of a contoured condom can not only make intercourse 'more pleasing than not wearing a condom' at all, but also that it is 'fantastic' for solo and mutual masturbation. There is no doubt that a condom used in this way affords a good barrier protection against friction burns.

The ultimate in looking after Willy must be the on-going regular attention which you should pay to 'him' every day. After all, any good workman always looks after his tools. You know what happens to a housewife's hands when she has them in and out of water every day. They become soggy and the skin loses its elasticity and strength. That's why they resort to regular massage with emollient creams or lotions like Nivea, Attriba or liquid lanoline, and your dick deserves the same treatment. Each morning or each evening – or both if you enjoy it sufficiently – you should gently massage some cream into the shaft and glans. Pay special attention to the scar area behind the glans if you've been circumcised and to the opening at the tip of your foreskin if it's a bit on the tight side or inclined to split. 'How much cream?', do I hear you ask? Well, I guess the size of the job depends upon the size of the knob, if you get my drift, but truly only a little is necessary, and it should be massaged well in.

From time to time the skin may need to be toughened or hardened a little. The glans of roundheads is particularly vulnerable. This is when a daily application of a little surgical spirit comes into its own. Only do be careful if you already have slight abrasions, because the smarting 'ouch' factor can be pretty high in such circumstances.

So there you have it. A little caring forethought for your foreskin and preparation for your prick will certainly pay dividends when duty calls. Ahhhhh... Bless your little sodden cocks.

*Ray Hamble*

## Yes and No

After a rather dreary patch, I feel the newsletter is getting better again. You got a bit clinical with lurid descriptions of the operation of circumcision. If there is anything which puts me off circumcision it is the pain that I may be inflicting on my son in the early days of his life. My wife's views on the subject are interesting as she has been married several times and has had children on both sides of the Atlantic. She cannot believe that the medical profession cannot make up its mind whether it is a good thing to cut or not to cut, and then to stick with it and avoid all the harmful penis envy that results from being different.

She is English and born into a middle class family in the late 40's. Given her background, her brothers were all circumcised, as were most of her early boyfriends. Her first husband was, surprisingly, uncut, which she found rather novel and quite a thrill. Her first son was delivered in a private hospital in the mid 60's, and she had a genuine dilemma as to whether to have him done. Her first husband had always rather regretted his foreskinned state – most of his peer group had been circumcised – so encouraged her to have him done. Because of a change of circumstance the second son was born in a National Health hospital in the early 70's and circumcision was not available. In fact she was told that it was out of fashion, and although her firstborn was done, no-one was being circumcised nowadays – that was a barbaric hangover from the past.

She then divorced and married an American who, of course, was circumcised. She had a son in America in the mid 70's and almost without her being asked, he was circumcised in hospital with a substantial additional medical fee. By 1980, when her next son was born, circumcision in USA was 'optional'. In fact, the 'avant garde' were moving against it. At that stage it was 2:1, so she was happy to leave him intact to make it 2:2.

Now she is back in England, married to me, and we are considering, rather belatedly, having children of our own. I am circumcised and, on balance, she prefers the circumcised cock. But she hates subjecting her little ones to pain and circumcision is still 'out' in this country. I gather however, that the Americans are rethinking their position and the pendulum seems to be swinging back in its favour again. I gather AIDS and STD's are less likely if circumcision has been performed.

The important thing however, seems to be not our own views, but what our peer group is doing. For a child, the most important thing is to be the same as everyone else. I know that, as a 52 year-old I am relieved at having been circumcised. If I was a 30 year-old now, I would be marginally upset at being in a minority. If I was a 20 year-old and circumcised, I would be angry at my parents for making me different.



On balance therefore, I suspect that we will leave our prospective son intact, because the balance of opinion appears to be against circumcision, despite both of our preferences. This would make my wife's score 3:2 in favour of the foreskin. Both my own sons (from my ex-wife) have foreskins, the NHS being continuously against it.

So – are we right? Will the pendulum swing again as it may be doing in USA. This is a much more interesting subject for *Acorn* than dorsal slits, Plastibell cuts, etc. I'd be interested if others had experienced the same dilemma.

*R.B. – London*

P.S. Let's have another poll of members. Age, education, whether children circumcised, wife's attitude etc.

## The Clinic

### 4. The Men In Her Life

(With thanks to the member who contributed much of the material for this episode.)

Julie had been 12 when her brother Clive had been born. Her mother had seen this as the perfect opportunity to introduce her and her 14 year old sister Anna to the practicalities of child care. They were closely involved in feeding, bathing, nappy changing and so on. When Clive was 6 weeks, a doctor and nurse visited the house by appointment and carried out a circumcision.

Julie and Anna had been intrigued by this and their mother had explained that their father was circumcised and that they wished Clive to be the same. She explained the hygienic and sexual advantages of circumcision, and was especially enthusiastic about the neat and tidy appearance of Clive's penis as the wound healed. They all thought it a great improvement after the long straggly foreskin which had previously adorned his penis. Her mother suggested to both girls that they should try to choose circumcised partners for their own health and satisfaction, and should ensure that any sons they might have were done to match. All this took place at a highly impressionable age, and the advice had been fixed in Julie's mind ever since.

Julie admitted to a strong sex drive and by sixteen she had been ready to lose her virginity. Her boyfriend had been very shy about the whole matter and had taken some seducing. He had insisted that their first lovemaking take place in the dark. When Julie at last saw him naked, she was delighted to find that he had been beautifully circumcised. She told him how pleased she was, and he confessed that he was embarrassed about his cut penis. She reassured him that there was absolutely no need – nothing could be better!

This first love affair had been very happy and most satisfactory in bed. It had lasted all through the sixth form but inevitably, after they had gone to different universities, they had drifted apart.

University had brought new men into her life, and with it her first experience of foreskins. She had several boyfriends. Each time at the critical moment when she saw or handled their penis for the first time, she hoped to find it circumcised. Each time she was disappointed. Were there no circumcised men left in the world? Her closer acquaintance with the foreskin did nothing to endear it to her. If anything, her latent prejudices were reinforced, and she looked back nostalgically to her first boyfriend and his beautifully crafted dick. Eventually she met, fell in love with, and ultimately, at the age of 22, married Mike. Her marriage was very happy but she had to confess that she still found his long wrinkly foreskin a turn off. What's more, he seemed over sensitive and didn't last long enough to satisfy her. If there was a cloud over her marriage, it was in bed. After a couple of years she had gently mentioned her concerns and asked how he would feel about having a circumcision. But he had clammed up and had refused to discuss it in any depth. It was alright for babies, he implied, but not for adult men. And that was it.

A year ago, she had become pregnant and had given birth to her baby son, John. She was determined that the new man in her life should be circumcised. She told Mike of her wish, but he had not been keen. She reminded him that he had said that circumcision was OK for babies. Eventually, after a lot of pressure, Mike had agreed to leave the final decision and arrangements to Julie. But having overcome one hurdle, she was confronted with three more; the hospital, health visitor and GP had all refused point blank to arrange for John to be circumcised. She had rung several other surgeries but none performed circumcisions either on the NHS or privately. She didn't really know where to turn next.

One evening, when John was already three months old, Julie and Mike had dinner with Sally and Alan Morgan. Julie and Sally had met at the antenatal clinic and had soon become firm friends. Sally had given birth to a son, Darren, about a month after John was born. Both babies slept peacefully through dinner, but as coffee was being served, Darren started to whimper. Sally went out and comforted him and was soon back.

"Is everything alright?" asked Julie solicitously.

"Yes, he's OK. he's got a sore willy because he was docked this morning."

"What do you mean?" asked Julie.

"We've just had him circumcised. He's a bit sorry for himself now, but I'm sure he'll thank us for it in the future."

The wine and brandy had made everyone a little less inhibited and there then followed a very frank and open discussion on circumcision. At least between three of them – Julie noticed that Mike stayed very quiet. Both the women

were enthusiastic about male circumcision and so was Alan. He recounted how he had had to be done as a teenager, and how much better everything – comfort, hygiene, sex, appearance – had been afterwards. This is why he had been so keen for Darren to be cut.

Walking home afterwards, Julie was wondering whether to raise the topic with Mike, when he suddenly said:

“You know, I think you’re right. Perhaps we ought to have John circumcised. Why don’t you get that doctor’s name from Sally?”

Julie smiled to herself, for already in her handbag was Dr Bishop’s address and telephone number safely written down.

And now Julie was sitting in Dr Bishop’s surgery, nursing John. The doctor had explained the procedure and she was just signing the consent form.

“Do you do adult circumcisions as well?” she asked.

“Yes, of course. Why – do you know someone who wishes to be circumcised?”

“My husband isn’t circumcised and I think he would benefit from it. Would you see him and try to persuade him?”

“Why do you think he would benefit?” the doctor queried.

Given this opening, Julie told her story. The doctor listened patiently and with some sympathy, and wondered how he could help her.

“And so,” she ended the saga, “that’s why I’d like you to persuade him to have the operation.”

“I’m afraid it’s not my job to persuade him. I shall be very happy to see him and discuss with him the pros and cons, how he might benefit, what the op would entail and so on. But in the end, the decision must be his. After all, it’s his foreskin, and he must be convinced that it’s for the best before he consents to have it removed. Why don’t you get him to bring John in for his check in two week’s time. Then I can have a chat with him, and see what his real worries are.”

Julie realised that this was as far as she was going to get; but she doubted that it would be enough to persuade Mike.

“Thanks,” she said, “I’ll get him to come in, and if you could be just a tiny bit persuasive, just for me, I would be eternally grateful.”

“We’ll see,” he responded. “And now if you would like to bring your baby over to the couch and take off his nappy, we can make sure that at least one of the men in your life is circumcised.”

*I.G. – London*

## Celebrity List

Here are two more names for the list, both British Actors:-

John Neville has a foreskin

Stephen Dillane is circumcised

*Anon*

## Contact Corner

I am considering having a complete removal of the frenulum and would like to hear from anyone who has had this done recently, especially regarding sensitivity.

*M.L. - Norwich*

## Croydon Meeting and AGM

We hope that as many members as possible will attend the AGM in Croydon on 1st April. This will be an ideal opportunity for you to have your say in how *The Acorn Society* develops during 1995.

To complement the AGM there will be a more general gathering of members on Saturday afternoon and Sunday morning (with a few coming Friday night!) If you have not already booked a place for the *Acorn* Gathering then please see the note Brian added with Issue 1/95. Bookings should now be sent to Brian as soon as possible to ensure enough space at the hotel.

Note that it is not necessary to stay for the general Gathering in order to attend the AGM, but it does provide a relaxed atmosphere in which to get to meet other members and discover the 'faces behind the initials' in the magazine.

*Vernon - London*

## As a woman I think...

*Acorn* thanks all females who have contributed to our eternal debate and invites more to do so. Yours is a different and valued viewpoint.

After all, it's the 'end user' who really matters.

# ACORN

Issue  
Nº 3 1995  
Editor  
David Acorn

## Editorial

The write-up of the meeting is being done by a member but isn't finished yet, so will be in the next issue. I would just like to say thank you to all who attended and installed me as Chairman of the Society. It is an honour. My only disappointment there was that the time went so quickly that I didn't get the opportunity to have a long chat with everyone, but 26 is a large number. I expect others felt the same. Next time I hope. But still, what a great turn-out!

*David.*

## Circumcised Stammerers

As a new member of the Society I am unaware of the full range of topics which have previously been discussed, so accept my apologies if I bring up something that may have already been done to death.

The article in Issue 2/95, 'Why Boys are Cry Babies', brought to mind another problem which one never seems to encounter now. In my younger days I was aware that a considerable number of people were afflicted with speech problems – some with quite bad stammers.

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Printed & Published in England by The Acorn Society  
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As far as I was able to observe at the time, they were all circumcised. Over a period of time I knew three stutterers quite well. One in my teens was a local boy of about the same age who was tightly cut and said he vaguely remembered being done at about the age of five. Later on a man in his late thirties, and very difficult of speech, told me much the same; that he had been done about the age of four, and he too was tightly cut. The third person was a younger man in his twenties from the Antipodes, not so badly affected speechwise, but displaying the other characteristics of tightly cut and at about the age of four.

Is it possible that, if circumcision is performed on a boy during the speech formative years, approximately between the ages of 2 and 5, the pain trauma could affect the boy's speech patterns? I would not expect either immediate neo-natal or later life performance of the operation to have any such effect. Members experiences and observations would be welcome either directly or in the magazine. Perhaps Dr Ray would like to comment!

G.C. – Stafford

## Wishing

There's nothing like a delivery of *Acorn* to stimulate the...pen, so here is a view and some comments from the other side of the fence.

I became aware of my circumcised (dorsal slit) state at about the age of 11 or 12. I was unable to join in some of the games that little boys played (seeing how many sixpences you could put into your foreskin, or seeing how large a bulb you could make when ballooning), and felt very different.

Also, a rather insensitive girlfriend when I was about 20, openly stated that she preferred a foreskinned penis. I have found that most women are just polite, but secretly prefer foreskins.

I have for years fantasised about having a long tight foreskin – I avidly search adult videos for them – and have tried almost everything to stretch my skin. I've tied weights to it, sticking plaster, and even superglue to try to re-create a foreskin. I contacted the Surgical Advisory Service in London, but all they wanted to do was cut off what I have got. I've asked my GP if he could do anything or refer me to someone (that took some nerve on my part). He told me not to bother so much about it.

I read in *Acorn* of men and women who want to inflict this 'minor operation' on their sons. **Why?** A woman can never begin to understand about a man and his bits. Why does a father wish to deprive his son as he has been deprived. He must know of the conflicts, and the grass always being greener, etc. Leave a boy to make up his own mind – if he wants to see if the grass is greener, he can, but not if he has already been cut. An uncircumcision is almost impossible.

If I could sue the GP who slipped a pair of scissors into the end of my penis, even if it was a parental whim, and in one quick snip cut so much away from me, I would take him for everything.

I am sure I'm not a voice in the wilderness. I am also sure that some doctors and surgeons who have been cut understand the dilemma. Is there no surgery or clinic that will re-constitute a foreskin, or re-sew a dorsal slit (a lateral cut and 6 sutures would do the job for me). I'm sure that if gender re-assignment clinics can make an artificial vagina, they can also make a foreskin. How about you, Dr. Ray – or do you know someone who would do it.

*D.C. – Wales*

P.S. Has anyone got any videos with suitable material – I'll trade!!

[Here's another member one must feel sorry for. The only help I can offer, D.C., is to ask you to ring NORM(UK) on (01279) 429771, and I hope you get your wish one day. – D.A.]

## Frenulum Removal

As a long-term supporter of the Society, I write as one of those who have been circumcised at their own wish as an adult. I can honestly say, having had sex both with and without the luxury (?) of a foreskin, that I have not had any misgivings about losing forever the 'cap to my acorn'. I accept without reservation that I could (and probably correctly) be accused of bias. I am not one, however, of those who think the operation should be mandatory – in fact I get the impression that most *Acorn* members feel that it should be the right of the individual to choose.

My preamble over, I now come to the point of this letter. At the time of my circumcision, much to my everlasting regret, I did not elect to have my frenulum removed, resulting in a tag of flesh beneath the neat circumcision that was given me. My decision at the time was based on :-

a) ignorance of what I would be left with (Oh, for *Acorn* then!), and

b) fears from vague stories that I'd heard, that removal of the frenulum would result in enormous loss of sensitivity, and possible problems with sexual performance.

Now, some twelve years later, I still have not come to terms with the proof that my frenulum still exists. I have approached several clinics and asked about frenulum removal, but have been put off by their replies; basically, 'No, there are too many nerves associated with it' etc. I still hanker after the removal of the frenulum, but I would be interested to hear from fellow members, either through the newsletter or directly, on their views and suggestions, ie, how many had their frenulums removed at the time of circumcision, and did they have

any regrets? And have any members had a frenectomy after a circumcision, with what results? Would they recommend or advise against me continuing in a search for a frenulum removal? If they do, I would be grateful for contacts, as, unlike some of our braver members, I do not relish (or intend) to carry out the act with my own hands. Nor do I get turned on at the thought of paying £500 for the loss of that bit of skin.

I will, of course, reply to any letter I receive.

*C.W. – Fife*

### **Mum from “Mum’s Dilemma”**

**T**hank you for printing my letter in *Acorn* last year. Since writing, more has emerged. First – my son, quite out of the blue, told me his close friend, with whom he was playing pissing games when his own problem arose, has his willy skin pushed back all the time. I gathered he was circumcised. As I have, through their close friendship, got to know his mother quite well, I told her our story, and she confirmed that she’d had her son done at a few days old. This was when they had been living in an ex-pat community whilst her husband had a contract in the Middle East. Apparently some of the men had encountered foreskin problems in the heat, and after one brave chap had had the chop and enthused, others had followed, extending the fashion to their male children too. Out there it was a routine matter at the hospital where her son had been delivered. She was now convinced that all boys should be done at birth, and was surprised at the opposition she encountered when she returned to this country to have her second son cut.

Following your own very good advice, David, I raised the matter of the lesser operation with our practitioner. She said she would be quite willing to refer my son for this procedure if that was my wish, but she remained personally in favour of full circumcision. She sees it as a permanent solution to a range of potential problems which a defective foreskin can cause, including those for any future sexual partners. She also disclosed that she is Jewish and therefore prejudiced in this matter, her own son having been done in her faith.

My husband has also told me that he had difficulty with his foreskin as a child and was at one time due to have it circumcised. Fortunately, he thinks it was forgotten when the trouble passed. I have noticed that his foreskin is a bit on the tight side and he doesn’t like me to push it back too far. This makes me wonder if the problem could be inherited by our son. My husband is used to delegating what he thinks are ‘small problems’ at work, and in his usual management style has delegated this domestic one to me. I actually think he is a bit embarrassed about the whole thing!



Reading *Acorn* and your contributors' comments has made me have a re-think on my own view of circumcision. I can now see some merit in the procedure and wish I'd had my son done when it was suggested at the time of the original incident. However, it seems best, because of the variety of the opinions given, to wait until he is between schools, and in the light of the timely item 'Informed Consent' in the same issue, provide him with all the information to make his own decision. For this purpose I am saving a file of our correspondence and other cuttings relevant to the matter. All this is some years away, but if *Acorn* is still around, I'll write and tell you the conclusion. Thanking you and all your readers.

*Mrs M.B. – Oxford*

## Operative Record

**B**il Brierley has sent me a copy of his operative record from a Californian hospital.

O'CONNOR HOSPITAL

Room Number:

OPT/SURG

Patient:

WILLIAM BRIERLEY

M.D.

ROBERT ANDONIAN

Date:

9-2-82

Surgeon: Robert Andonian

Assistant: —

Anesthesiologist: —

ANESTHESIA: Local – 18cc's of 1% Xylocaine injected circumferentially at the base of the penis, and on two occasions about thirty minutes apart, 9cc's each time.

PREOPERATIVE DIAGNOSIS: Redundant prepuce with frenular tattering.

POSTOPERATIVE DIAGNOSIS: Same as above.

OPERATION: Circumcision and frenuloplasty.

COMPLICATIONS: None

DRAINS: None

BLOOD LOSS: 20cc's

FINDINGS: The foreskin was redundant. There was marked vascularity explaining the need for a second anesthetic injection about 20 minutes into the procedure. The frenulum was broadly tethered, and repairing a transverse incision vertically.

PROCEDURE: In the dorsal supine position, the patient was prepped and draped for surgery. 1% Xylocaine anesthesia was injected circumferentially. Using a scalpel the outer surface of the redundant prepuce was circumferentially

incised. The skin was then pulled back and the inner surface was incised, and then the skin was incised. The frenulum was repaired by cutting transversally the broad tethering band and then repairing this with interrupted #4-0 chromics vertically. Hemorrhage was controlled with #3-0 chromic ties and bovid. The severed margins of prepuce were then reapproximated with interrupted #4-0 chromic sutures.

A vaseline gauze and then Coban dressing was applied, and explicit homecare instructions were given to the patient in the Operating Room. He was taken to recovery with an ice bag on his circumcision site for discharge from the Outpatient Clinic.

## How Come

On casting another eye over 6/94, a couple of points arise which could do with a mention. Firstly, I wouldn't dream of calling Brian a liar when he watched his nephews being circumcised "without a whimper" since I have never been privileged to witness such a scene. But it does require a suspension of imagination, if not belief, to accept that living flesh can be sliced from his nephews without pain. Can any amount of technique, short of anaesthetic, achieve such a miracle? If so, I should think it's very much the exception rather than the rule.

Secondly, Brian's account, read in the context of his family relationship, clearly indicates his membership of the Jewish persuasion. So how come he himself has "been in both states" (ie. cavalier and roundhead)? To their credit, Jews don't go grubbing after converts, and marriage to a Jew would more likely result in her exclusion rather than his acceptance I should have thought. Just thought I'd mention it.

R.B.W.

## Thoughts on 2/95

Unfortunately I did not have the time nor opportunity to attend the AGM. This was a pity, as my project would have made significant progress; although, to be fair, it would have put members on the spot who would, perhaps, have felt somewhat pressured to reveal all unannounced and at 'short' notice. [This was done at the meeting by another photographer and most were happy to take part and possibly go down in posterity. – D.A.] Nevertheless, I fully (eventually) intend putting these photographs together and feel that the publishers of *Femalia* (a truly enthralling 'life-size' photostudy of female genitalia) in San Francisco – 'Down There Press' – may be sufficiently interested. Incidentally, also available through them and via the famous 'Good

Vibrations' store in the city with the Golden Gate, is *Men Loving Themselves* by Jack Morin, Ph.D., a photostudy of male masturbation, and the female equivalent, *I Am My Lover* by Joanni Blank. Although many would consider such photography to be of gay interest, this is not so, and is of equal value to females and anyone who has a natural fascination for, as a male, one's own sexual organs, and females so that they can more fully appreciate the variety of male genitalia.

Browsing through some Italian erotica, I was astonished to see the likes of Jean Claude van Dong – OK forget the cliché – who has two penises and two sets of testicles, all of this equipment(s) being fully functional. Does this mean he doubles his pleasure, I wonder?

Re: Issue 2/95. A genuinely fascinating read, showing great insight and perception on the part of these members. Personally, I disagree with circumcision as a fashion 'accessory' or for purely cosmetic considerations. I really can't see the point of 'butchering' a perfectly good penis because it may look better. For feeling perhaps, appearance never. However, if circumcision is done for medical reasons (in my instance, phimosis – overly tight foreskin), or because a person really has a desire to be circumcised for, perhaps, religious reasons (and I do know a few who have had to have this done), then it has done me no harm (having been cut a decade ago) and rather has increased my level of pleasure without unwanted over-sensitivity and discomfort when flaccid. I can assure M.L. of Norwich that I had the same misgivings when I was circumcised, and was most concerned that the glans, having been 'under wraps' for so long, would become irritated through friction on clothing. This did not happen and I found no such irritation. Even whilst the wound was healing there was no great discomfort but, do please try not to have an erection. This really is uncomfortable! Thankfully at least, M.L. has the opportunity to choose whether he needs to be circumcised when there are others, especially in the U.S., who are now considering reversal operations, whilst forgetting that the pleasure comes *not* from the penis but from the brain. Sexuality is more a state of mind than erection!

In the same breath, J.H. (Middx) states a contra-opinion and one that may well be equally valid. I cannot comment on loss of sensitivity from childhood, but it seems to me to be no great loss, since J.H.'s pleasure is on par with what he has experienced in the past whilst reaching plateau takes longer – something any woman would appreciate. Supposedly, we're 'all off and running' before a woman has a chance to 'warm up'. Of course, the psychology of sex is far removed from its physiology; sensitivity is something of a state of mind rather than the condition of the glans, but then again, each person responds in differing manners.

William's penis-size worry is something that medical science or surgery has, as yet, not found an answer to. The respected U.S. journal, *Medical Post*, reports that the results from phalloplasty operations for penile enlargement and/or fattening proved disappointing. Surgeons carried out this procedure

on 162 men and found that, immediately after surgery, the penis lengthened from 3.8cm to 5.5cm, and by 5.0cm to 7.3cm in girth. BUT, six weeks later, these enlargements had 'shrunk' by 50 per cent, and some patients reported their gain had amounted to NOT ONE MM. Much worse were the side effects – distorted penises, poor symmetry, and post-op complications. Costs were quoted at \$4,725 for the 'basic' operation, to \$6,100 for the 'ultimate' version (including thickening). The health authorities in the U.S. now recommend regular 'exercise' to increase blood supply to the nerves and tissues of the penis! Exercise? Clearly a recommendation to masturbate frequently! If blood isn't pumped to this area on a regular basis, the nerves can be damaged through 'starvation', and thus desensitised. Sounds Silly? Not really. Think of a muscle; the more it is exercised (up to a point) the stronger and more resilient it becomes. The penis is no different. If you're not 'beating the meat' regularly, viz solo-sex, then the penis, and through it, orgasmic potential, may not be as great as in full-blooded youth (and why should they have all the fun). It also means that erections may take much longer to rise, and even manual stimulation won't feel quite the same. Add a little more exercise to your normal routine over the next 24 hours, pump the testosterone, and this could make a real difference. I hope this has provided thoughtful reading for William, and whilst you're at it, try some porn as an exciting appetiser.

To end, and I could have written much more, but think it better for as many as possible to have say in the newsletter, I have no objection to Brian Rogers's proposition. The more who are interested the better. Women have this sort of inward-looking self-sexuality/awareness thing (through the likes of Betty Dodson, the 'Mother of Masturbation'), so why not men, and perhaps, encourage further contact between the U.K. and the U.S. It doesn't mean women who have a genuine concern for their sexuality are lesbians, and this applies equally to men.

I very much believe that initialled letters and correspondence directed through The Acorn Society as some sort of 'clearing house' is a bit silly. From what I have read it seems, at least to myself, that the membership is intelligent, literate and sensible. We all know why we read this newsletter and have become members. The 'feeling' is mutual, and it is also clear that many members are married, others single, gay, hetero, bisexual, so we should be able to use our names and addresses, if desired, without fear of being pestered. Common sense dictates that writing to another member should be done sensibly, privately, and above all, discreetly. I have no objection to people writing direct, and the membership should really feel the same way.

I trust this letter and its contents will have something to say in the Newsletter (how about adding the odd photograph or photocopy of a photograph/diagram or line drawing. This would improve the newsletter's appearance and presentation no end). And I too emphasise the need for the female contribution to the newsletter. It would be really interesting to read what women have to say about the male genitalia. I think it would be most illuminating and, perhaps,

unexpected. Above all, it would perhaps, open our eyes to exactly what women know or are curious to discover.

*Aldo G. Rabaiotti.*

## Editor's Response

I feel I must say something here about anonymity. I know that all members hope that all other members are able to speak about their feelings honestly and freely. Is it a British or totally human trait that one finds it hardest to "bare one's soul" to either the nearest and dearest or other close friends? It may be due to the fear of being ridiculed, not taken seriously or just thought of as not being normal ("Darling, I have this urge to put a steel bar through my glans and stick something up my peehole!"). For whatever reason, if this weren't true there'd never be a need for The Samaritans.

It is very difficult for most people to keep secret material in the home or workplace, therefore there is always the chance that the newsletter may be found and read. It isn't difficult to explain that you have an interest in circumcision for some reason or another, but there is no 'out' when a letter of yours, duly signatorised, is published on an aspect that other people wouldn't understand, and could then be bandied about.

As will be seen from one of the letters in this issue, we do have some public figures amongst our readership. There has also been an instance where a newsletter was thrown away and found by someone else (in this case he joined us). It could have been sent to a Sunday paper for cash if prominent names and addresses were on it and then we would have been a household name.

*Acorn* can only live because members have total confidence in being able to write exactly how they feel in the certain knowledge that when they ask for 'Anon' to be put on the end of their letters, that's what will happen, and the only person in the world other than themselves who knows who wrote it is me, and to me everything is totally sacrosanct.

With regard to the other items. We have had diagrams and line drawings in the newsletter, but are still trying with photocopies of photographs. Unfortunately most photographs nowadays are coloured and these don't take too well to be copied. Also, our system is that I script out the newsletter on software called ABILITY and send it on a disc and a printed A4 copy to Vernon who does the artwork, composites and prints onto the final A5 version and sends it on to Brian who photocopies, makes it into the booklet and sends it out to you. Fitting photographs through this process is difficult as they don't double photocopy very well.

Lastly, hardly an issue goes by when we don't have the views of at least one female, this one being no exception.

I've written this for the benefit of all newcomers who may be wondering about the same things as Aldo, but for goodness sake don't be deterred from writing about anything at all by what I have said.

D.A.

## Restoration

**F**orgive me for insisting on anonymity, but I hold a position in public life and I am keen to avoid the attentions of our fearless press. My wife brings home *Acorn* which is made available by a colleague in her common room. As a potential member I have been following your reports with interest for a couple of years, and I think you are doing a good job – there is nowhere else where such matters get discussed. My wife too finds your paper compulsive reading. Her previous husband was uncircumcised, whereas I have been 'done', and she has some pronounced thoughts on the subject – she particularly enjoys reading the occasional letter from a woman, and finds an identity of views with most of them.

I would like to respond to a couple of points raised recently. Firstly, I see your new constitution commits you to monitoring new developments in the field of foreskin restoration, and I notice you have printed a couple of letters on the subject, one containing an eye-watering diagram of surgical restitution (which looks like a pattern for a patchwork quilt) and another on stretching.

As an 'unhappy circumcisee', I followed the BUFF skin stretching system for a couple of years and then bought Jim Bigelow's *The Joy of Uncircumcising*, which, despite its name, is an angry little book. I was impressed by the mass of strongly worded letters quoted in it from men who were not prepared to go through life with the mark of their parents' neurosis (or the American medical profession's greed – they are reported to buy a yearly Mercedes on the income from circumcisions) stamped on their genitals. Amen to that! Incidentally, one man said that his aim in restoration was to be able to go on a nudist holiday to Europe without feeling humiliated, and I can identify with that because I have always had a yen to do the same thing myself but have never been able to face the idea of being a curiosity.

I started off using the surgical tape system you describe in 7/94, and after a couple of years had enough surplus skin to go to the next step. This involves using a large stainless steel ball-bearing under the new skin which is taped shut over it. I found surgical tape quite impracticable since it meant ripping it away from the skin every time you took a pee, and used instead a half-inch diameter, quarter inch wide ring of cohesive bandage (sticks to itself, not to the skin), which gave enough grip to hold things in place.

You can also buy a tailor-made stainless steel 'distance piece' directly from Jim Bigelow for about \$100, but unless you can be sure of the size, you will probably be wasting your money. Latterly I have been using a cheap and effective device using the same type ring, a baby bottle teat of the rounded sort with the flange trimmed off and a hole drilled from side to side through the tip, plus a handful of elastic bands. The teat should fit neatly over the glans and the skin then pulled forward beyond the end of the teat. The ring is then applied to the rosette of 'foreskin' which is rolled back with the ring riding over it to be nipped into place at the narrowest part of the teat. An elastic band is then threaded through the holes in the side of the teat tip which should just be protruding beyond the rosette of skin. Other bands are then plaited to it to form a loop at the end which is applied round the leg just below the kneecap. The length of the elastic should be adjusted to maintain a constant slight tension. The beauty of it is, that the whole device can be removed in a moment or two, and if the worst happens you are not left feeling the need to explain away the huge ball-bearing which has just clunked to the floor down your trouser leg.

In this way I have now reached the stage where my glans remains fully covered under most circumstances, and I actually have some overhang in cold weather or after activity. My wife is pleasantly surprised by how much it resembles the real thing, but has reservations about its function in sexual activity – it does not behave like a proper foreskin, being anchored much further back, has no frenulum to flip it back into place and no taper to provide resistance against retraction, which my wife found so rewarding to do with her previous husband.

One of Jim Bigelow's claims is that, although you can never repair all the damage done to you by circumcision, you can restore some sensitivity to the glans by keeping it permanently covered. This may well be the case, but it only works if you're young enough to still have some residual feeling in the organ. After 60-odd years of exposure, my penis head has become totally numb to direct stimulation, and my only hope for orgasm is a powerful fantasy to accompany frantic sexual activity or manipulation – with a high failure rate. This is now a major cause of friction, in every sense of the word (or if you prefer, sore point), with my wife, since my chances of achieving a come without making her sore too are almost nil. The only way left to me of keeping her sexually fulfilled is by frequent cunnilingus, of which I'm not particularly fond. As far as I'm concerned, my only recourse is a porno magazine and a tired wrist, although the extra skin does make manipulation so much easier. Perhaps this will answer J.H.'s query about the sensitivity of circumcisees as they grow older – the message is, make the most of it while it's still there! As Alex Comfort said in his *Joy of Sex* in his case for retaining the foreskin, "in bloody old age you need all the help you can get!".

Although I obviously take a similar view to R.B.W., I do think he was very unkind in pulling someone's leg for pleading for female understanding and

avoidance of criticism (1/95). A disapproving reaction from a girl to your circumcised penis can really destroy your confidence for years to come, as I know to my cost. As a thirteen year old in the late forties, I went on a farm holiday near Brean Sands for a couple of weeks. One day when it was raining, I joined up with another lad of my age and went to watch the cows being milked. In the cowshed we watched the milkmaid, known to the family as Our Madge, who was about our age, pulling steadily away at the long pink dangles, and the thought which was uppermost in my mind was voiced by my companion – “That reminds me of something rude,” he said. Our Madge grinned at him and replied, “Oh, Ar, whatsat then?” “I don’t know,” he said, “but I wish it was me!” Madge then turned to him, grinning, and pulled his shorts down to reveal a penis which closely resembled the cow’s teat, except that it ended in a long rosebud-tipped foreskin. I watched closely as she gave it the same energetic treatment she had used on the cow, feeling desperately envious, not just of what the girl was doing, but of the lad’s long foreskin. When eventually he shed his offering on the cowshed floor, Our Madge generously offered me the same service, but was startled to see my skinless organ which was a complete novelty to her, and she made no bones about her disapproval of it. I tried to explain what circumcision was and why, but she said she thought it daft, cutting the skin off, “You can’t ‘work’ it properly!”. I found the whole incident dreadfully embarrassing and still wince when I think of it.

To change the subject. Mary Whitehouse has spent the best part of her life campaigning for the suppression of porn. Some people condemn her as a hypocrite, but she is not. She is, however, a woman, and women can have no idea of the power of what I call the male sexual imperative. They consequently have no inkling of the misery and desperation faced by men who, through psychological or emotional damage (in some noteworthy cases, from circumcision), are unable to form relationships which defuse this imperative in a socially acceptable way. I am talking here of men who would like nothing better than a normal relationship with a normal girl, but because of mental or physical shortcomings, real or imagined, lack the confidence to do so, and spend their lives in loneliness and misery as a result. The only relief such people can have is pornography and the five-fingered widow.

By doing so much to suppress pornography, Mary Whitehouse has succeeded in lowering yet further such men’s feelings of self-worth by criminalising them and branding them all as perverts. They are not perverts though. The criterion for pornography in my book is whether it causes harm to those involved. The real perverts are those who demand material which do damage to those involved, ie. child sex and so on. But where the participants are willing and perform harmless and natural sexual acts which have no bad effect on them, it is a totally different matter; a quick glance at the enthusiastic ladies who volunteer to be Readers’ Wives should support this point. It is for this reason that I must take R.B.W. to task again, for his rather cruel and contemptuous reference to “*Forum* pud-pullers” in 1/95: such people may have little other choice.



I notice that G.D. in the same issue is eager to get Penelope Baxter to circumcise her little boy whilst admitting that his boys kept their foreskins – he should put his money where his mouth is! And another pro-circumcision correspondent not only has two uncircumcised boys of his own, but ably defends foreskin retention for an unborn son.

I find reports of the American group ominous – the sort of chap who joins an organisation with a name like *Glans Naked and Unashamed* is hardly likely to fulfil the balance you aim to strive for, and publishing their material could well bias the paper in a way a lot of your readers would not approve of. But what really interested me in your excellent paper was Brian Rogers' report from the American newspaper. What if the writer's reaction is that of the typical American, circumcised like all his friends and never thinking of it as anything but the norm, but suddenly being told that an enormous wrong has been done to him? As the writer said, "that sort of realisation can drive a man mad". He then switched off his radio and his mind to the whole business. But you don't just conveniently dismiss a thought like that, and I wonder how many Americans who heard the same programme tried to do the same thing, but find it all comes back to them in the small hours of the night when the thoughts of the troubled and sleepless race away? But time can be no healer when you are reminded of it every time you take a pee. So my advice to them is – get Jim Bigelow's book and start stretching NOW!

Anon

## Revision

Just a quick query that perhaps you can raise in the magazine. I was most interested in the item 'Tight as a Drum' in 1/95 as I have a personal interest in the subject of revisions. Would it be possible to discover from 'Anon' as to which doctor performed the revision to give such a good 'tight as a drum' result? It would also be interesting to know whether the frenulum was removed as well.

The result that 'Anon' describes is something that I long for, but I had just about given up being able to achieve, because when I have discussed this in the past, the doctor has tended to be a bit vague on the final appearance. I am sure that other people could be interested too.

I am happy to receive correspondence from anyone regarding the subject of revisions.

Anon

## Doing Things

As a one-time reader of *Forum* I was delighted to discover *Acorn*. At last, an exclusively cock-orientated forum for cock conscious guys like myself. Long may it continue. Thank you for your dedicated efforts. In time, maybe we'll be able to see each other's cocks in print, even.

I've been 'doing things' to my genitalia for almost as long as I can remember. I hadn't had pubic hair long before I shaved it off, which I continued to do periodically. Nowadays, due to the successful but long and tedious application of a home depilation kit, I no longer have any pubic hair to shave!

Then there was the time, some twenty-odd years ago, when I started to wish I could keep my piss-hole to stay 'open' (don't ask me how this strange desire arose). It didn't take me long after that to discover I had a thin triangular web of skin at the underside end of my piss-slit. Having discovered the previous year on holiday in Greece that it was possible to cut oneself underwater painlessly (unseen jagged rocks in this case), it occurred to me that I could submerge my cock in the bath water and dispose of this 'unwanted' bit of skin with a scalpel. I hadn't achieved it yet by any means, but I was definitely on the way to getting my piss-hole to stay open of its own accord.

One further means to this end was by, firstly, a Prince Albert piercing. Then, more effectively, by similar rings in the glans through either side of the piss-hole, helping to part the 'lips'. Above all this, nothing has been quite so successful as the progressive sub-incisions which to date give me a piss-hole open to approximately half an inch below the glans rim. At this stage, my piss-hole will no longer close up of its own accord at all! And anyway, it has a new, lower-placed P.A. and an inverted P.A. – with a 5mm thick ring in it – to contend with.

Needless to say, I am delighted with things as they are, not least because of the additional bonus the sub-incision provides – that of digital access to the delightfully sensitive inner skin of the piss-tube. This alone is good enough reason for sub-incision.

Reading through back numbers of *Acorn*, I notice an item from P.D. of Dublin about his sub-incision. I would be quite interested to know how he came to the conclusion that cutting the urethra open halfway down his cock was the optimum incision for ideal pissing. Did you, P.D., do it in one go, on a recommendation, or cut it by degrees in the hope of finding such a point – or is it coincidental to some other motivation? As one in a similar position, I'd really like to know. I piss somewhat untidily these days and haven't spurted on climax for ages, although neither worry me unduly. At least part of the reason for this is no doubt my PA, which, with the ring out, provided an extra underside outlet for piss. The ring in position obviously disrupts the flow. I have considered cutting my PA away, thereby extending my sub-incision, but feel I would probably succumb to another, even lower, PA (no doubt eventually

continuing the sub-incision process). In fact, at one point last year, I did partially cut and considerably 'weaken' it.

A point I want to raise, for someone I hope to answer, with regard to sub-incision, is, could I now be circumcised? My foreskin is quite loose and covers the head easily, but can usually be persuaded to stay back for a few hours at a time below the glans rim. I guess if I did/could get cut, my scarline would, of necessity, be below the sub-incision. Can anyone confirm?

I'm not 100% certain yet if I want to be circumcised, since I am able to keep it back off the glans at least temporarily. Conversely, it must be years since I used my foreskin for masturbatory purposes. I usually use dry stimulation of the glans etc., holding the skin back tight. This I would obviously not have to do. I have none of the usually-cited concerns – ie. cleanliness, causing cervical cancer etc. – plus, if two photos in certain American magazines are anything to go by, cut cocks look pretty good to me.

Should I go ahead with this momentous and expensive decision? I only have one chance, so I have to get it right, don't I? What do other Acorners think – and – has anyone ever kept their severed foreskin?

*ZED*

## Self Circumcision

Some of my first memories as a child are of two or three very painful visits to the family doctor. It seems my mother had noticed that my foreskin was very tight.

The doctor used a small wooden spatula to push down between my foreskin and glans to release the tight skin. My parents would then, every night, try to push back my foreskin. On one occasion it became stuck behind my glans. I remember the doctor visiting the house to push it back over the tip of my penis. This course of treatment must have worked as my foreskin became very easy to retract, although my mother would often tell me that one day I might need a circumcision.

I think my mother's words and my experience at the age of three must have drawn my attention to circumcision. By the age of eight or nine I had noticed that some of my friends had very different shaped penises to my own. This, I realised, must be circumcision.

I found myself pulling back my foreskin and liked the look and feel of my penis this way. As my foreskin was now in good working order it would always roll back over the tip of my penis. As I reached my early teens I tried lots of different methods to hold back my foreskin, including the use of paper clips, glue and, most successfully, a small rubber band. This I would place on the

tip of my foreskin and then pull back over my glans. The rubber band would be hidden under the folds of skin below the rim of my glans. This gave the look of circumcision and would hold back my foreskin for as long as I wished, which I would do for days at a time without any problem at all.

At the age of eighteen I started work. Now having a regular income I thought of having a properly conducted circumcision. I contacted three private clinics, but the price was very high, £500 in some cases (I now know of places in London where it is possible to have it done for £200, but sadly this was not the case in the 1980's).

My girlfriend at the time was going to work overseas for 3 months, so I thought this was a good time to have the operation, but I had no cash for it. My only option was to do it myself.

I spent many hours looking at books to get to know how it could be done. I found the idea was not such a bad one, and was quite possible.

To start with, I froze my foreskin, using ice cubes in a plastic bag. I then stood over the bathroom sink and slowly cut off the tip of my foreskin. I then pulled the outer layer of skin back over my glans, which left the under layer of skin still covering the glans. The top layer could now be cut off completely. The next thing was to pull the under layer back over the glans and join the two open wounds. I then used six stitches from an army first aid kit to hold the two edges together. The whole of this took about ten minutes and was very painful. The wound took a week to heal together and the result was very good.

My first erections were very tight, but this soon passed as the skin stretched again. My girlfriend was very shocked when she came home, but she soon got used to it and admitted that she had always hoped that I would have it done. Sex is very exciting even after ten years without my foreskin, and I have noticed no loss in sensitivity at all. I still find it exciting when a new girlfriend discovers my circumcision, the reaction to which is always good. I think most females like circumcision as I have been told that it looks better and can be more fun.

*Dave (Non-member)*

# ACORN

Issue  
Nº 4 1995  
Editor  
David Acorn

## Editorial

We had hoped to get a member to do a write-up on the weekend and AGM at Croydon in April, but so far he hasn't been forthcoming, so I thought I'd better do a bit of filling in. The hotel was first-class, new, large and grand. All meals were on a help yourself basis and eat as much as you like (I can tell you we have a few gluttons amongst us). About 25 members turned up so a small conference room in the hotel was hired, where we all gathered at about 2pm. I was asked and agreed to take the Chair until a Chairman was voted in at the AGM, and as some members couldn't get there until 3.30 I asked everyone to talk to everyone else for a couple of hours, reminding them of the subject which brought them there. In previous meetings members had started off very tense and embarrassed, but I'm pleased to say that in no time at all the room was abuzz, and everyone moved around to chat in singles and groups which formed and reformed.

When the AGM got under way, the necessary Officers were voted in, and it was an honour for me to be nominated and voted in as Chairman, the duties of which I

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Printed & Published in England by The Acorn Society

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

hope I can carry out to everyone's satisfaction. The minutes of the meeting will be published in due course, with all the Officers and proceedings. Most of the time was taken up with discussing the Constitution, which was eventually not accepted in its present form but would be re-written more simply.

Afterwards, there was a scar photography session in one of the rooms, the prints of which (black and white) didn't turn out too well, lacking definition. The next morning we were shown a video of an operation with the patient there to show what it looked like a fortnight after. All very interesting, and from letters I've received, everyone seemed to enjoy the whole weekend tremendously, with a lot of new friendships being made.

*David Acorn*

## **Funny Foreskins**

**H**aving read a copy of *Acorn* at a friend's house, I have been persuaded to write of my experiences and preference.

When I was at college I had a boyfriend who became a lover. He had a very tight foreskin. At the time I thought this was as it should be. His cock was quite thin and tapered to a tight ruckle at the tip. When he was hard he could pull the skin back to reveal a point of purple. When we did try to have sex his skin was always forward and the whole thing lasted only a minute or two. (I didn't really feel very much of his cock when it was inside me.) He taught me to wank him and I enjoyed this more than sex. I used to have to roll the tassel of skin between my fingers and gently pull it forward. When he had a come his sperm was still inside his skin and I enjoyed squeezing it out. Sometimes he pulled his skin back to finish off but he stopped me from doing it.

Later on I had a much older man friend. He had a very short cock but the tip was very big. He had a long but loose foreskin that hung over the end, and when he was hard his knob end swelled up more than the shaft (when I first saw it I thought he had a deformity) with all his foreskin rucked up behind it. I never had a chance to wank him but his cock felt very nice inside me. It was with him that I started to enjoy sex.

My present man has a thinner but longer cock. His foreskin is easy to push back, is not too tight or very long and when he is soft you can see the end of his knob. He has a little trick. When he is inside me he can pull on his skin and the tip of his cock bends up. That is really nice.

*Anne*

## Tags

I was interested in J.H.'s account ('Better Late than Never') in 2/95 where he mentions the offending skin tag resulting from his otherwise excellent neonatal circumcision. Similar descriptions of the freak feature have appeared in one or two other stories I've read over the years in *Forum* and elsewhere. All have mentioned the same experience of having a hole or free passage behind the tag, through which they can pass a thread etc. It certainly is an intriguing variation, and I would be glad if members or Dr. Ray could give an explanation as to how these tags arise, and why they are not picked up and remedied at the post operative inspection.

A good suggestion too from R.B. in the same issue, proposing another poll of 'register of members interests', as it is ever changing. Possibly it also prompts some of the more reticent to add a few sentences of potted life history to the good headings he lists, when they wouldn't bother to send in a full blown article. It may seem simple and mundane to them but, be assured, they make interesting reading to the rest of us.

G.D.

## Famous Name's Status

Actor Tom Berenger. In the film *At Play in the Fields of the Lord* (video available), directed by Hector Babenco.

In one brief scene, Berenger enters the Amazon Forest. In order to merge with the scenery and not to antagonise the naked Indians who might mistake him for a missionary and aim their poisoned arrows at him, he strips completely naked and offers a full frontal view of his genitalia to the camera.

Berenger certainly lives up to his macho image. He is circumcised and extremely well hung, with a thick and long penis and large testes.

H.C. – London

## Status

We hear a lot about the circumcision status of various personalities in the world of sport and theatre, but has any member any information concerning the status of television personalities, newscasters, weathermen etc. in this country?

Anon

## The Circumcision Controversy

There is a very interesting article in the latest edition of *HONCHO* magazine of Feb 1995, under this title. It is the result of a 15 year study, reviewed by Chuck Thompson.

Although in the USA today the rate of circumcision has dropped to 60% according to the National Institute of Health, it is thought that this is higher as the figures only state those carried out in hospitals, not those done later in doctors' offices, or privately instead of in a hospital to save money. Of course, that doesn't include those done by the Mohelim. The figure is more like 80% today.

'The major health risks for the uncut male are due to the moist warm space between the foreskin and the head of the penis, which offers microbes a natural harbour where they can multiply, fed by smegma.'

He states that, in the USA, the ones who suffered most, of all the men he has spoken to about their trauma and ridicule by their peers, were those who were not circumcised during the post world war period. Even in Britain 100 years ago circumcision became popular initially as a preventative against masturbation. Let's face it, those who are 'cut' don't have any problem masturbating, do they? Urologists encouraged routine circumcision in the USA, Dr Spock urged all parents to ensure their boys were done, in all his baby books.

In 1971, against all the advice given by urologists, the American Academy of Paediatrics determined there was no medical value in circumcision of the newborn. In 1975 this was echoed by the Obstetricians, gynaecologists, and was quickly echoed by those who were already opposed to circumcision. Major campaigns by NOCIRC and NOHARM gained momentum.

'While circumcision advocates offer many health-related arguments for their point of view, the overriding argument for retention of the foreskin on the part of anti-circumcision groups is the greater sensitivity they believe the foreskin provides.'

In 1989, with much more research available, and with the growing concern over sexually transmitted diseases, especially AIDS, an AAP Task Force on Circumcision changed its position. The members concluded that there were in fact clear medical benefits conferred by circumcision, including prevention of phimosis, para-phimosis and balanitis, and a reduced risk of penile cancer. They also found strong evidence associating circumcision with a much lower incidence of urinary tract infection. This position coincided with the long held opinion of urologists who have always favoured infant circumcision. Dr Thomas Wiswell, a paediatrician who was vehemently against circumcision, changed his mind completely after he became involved in the studies of 200,000 boys born in military hospitals. He discovered a twentyfold increase of urinary tract infections amongst the uncut baby boys during the first year



of their lives. Research shows that, based on studies in the USA, the overall figure is twelvefold. The more alarming fact is that 10-15% of these infected males end up with permanently scarred kidneys. 10% of this damaged group later developed high blood pressure. Adults who had urinary tract infections as children make up one quarter of the patients who need dialysis or transplants. This points to the fact that urinary tract infection as a baby is a serious condition.

Of the 60,000 cases of penile cancer which have been recorded in the USA since 1930, only 10 have been circumcised men. It was widely reported that uncircumcised soldiers suffered greatly during the Gulf War due to sand getting under their foreskins. This was also a problem in WW2 in the African campaign. These are just a small amount of quotes from the whole article. Chuck Thompson has a group which publishes a quarterly magazine. Anyone who wants further information should write to Chuck Thompson, PO Box 691024, Hollywood, CA 90069, USA enclosing a SAE and IRC.

B.H. – Leeds

## Many A Slip

Condoms are more likely to fail when worn by young inexperienced circumcised men, according to Australian researchers. In a survey of 108 men who, over 12 months, used 4809 condoms between them, they found one in thirty sheaths slipped off and one in twenty broke during use. Failure was also caused by the conventional method of rolling on the condom, rather than pulling it on like a sock, say the authors in the *International Journal of STD and AIDS*.

[Not very convincing statistics really. How many were circumcised, and what was the breakdown of failures? Also, they weren't very virile, averaging out at just once a week. — D.A.]

## Soaps' Social Stance

For some time now, Celia Hall and Cherrill Hicks have been waging a hard hitting campaign in the *Independent* to keep the hackers and slashers away from little boys' bodies and defend their right to retain and enjoy their foreskins (or dispose of them if that's what they want).

It seems that their message has reached far afield and is now well-understood in Australia. Last year (or was it the year before?) I remember being revolted and sickened in *Sylvania Waters* at the sight of the feckless, workshy son-in-law, grinning idiotically as he held his crying baby up with its penis wrapped

in a blood-soaked bandage, explaining what a good thing it was. I wonder what the baby would have said if he could talk?

This time it was *Neighbours* turn to raise the subject, as an older man looked at his new grandson, sleeping peacefully in his cot, and remarked that it would soon be time for the 'big op', making a stretching gesture with one hand and a scissors motion with the other. I was surprised and delighted with what happened next. He was immediately slapped down by both his daughter-in-law and his wife and after stammering that he thought it was better for hygiene, vigorously denied by both women, lapsed into hurt silence. The girl said she was having none of that nonsense and that no-one was going to touch her baby, whilst the older woman joined in energetically, saying it was a barbaric thing to do to a baby and out of place in these enlightened times. Here, here!

If you consider that these soaps, particularly American – and it would seem, Australian – toe the line on current thinking and try to get social messages across to the people who watch them, it would seem that Australia is following Britain and America's lead, working to convince young mothers and women in general that they should fight off the residual pressures for circumcision from well-meaning but misguided parents.

Another nugget of wisdom from Cherrill Hicks' column is the preceding item about condoms. Only a minor point of course, but when added to the mass of Cherrill's and Celia's hammer blows, chipping away at the edifice of entrenched circumcision, you cannot fail to raise a cheer that women are fighting to preserve the integrity of men's bodies.

PS. Please don't suppress all strongly-felt expression of views as being 'hurtful' – if we're too mealy-mouthed our paper will fade into platitude and boredom, which would be a pity.

R.B.W.

[Happy to oblige sometimes. See 'Circumcision Controversy' — D.A.]

## Self Indulgence

I have been a regular reader of the newsletter for two years now. I thought that perhaps it was about time I wrote a little article.

I look forward to each gripping instalment of *Acorn* for the variety of entertainment it provides. We have the horror stories of nervous grown men having to undergo radical surgery. There are the psychological features: "I was butchered as a baby, that is why I'm a wonky adult!". The cultural features, looking at circumcision in other countries, and finally, the best bit of all, the sexy features.

Let's face it. I am 21 years old. I was cut when I was 19 (although everyone in hospital kept telling me I must be 20!). I've been wanking for as long as I can remember and I've been gay ever since I was born. I enjoy the sex bits best. You don't really want to know about the traumas of adult circumcision because you probably know more than I do about that.

I believe that wanking is perhaps the most wonderfully thrilling experience a man can have in his life, and thankfully we men can have lots of these thrilling experiences. But not as many (so we are told) as women.

My ultimate pleasure comes in the form of a bottle. Unfortunately, as I am only a poor student I cannot afford a masseur, so I borrowed a book from our local library and read up all I needed to know on the art of self massage. Couples can try this out too.

Firstly, take a king-size bottle of baby oil, squirt huge quantities into your palms and rub into your body. It doesn't really matter where you begin, you simply need to get yourself covered. Once you have become more slippery than a tin of mackerel you need to rub the body all over. Try to use long slow movements. Pay particular attention to the chest, lower back, stomach, palms of the hands, soles of the feet, buttocks, inner thighs and dangly bits. These areas are called erogenous zones or 'love buttons' if you live where I do. Personally I concentrate on inner thighs, buttocks, palms of the hands and ear lobes. However, every man to his own, so you must find your own favourite love buttons.

Setting the right atmosphere is all important. Do give yourself plenty of time to really ease your body. You need a warm room. I have candles (don't use domestic lighting). Blazing log fires and a soft white rug are optional extras but I manage without them! Some gentle music can help. There are lots of CDs available with tranquillity and relaxation mood music.

If you like aromatherapy, try essential oils like Jasmine (said to strengthen the male sex organs), or sensual Ylang Ylang which smells like sin in a bottle. Whether these potions actually perform the miracles they claim to is not something I wish to debate. However, they smell lovely and send me to sleep.

Now then, what you do after that is entirely up to you. Sometimes I fall asleep, sometimes I give certain love buttons a bit of a seeing to. The main thing is relaxing more, enjoying the feel of sensual massage and loving yourself a little bit. Worship your body whether you are circumcised or not (tenuous link).

I hope, readers, you like my little article. Next time I'll tell you how to choose winning lottery numbers.

*A.D. – Lancaster*

## Traveller's Tails

“Traveller's tales don't normally impress me,” I told the somewhat ragged stranger over mulled ale, “they can be no more substantial than tankard froth!”

“But you are far too cynical for your own good,” went the olive skinned, bearded stranger, “I may be well versed in mysticism, but I can distinguish between truth and fiction.”

“Mysticism?”

“Yes, the Kaballah, and years of studying it!” He stroked his dark beard. “You and I have one small feature in common,” he grinned mischievously, “from a glance in the urinal – an unintentional glance – I see that you, too, are circumcised.”

I blushed in surprised embarrassment. I usually manage to successfully conceal my status with the cupped palm of my left hand, while the other steadies the glans and gives concealment from the other side. What a wily voyeur he was!

“We are few these days, but in that far off land, the country of Cuttingem, things were decidedly different. It was a land of conformity, tradition, inconsistency...and, er, circumcision!

“The inhabitants were mainly Tidies, who were staunchly loyal to the ruling House of Klip, and I was immediately accepted by them, our shared feature, you know! The Tidies practised universal circumcision as a mark of conformity, following the tradition of the House of Klip. And so vigorous were the mothers with regard to trimming their baby boys that they could be described as Kliptomaniacs!! Mothers even had the clarion call, ‘Born to be Shorn!’ and indoctrinated their sons with, ‘Wise Guys Circumcise! Don't Put Foreskins To The Fore!’ Even maidens delighted in their beaux being, ‘Tidy in both body and mind!’ With the Tidies, there was a small minority, The Choose, who regarded the operation as a religious ritual, as indeed was the case with me.

“Challenging the practice of both The Choose and Tidies was a persistent minority who preferred to remain as they were born, the Smegs, or Brotherhood of Skin, with the double emphasis on hood!! They rejoiced in being truly natural as their Maker meant them to be. ‘Why chop off something so beautiful? Why destroy the comfort, protection and a great source of pleasure?’ Being such a tiny minority, they kept their naturalness well concealed. They particularly dreaded the Foyel, who's speciality it was to produce Choose and Tidies with a sharp knife! The very thought of his Office made them wince, man and woman alike, shaking them from cross-legged complacency. What a terrible thing to do to a little baby?

"I couldn't help chuckling when a Foyel confided in me: 'Oi, Oi, there's nothing more satisfying than going to work on a Smeg!' That would hardly have gone down well with the Brotherhood of Skin, who treasured the parts Foyels often reached."

"You're pulling my ..." I interrupted, "but that's not allowed, is it? Onan, and all that! But curiously, that land seems like this country before the Second World War?"

"Perhaps so," said the stranger, "but in Cuttingem, things were to change... when the government introduced a State Health Service for the whole country, unnecessary surgery was not included in its provisions. To become a Tidy meant a tidy sum, which made the natural part more acceptable in time. Eventually, there was a new uncircumcised generation isolated from the House of Klip and less conforming. Now, remaining Tidies were a minority, subject to certain derision. Down came the old maxim, 'Born to be Shorn', and in its place went, 'Keep him natural, you know it makes sense!' Obviously, you know how they felt from your own experience. I recall your surprise, blush, and cupped hands. Ah, my friend, don't feel bad at all, since you lack my conviction."

"What's that?" I asked, feeling movement in the pubic shrubbery.

**"Circumcision with religion!"**

*Anthony*

## Restore Again

I have always heard that uncircumcised cocks were/are more sensitive than circumcised ones. Having read that some Jewish men during the Second World War were able to stretch their (cut, obviously) foreskins to escape detection by the Nazi death squads, I decided to see if this really worked.

After more than a few months of stretching and pulling what was left of my foreskin (done as a baby), I am happy to report that it is now nearly as long as my glans. I thought I might as well continue until my glans is completely covered, which should not take more than a few weeks now.

I have to say that I have found the whole exercise very pleasurable, and that my orgasms have increased in intensity as a result. The feeling of skin moving over my glans is wonderful, and even with a full erection is not painful at all. Has anybody else tried this? If you have a yearning to become uncircumcised then I recommend it, although it calls for persistence and determination. I'd be interested to know other members' views, especially those of a doctor.

*J.J. - Derby*

## School Medicals

Looking back through past newsletters and reading about school medical inspections made me remember my own experience. Our class was about 11 or 12 at the time and we were all ordered to the gym changing room to strip off and don only our PT shorts. The doctor and a nurse set up their stall in the gym teacher's office whilst another nurse weighed and measured us in the changing room.

We queued up in alphabetical order and as in turn, our details were entered on a card, we were each asked to drop our shorts momentarily, and a further note was made. I didn't realise it at the time, but the sharp eyed nurse must have been recording whether we were roundheads or cavaliers.

Later in the office, in the presence of parents (though not all attended), the doctor listened in with a stethoscope and gave us a more detailed examination. Later, when we all compared notes, it emerged that those of us without our foreskins were never asked to drop our shorts. Those intact were, and had their skins retracted. Presumably a glance at the nurse's note on the card indicated whether this was necessary, thus avoiding the need to embarrass parents (as it would in those days!), by asking if their son had been circumcised.

Two must have had a problem because they both appeared next term, circumcised, but clearly done by different operators. One had a thorough job done – skinned right back – but the other had a thick roll of skin around the base of his glans, although it was fully exposed. Both said that they hated their new status and found the operation painful and unpleasant.

*G.D.*

## Clothing Optional Head-to-Head

I recently visited a 'clothing optional' resort in Florida. At a rough estimate, not counting the employees who always had to wear something, on average about 80% of adults, male or female, were nude in any gathering at a given time. However, almost none of the teenagers were nude, and only about 50% of the pre-teens. I think those statistics in themselves are interesting. I guess the adults were the ones who were there by choice.

Of the adult men who were nude, the overwhelming majority were circumcised. Of the boys, I only saw one who wasn't. He was playing volleyball in a game I was umpiring, with a boy and girl pair of twins who were nude, and five children wearing bathing costumes or shorts. From what I had overheard, the twins had not wanted to strip completely, but had been made to do so by their mother who was sitting near to me. At the time I reflected on how cruel parents could be in inflicting their enthusiasms on their children without regard for peer pressure, particularly when quite a big crowd was

watching. However, once they were playing, the children seemed to forget any inhibitions they may have had and not even noticed who was clothed and who was not. And, in the event, I was grateful to her as, having her son and the other boy in the nude, very similar in size and appearance except for their penises, afforded an unusual opportunity for comparison. As they jumped around in the volleyball game they each got a partial hard-on from time to time, so they could be compared that way too. I don't know how old they were – they seemed quite big but had no pubic hair and tiny balls. The twin girl was, interestingly, much more developed than her brother.

I remembered a recent item in *Acorn* by a Briton visiting America, who commented on the butchered appearance of her American nephews' circumcised penises. Although I am personally opposed to the circumcision of minors, I have to say that, comparing these two boys playing volleyball, the circumcised penis looked much neater in all states. Not having seen a boy's penis which was circumcised for many years, nor an uncircumcised one since my son was very small, I would not have been sure what to expect, but I have to say that, in this case at least, the circumcised penis was much more attractive. It appeared to be completely symmetrical with a neat rounded end like a cigar, and there were certainly no ragged bits. The uncircumcised penis looked wrinkled, especially at the tip, and it was not symmetrical. Not that this is any reason to circumcise of course, and a sample of two is hardly representative, but I think a visitor from outer space might have deduced that the circumcised state is the natural one, and cosmetic appearance is not unimportant in our world.

An interesting postscript. Sitting next to me after the game was a woman I knew somewhat, aged about 40, and I casually mentioned to her the boys different circumcision states, saying I was surprised young boys were still subjected to it. I couldn't help noticing how vehemently she defended circumcision, saying she had made sure her son was "done as soon as he was born". Then she said: "And it's so much better for oral sex." I think this is quite a common attitude among American women. At least I have heard it before several times.

*C. – South Eastern U.S.A.*

[Your findings on young peoples' nudity on naturist beaches is echoed exactly by mine in this country, presumably because of the embarrassment of body changes going through puberty and after. — *D.A.*]

## Think About It

I wonder if you readers will be interested in the thoughts and ramblings of a middle-aged woman on the subject of circumcision?

I have always been aware of the controversy, since it was fairly common for little boys to be circumcised when I was a girl. In general though, our attitudes were formed by a vague consensus that it was a 'good thing' from the point of view of cleanliness, although very few felt strongly enough about it to object to a foreskin, especially since in the balance of likelihood your prospective boyfriend would have one. Most of my girlfriends at the time certainly had no strong opinions on the matter and tended to treat it as slightly indelicate, and therefore good for a giggle. Most accepted the view that circumcision might possibly be cleaner, although not from personal experience to my knowledge – I never heard a complaint and never myself had cause to. Those who had experience of both circumcised and uncircumcised penises tended to appreciate the different options provided by the foreskin, making the point that it was more fun to play with, although once again this was considered a minor asset and of little significance in a boy's desirability.

When I got married I was largely indifferent whether my new husband was circumcised or not, and it would not have affected my decision either way. In fact my new husband had a foreskin and, like me, never gave circumcision a moment's serious thought. Over the years I grew to enjoy our sexual relationship far more than any of my previous short-term flings, and settled down into a haze of sexual contentment, getting to know my husband's intimate anatomy better than he did himself. We both took a delight in oral sex and it became clear to me that any misgivings I might have had over cleanliness were totally unfounded. First off, the horror story of smegma never materialised: I realised that I had a far greater problem than he did, since it not only formed under the foreskin of my clit, but also in all the internal creases. Since we both bathed regularly there was no problem anyway.

The matter of circumcision however, suddenly came to the fore when my husband had to be circumcised a couple of years ago through failing to tuck his tip away before operating his zip when under the influence. He was not too upset about it at the time since the doctor said it was a minor procedure which would have no effect on our love life and went ahead and signed the consent form. Since then of course we have read in the press that it is not considered necessary to circumcise in such cases, and as a result of our experiences we are both very upset about it. Before his circumcision, my favourite sexual treat was to give him oral sex by taking his penis into my mouth with his long foreskin fully forward and sucking it gently before pulling back on the skin to expose the sensitive pee-hole to the tip of my tongue. This always gave him a delightful sexual jolt which set the scene for the rising sensation as I gradually exposed more and more of his tip to my tongue until finally I freed the rim of his knob completely, pulling back hard and rolling my tongue over



the surface of his knob and inner foreskin lining. This sent him absolutely frantic and usually ended in an emission in my mouth before he returned the compliment by treating me to a similar luxury.

This oral sex feast became an important aspect of our love life. It never occurred to us that circumcision would make any difference since we had been assured that sensitivity would not be affected. But I'm here to tell you it's not true! The lack of sensitivity gradually manifested itself as his knob got used to permanent exposure and changed in colour and texture. The mind-blowing jolts of pleasure he experienced as I gradually stripped his skin from his tip changed into a much more muted response and, although he still enjoyed it, we both felt the zing had gone out of our love life. He also gets significantly less sensation from normal intercourse and masturbation than he used to. We did talk about suing the doctor who was so insistent that he should be circumcised but we're not too keen on having our names splashed in the *Sun* or *Daily Mirror*.

The point to be made though is one of caution. I've learnt to distrust the judgement of young people – they tend to be so susceptible to crazes and fashions. Although they're considered old enough to marry at sixteen, to be killed in action and to vote at eighteen, I'm sure that on the emotional side of sexuality they don't settle into maturity until they're well into their thirties. So many of them are thoroughly mixed up about their sexuality and the attitudes of others, and it takes an awful long time for them to come to terms with sexual reality, and to be able to separate fact from fantasy. Consequently, any young man who feels an overpowering urge to get himself circumcised should put off the final decision for as long as possible and at least into the mid thirties. Only then can he be sure of making a decision which he might otherwise regret for the rest of his life.

Sheila Hodges.

## Member To Member Correspondence

No charge is made for forwarding letters from one member to another. The letter to be forwarded should be sealed and stamped (preferably 1st class).

The letter should then be enclosed in an envelope addressed to The Acorn Society at the PO Box number given on the first page. A covering note saying to whom the letter is to be forwarded and quoting your name should be included.

More than one letter for forwarding can be sent at a time provided the intended recipient is marked in pencil on the corner of the envelope.

The forwarding service must not be abused, however, and will be withdrawn from anyone who uses it to send inflammatory or insulting mail.

## Childhood Memories

Herewith some childhood memories which might be of interest to other *Acorn* members.

My interest in foreskins/circumcisions began at an early age and I cannot remember when my foreskin was other than fully retractable. Being born at home in the late 30's, mother would not have been offered the chance of having me circumcised – a dream which has stayed with me to this day. I don't have any brothers – just one sister some 10 years older than myself.

At bath time – standing in a bowl of water in the sink (no bath in those days), mother would always push the skin back for washing, but never bothered to pull it forward again afterwards. Some time later it would roll forward of its own accord, although it was always on the 'short side'. I was never able to participate in ballooning the skin with urine as I've read in other contributions to the magazine and wonder now if I missed out!

A boy of my own age (about 7) showed me, in an old air raid shelter one day, how to manipulate the skin to cause a very pleasant feeling. I remember that he wasn't able to retract his skin, only the tip, as it was too tight.

I believe that things that happen in childhood stay with you for the rest of your life. For example, I have always hated spiders which lurked on the limewashed walls of our outside toilet, and the dislike of water, having been pushed in on my first visit to the baths at infant school. Some time later, my pal and I were playing with a girl, some 3 or 4 years older than us, called Eunice (a name rarely heard of nowadays), and what happened that day, which I can recall quite clearly, has been a source of excitement and stimulation throughout my life, and centres on foreskins and circumcision.

It was summertime and her older brother had put up a tent in their garden, and the three of us were playing inside. Seizing the chance, and being quite forward for her age, and obviously interested in sexual matters, she suddenly suggested that we show her our willies. We weren't quite sure, but after some persuasion and a promise to show us 'hers' afterwards, we agreed to go along with her naughty idea. She started with my pal, and once his willy was stiff, tried to pull his foreskin back, but without success. Instead, using a finger and thumb, she rubbed and stretched his skin to and fro beyond the tip to produce a climax, such as it was at that age. Then it was my turn. My skin had partly retracted of its own accord whilst closely watching her manipulate my pal. With one skilful push with finger and thumb (again), my foreskin went right back behind the rim. She stood at my side and proceeded to work the skin rhythmically up and down without attempting to pull it forward over the rim, leaving the glans exposed throughout. After a short time her administrations caused a lovely feeling all over, at which point she pulled hard back on the skin several times to finish (me) off.

It was now her turn and, true as her word, she allowed us to feel up her legs and the cotton material of her knickers. She then lifted her short skirt at the sides and, using both thumbs, pulled down and discarded this mysterious navy-blue garment. For starters, she leaned forward, flipped up her skirt again and gyrated her arse cheeks under our noses. We couldn't see very much but better was to follow. She knelt down on her knees and elbows, and with her skirt still up around her waist, parted her legs and thrust her arse up in the air to reveal a full rear view. We could then see her puckered bum hole and much more. Tiring of this she then turned over, stretched out on her back on the rug and lifted her skirt up again. She raised her knees, keeping her feet on the ground, and then parted her legs wide to expose her totally hairless cunt for our approval in all its youthful glory (hairless regions on 'big' girls are still preferred to this day). We were invited to have a closer look. She then used a finger of each hand to pull her thin lips apart to show her vaginal opening. She placed a finger inside, then withdrew it, traced the line of her slit upwards, and proceeded to tease on and around her tiny clitoris which came into view as she eased back its protecting skin with her other hand. It didn't take long for her to 'bring herself off', at which point she clamped her legs together, trapping her hand and probing finger in the process. We then watched her pull her skirt down without putting her knickers back on. My pal and I were completely bemused to say the least.

She sat opposite to us on the rug, leaving her legs apart and her 'goodies' on view. She took hold of a finger of our hand in turn and gently ran it up and down the length of her slit, which I recall was moist and warm to the touch. Eunice had no intention of letting the situation rest there, in that she went on to tell us various stories, whether fact or fiction we'll never know. Apparently her brother Sam and his friend often coaxed her to play with their willies (probably the reason she was so proficient), and in return they gave her money for sweets, etc. Whilst her brother's willy was similar to ours, only longer and fatter (she was only just able to close her hand round it), his friend's willy didn't have any skin over the end and behind the rim when stiff, and she had to wet her fingers to slide up and down his willy in order to make him 'spurt'. Being curious, she'd asked about the difference and been told that he'd been circumcised (what?) as a baby, and the remaining shaft skin wasn't able to be drawn forward over the rim, even when soft. She explained to us that the operation consisted of cutting off the skin, but she didn't know why – probably he didn't know either as it had been done in infancy. His willy end was permanently dry whereas her brother's was moist when she'd pulled the skin back, which was quite tight after it had become erect. He had insisted that she pull the skin over the tip each time for maximum effect – and to show his friend what he was missing, no doubt! She said it was easier and quicker to make her brother 'spurt'. His friend kept telling her to pull Sam's skin down and hold it back. Doing this gave her a strange exciting feeling, especially as the boys had insisted she pull down her knickers and show them her cunt whilst masturbating and prior to having their willies manipulated by a young

innocent(?) female. After each session she would go into her own bedroom and relieve the excitement that had built up in the manner which she had shamelessly showed to us earlier. It seemed an older friend called Lillian, who was an unmarried mum with a little boy, had shown her how to masturbate, doing it for her the first time, and it had now become a regular habit. Eunice said her friend had a lot of hair around her slit and above it which had been shaved off at hospital prior to the baby being born. The hair had grown back again in a few weeks. At baby's bath time and nappy change time she had watched with great interest as her friend attempted to retract his tiny foreskin, without success. She persisted however, and some weeks later she was able to ease the tiny skin back behind the rim to wash underneath and coat it with vaseline to prevent soreness before pulling it forward again. Her mother had told her to do this. The baby's father was uncircumcised and had a very long foreskin. She told Eunice that she regularly had to pull his skin right back to ensure that he was spotlessly clean before 'making love', and that when the time came, she should always do the same unless the boy was circumcised, when such action would not be necessary. Eunice had also asked her friend whether 'playing with herself' would cause her clitoris to enlarge: "With a little bit of luck, yes", her friend had joked.

If the baby cried a lot, Lillian would remove his nappy and gently squeeze and rub his tiny penis, which worked quite well and had a soothing effect. Lillian showed Eunice how to do this and when Eunice used to baby-sit for Lillian and her boyfriend when they went to the cinema or the pub, used to use this technique herself.

It was soon time to go home, but is it any wonder that, since that sunny day nearly 50 years ago, my particular 'turn on' is about foreskins, circumcision and related topics. All being well, Eunice must now be nearly 60 years old. Soon after this 'day of enlightenment' Eunice and her family moved away and I never saw her again. My pal and his family also moved away, so I never knew whether he was ever able to retract his foreskin. It was some years later that I decided to become a 'skin back' and then I encountered 'big girls' with breasts of all sizes which are a source of fascination to us mere males.

Finally, I hope the 'Attitude to Circumcision' (Issue 7/94) brings a good response from both sexes. As a 'skin back' in adult relationships, comments have varied, which can be detailed in another letter if this contribution is printed either in whole or in part. Women certainly have their particular views on this topic – let's hear from them, ie. Husband's, boyfriend's, brother's status, and their first encounters with the male member.

*C.B. – Cheadle*

# ACORN

Issue  
Nº 5 1995  
Editor  
David Acorn

## Editorial

Just a couple of items. I get a few letters complaining that there's a lack of consistency in the timescale of the newsletters. We have a team of three to get the newsletters out, each of whom have very responsible full-time jobs. We also each have active outside interests which require commitment and cannot be done half-heartedly. Add holidays and the odd family commitment, and you can see that to co-ordinate on a rigid timescale is impossible. It would be the same whoever did it. So please bear with us and you can be assured that you will get 8 editions by the end of the year. At least the complaints mean that the newsletters are always very eagerly awaited.

Brian, as well as his task on the newsletter, also does most of the donkey work with regard to the meetings, which seem to be coming now at the rate of two a year. He has asked me to tell you that the next one is on the weekend of October 14th at Watford. All details can be obtained from him by ringing (01726) 882956. If you get his answerphone and you can't give him your number, just say your name to let him know you are interested and then phone again sometime.

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Printed & Published in England by The Acorn Society

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## Correspondence

Please send all correspondence to:-

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AVON, BS23 2ED

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

Finally, I must say thank you to those who write to me, whether for publication or not. I always love to hear from you and am only sorry that I can't answer them all. It's a credit to all the members that we have managed to get so many editions out without being accused of being repetitious.

*David Acorn*

## The Meeting For Me

Going to hospital to be cut the week before your fifteenth birthday certainly makes you learn about circumcision. Like all boys at that age, I'd noticed the different cock styles. We all had, and some of us kept a check list of who had and hadn't been 'done'. The split seemed to be about 50/50, though in the sixties a lot more circumcised teenagers were around than now.

I'd asked my father about circumcision as early as twelve. A growing cock knob and tightening frenulum meant I had to be cut and have a frenuplasty during one Summer holiday from school. From then on a general curiosity grew to an adult fascination. Why do some circumcised guys have stitching showing on the shaft; others have a wide brown ring, yet others have nothing showing at all? Could you choose to have plenty of inner foreskin left on the shaft or not, and, if you couldn't, why had some guys so little left and others have a cut mark halfway back on the shaft?

A chance meeting with a guy who is cut (and happy to talk about it) put me in touch with *Acorn* just in time to get a membership and go to the recent meeting at Croydon. Until joining *Acorn* I'd thought that, apart from noticing the occasional magazine article or advert in the paper wanting information (which I'd never answered), I was the only man in the country fascinated by foreskins, or the lack of them. For me, it wasn't just knowing which guys I knew or had met who were cut or not, but also wondering how the circumcisions some had had done had turned out. Indeed, until joining *Acorn* and having things explained, I hadn't even realised there are so many methods to use when getting cut.

Opening a door and walking into a room with 50 guys you'd never met before could be off-putting for a newcomer to an *Acorn* meeting. Having been to Croydon I can say what a pity it is that all the *Acorn* members unable to get there cannot guess how friendly and easy-going meetings can be. Most of us in small groups of three or four so you could move around from one to the next as you wanted to. Interesting for me was that not all the guys present were cut. Several were uncut but thinking of circumcision, so they needed talking into it, or out of it, depending on preference and personal experience. One guy was uncut and very happy to stay that way.

Women together seem able to exchange ideas about their own and other women's bodies more easily than men together. Yet I've found that men in company, irrespective of their sexuality, are just as interested in one another.

In any gym, pool or changing room, whether the chat is about cars, cricket, or curtain material, as soon as you drop your pants the other guys will check your cock – discreetly, of course.

With *Acorn* members, I've at last met a group of adult guys, varied in background and age, self-assured enough to talk about all the things of interest to us. **It's great!** That we all got on so well together was noticed by other hotel guests when, after drinks, we all sat down together at a communal table in the dining room. "What a jolly lot you all sound together, said a couple at the buffet, "where are you all from?" Thinking fast I answered, "The Prince of Wales gents darts team from Margate. We're playing a tournament." If only they'd known!

*N.S. – London*

## My Circumcision

I was not circumcised as a baby. When I was born in 1972 circumcision was no longer offered to parents and it was not the custom in my family. My father is uncircumcised and as far as I know so is his older brother. Again, I do not think either of my cousins on my mother's side are circumcised.

Nothing was said about circumcision either at home or at school. I was totally unaware of the meaning of the word until my mid-teens. At secondary school I noticed a few Asian boys in the showers whose penises looked different from mine, but took no real interest in this difference.

I was never taught at home or school anything about the need to retract the foreskin and wash regularly, although in my teens I started to do this when having a bath without any prompting. Similarly, I was not taught to retract the foreskin whilst urinating and so stale urine used to collect inside the foreskin.

A local computer club brought me into contact with V. who became good friends with me and my parents. When I was about 15 I started joining him in marshalling at motor sport events. This involved several overnight stays and we naturally saw one another's penises whilst showering and dressing.

V. noticed that I was uncircumcised and raised the subject with me. As I said, I knew nothing about the subject and so he explained what circumcision was and why some boys are circumcised. He told me that he had been circumcised as a baby. He also told me of the need to wash regularly and to retract the foreskin whilst urinating. I could retract my foreskin to completely expose the glans but if I pulled it back more it hurt as the frenulum stopped the bottom from going back very far.

At first I could not see the benefits of having a circumcision, despite being told about the problems suffered by some men with a long or tight foreskin. When I left school I went into catering and found myself working in a hot

and sticky environment all day. Needless to say, I got very sweaty under my foreskin and it was sometimes quite unpleasant, just as V. had predicted it might be, however I still didn't want to consider circumcision.

As I left my teens I got myself a regular girlfriend and at this point discovered that when I had a very hard erection my tight frenulum not only hurt but also pulled on the back of the glans and made the piss slit point down at right angles to my shaft. My girlfriend suggested that this was not right and could interfere with proper sex. I remembered what V. had said and asked her if she thought I ought to be circumcised. She considered this to be a very good idea.

The next time V. and I were together I told him that I had decided that I wanted to be circumcised. It came as a bit of a surprise to him since I had previously been so strongly against the idea. Once he had discussed it with me and determined that I was serious he set about trying to find a doctor who would do the operation as I wanted it, without fuss, and at a reasonable price. Fortunately he belongs to The *Acorn* Society and was able to ask for other members' recommendations.

It was clear that I was unlikely to get the operation from the NHS, and if I did I was still likely to have to wait a very long time and then have no choice in how it was done. Two suggestions only seemed worth following up. One was the Surgical Advisory Service, with prices at around £750 and the other was a Dr. Sifman who charged £200. All the reports on Dr. Sifman were good and so we decided to go to him. This selection process took nearly a year since we wanted to be absolutely sure we got the right surgeon and V. wanted to be sure that I really was serious about wishing to be circumcised. The more I thought about it though, the more I felt it was the right thing for me to do.

Eventually I went to see Dr. Sifman at his North London surgery at the end of November 1994. I had a long discussion with him and he examined my foreskin and frenulum. He agreed to perform a circumcision under local anaesthetic and we agreed a fee of £200. I didn't want my parents to know about my circumcision and also wanted to have a week off work to allow it to start healing. I therefore asked if it could be done in March, which was provisionally agreed.

In February I wrote to Dr. Sifman confirming my desire for a circumcision and requesting the operation for Sunday 19th March. This was confirmed by Dr. Sifman within a few days and V. and I each booked a week's holiday to start then.

By this time I had changed my girlfriend and the new one knew nothing at all about circumcision. I told her about it and gave her a booklet which V. had given to me a couple of years earlier to explain it all.

We spent Saturday night in a hotel not far from home so that we could get some pictures of my uncircumcised penis. Not surprisingly I was somewhat



nervous that night, but determined to go through with the operation the next day. In the morning I had my last uncircumcised wank.

We arrived at the surgery at 2:15 in the afternoon, ready for a 2:30 appointment. The doctor was ready for me and I had soon signed the consent form which he gave me. I told the doctor that I wanted my frenulum removed and a fairly tight circumcision with the scar line placed well back on the shaft so as to remove only outer skin and keep all of the inner skin. I undressed completely and got onto the couch whilst the doctor finished his preparations.

Meanwhile, V. set up a video camera which the doctor had agreed we could use to record the operation so that my girlfriend could later see it. I didn't want to watch the operation directly but when I saw it on the small tv monitor we had connected to the camera I found it very interesting and watched everything except the initial anaesthetic injections.

My genitals were first swabbed with an iodine based antiseptic and then I was given the local anaesthetic (Bupivacaine) which was injected into the base of the shaft. The first two injections were quite painful, but I never have liked having any injections. As the anaesthetic began to work I didn't feel the remaining injections.

The doctor was soon clamping my foreskin and determining exactly where he was going to place the cut. He placed a large pair of forceps across the foreskin where he was going to cut it and clamped them tight. One quick stroke of the scalpel along the side of the forceps removed my foreskin for ever. As the forceps were removed a certain amount of blood spurted out over the plastic sheet which covered me. I don't think it was really very much, but it looked like a lot as it spread over quite a large area.

The places where I was bleeding were found and sealed, either with simple pressure from small forceps or by using an electric cautery device. After most of these bleeding points had been sealed the doctor removed my frenulum. I had expected that this would be done first to make the foreskin more mobile. The frenulum was quite tough and the doctor had to use both scissors and scalpel to remove it.

Despite all his efforts with the cautery device, the doctor could not completely stop me from bleeding where the skin had been removed. He placed a couple of stitches in there and then started to stitch the two cut edges together. He used a lot of small stitches, close together, and it took much longer to stitch me up than it had done to do the initial circumcision. Dissolving stitches were used so that I would not have to return to have them removed.

Once the stitching was completed the wound was covered with gauze and then tightly bound with bandage, from half way down my glans to just short of my scrotum. I was cleaned up and told to dress and sit quietly for a while. The whole operation had taken about an hour and a quarter.

I was given a glass of apple juice to drink and sat quietly whilst the doctor packed everything away (and V. put away the video camera). About 20 minutes later the doctor again checked me to see if the bleeding had stopped. It appeared to have done so, but I was asked to phone later in the evening with a progress report, or immediately if the bleeding started again. I was given some co-proxamol pain killers and some gauze for later dressings and allowed to go.

On arrival at our hotel about an hour later the anaesthetic was starting to wear off, I took a couple of paracetamol tablets and crashed out on the bed for just over an hour before having a hearty dinner. All had seemed well just before dinner and so I called the doctor to report ok as soon as dinner was over. When I got back to my room I found that I had bled somewhat more, however this didn't worry me.

The glans was very bruised looking for about four days, but looked particularly bad that first night. The bandage had been put on very tightly and it compressed my urethra somewhat so that when I had a pee there was considerable resistance to it coming out.

I took a couple of the stronger pain killers before turning in, but I was rather uncomfortable and I didn't get a good night's sleep. I got up twice during the night to have a pee so as to relieve the pressure. In the morning however there was no real pain at all and we set out for our week's holiday. Although I had to take things easy, and for the first few days was walking with my legs apart as if sitting on a horse, I was able to do all I wanted on holiday and I resumed driving on the Thursday.

The initial dressing was to be kept on for 48 hours and so I soaked it off in the bath on Tuesday evening. It took about an hour to soak off, with me gradually unwinding it as each layer came free. Quite a lot of dried blood dissolved out into the water. When the dressing was off, the cut looked like a broad pink ring around the penis, with a wavy line of dried blood and the black stitches in it. The frenulum area however looked very bruised and sore. A new layer of antibiotic gauze was laid over the wound and held on with fresh gauze bandaging. We couldn't get this as tight and smooth as the doctor had done and it was rather bulky.

I had no real pain and, apart from the first night, very little serious discomfort, but I am glad that I took the week off work and would recommend this to anyone whose job is at all active. During the whole of the first two weeks I only took four doses of the stronger pain killer and about the same of paracetamol – mainly at night as a precaution rather than as a necessity.

The dressing was changed again on Thursday and Saturday nights. Each time the cut looked nicer and cleaner. It was, of course, still very tender and was somewhat painful to try to lift up to examine the frenulum area.

I went back to work a week after the circumcision. The first day was a bit of a shock to the system, but the discomfort had practically all gone by the second day. During this week the stitches started to come out and most were out by the end of that second week, when I showed the results to *Acorn* members at their conference. The frenulum area still had a scab on it and the scar line was still rather rough, but I was already very pleased with the result.

The stitches had all come out by the middle of the third week and I had my first circumcised wank on the Wednesday. I found this highly pleasurable and shot loads all over my chest! The last scab finally came off the frenulum area the following Wednesday – three and a half weeks after the operation.

Dr Sifman has done the operation completely to my satisfaction and I think it is very neat. When I am erect the colour contrast in the skin is very clear. The scar line has been placed 1¾" behind the rim of the glans on a penis which is 6" when erect. My girlfriend also likes my circumcised penis, which no longer bends downwards when fully erect.

I immediately found I was much more comfortable at work, and really experienced the full benefit during the recent summer months when the kitchen got exceptionally hot.

I would recommend circumcision to anyone who has any tightness in their frenulum or foreskin, or who regularly works in a hot and sticky place. I hope that these notes will be helpful to anyone still trying to make up their mind.

*K.H. – London*

## Shaving

A really excellent idea, I feel, would be to put the Society on the Internet (or one of those bulletin boards). Doing this should attract very many curious and potential members from around the globe. I think this is worth doing immediately, if not by yourself, then perhaps through one of the members through a PC/Modem set-up. What do you think? [We are already on both the Internet and Bulletin Boards, by the kind offices of a couple of our members, and nearly all our overseas members obtained in the last year have come through this route, mainly via America. — D.A.]

A personal point. J.H., whom I recently wrote to via you, is, by admission, a depilator – a 'smoothie' (terrible title!). I am considering removing some, or part, of my pubic hair, but the scrotum leaves me baffled. A razor, even a safety or an electric – potentially devastating! The only course of action seems to me to use a hair remover, but have you seen the warnings on a tube of this stuff. Do you have any idea if this chemical (like IMMAX) stuff is safe to use on the scrotum, and will not adversely affect the testicles. Any members out there able to offer a little advice here, as well as your good self, or perhaps you already practice this. [I do, intermittently. You shouldn't worry about using

a safety razor (unless you've got DT's). A Philishave was a bloody mess, but a double bladed safety gives me no problems. — *D.A.*]

A request for information and for the interest of the membership. It seems everyone is thoroughly preoccupied with circumcision, its merits/demerits, necessity or non-necessity. Of course, this is a particular interest of the Society and especially for those who are contemplating or have become dissatisfied with circumcision. Let us see a little more on other aspects of the male genitalia: appearance, statistics, anatomy, sexuality etc., particularly masturbation/orgasm. Do any of the members have any special techniques, information they can share.

*Aldo G. Rabiotti.*

[We often get requests for more on the personal sexual side, and in the last issue of 1994, Ray Hamble asked for personal information on masturbation. As far as I know he didn't get a reply. In 4/95 we had an article called 'Self Indulgence' in which A.D. extolled the virtues of wanking, a pastime Woody Allen once called 'Making love to yourself', one in which everyone indulges. George Bernard Shaw divided people into two classes – the 95% who admit to masturbation, and the 5% who are liars. Having got that bit of by-the-way over, as everyone is agog to know how others do it, I'd like to ask everyone to write and tell their methods in glorious detail. Each issue I'd like to print a cavalier method and a roundhead method as they are generally very different. If you're shy, just call yourself Anon and don't even tell me who you are.

To start the ball rolling I have a recent letter on the subject, which I'll call 'Self Indulgence 2' — *David Acorn*]

## Self Indulgence 2

I am interested in lubrication! Do people use it? If yes, when? Always or intermittently? When did they start using lubricant? What was their first lubricant made from? Do circumcised and uncircumcised masturbate with different kinds of lubricants? Has anyone made a special lubricant because they are circumcised or uncircumcised?

I personally enjoy wanking with all lubricants, e.g. spit, Vaseline, KY jelly, Liquid Silk, Cyberglide, etc. etc., but use them at different times. Cyberglide is easily revitalised with a dab of water from a glass, and is therefore good when you feel incredibly horny, when you know that you're going to spend the whole morning tossing off.

Liquid Silk is great for someone to wank you off and this is what I use it for.

Vaseline was my first lube and is special because of that. If I have problems getting really hard then I wash my cock, dry it, and then smear my helmet

with Vaseline and plenty in my right palm. I then slowly lubricate down the helmet and shaft to the very base.

I think the question of shaving of the genitals is therefore closely linked to lubrications and their use. If nicely, neatly trimmed, the pubic hair is not in the way of your handstroke and you don't pinch hairs. Even better though, is the feeling of the shaved ball sac and base of the cock. The lubrication is twice the fun if smeared all the way round the dick and sac.

I keep my whole cock shaft shaved and ball sac too. I also shave a little bit off the top of my inside thighs too. Apart from this I leave most of the pubic hair above my cock. I don't think that I would find complete hairlessness a turn-on, although I'm sure it feels great for sex. It would leave me thinking of my cock as looking like that of a child – and I'm a man, and like looking that way.

What do other members think about lube, and how do they use it? I think that circumcised men wank more than cavaliers with lubricant, just from talking to friends and family.

*Dan H.*

## Another Muslim

**H**aving just read the controversy regarding circumcision and non-circumcision within the Muslim faith, I feel it incumbent upon me to show that there is a great deal of tolerance and understanding in that faith, and not all intolerant fundamentalism.

I have already revealed much about myself in previous essays in *Acorn*, including my status as an uncircumcised Muslim. My Muslim lover had 'symbolically' circumcised me by cutting my frenulum and shedding my penis blood. Afterwards, the local Imam had examined my penis, and having ensured that my glans was already desensitised, and that my foreskin could be permanently retracted, had pronounced me a "true and genuine Muslim", welcoming me into the faith with, literally, open arms.

Since then, I have, to my utmost ability, practised the faith as much as was practicable, adhered to all regulations concerning bodily hygiene and its functions. My cock and armpits remain shaven, and will be so till the day I die. I've avoided pork and, when in my country, have regularly attended Mosque and fasted diligently the month before Ramadan, the Islamic New Year. Needless to add, I have always tried to live by the tenets of the Koran.

I hope that all my earnest efforts do not count for nothing in the eyes of other Muslims who come from a different part of the Muslim world, just because my little fold of prepuce, hitherto always permanently retracted by being neatly tucked behind my corona, makes everything null and void – nay, even filthy.

I come from a country which, though no less Islamic than any of the others in the Middle East, is, nonetheless, far less fundamental, which is why, maybe, that Malaya has a thriving economy with plenty of foreign investment.

Malay women are allowed to drive vehicles, and the veil is not imposed on them but remains a personal family choice. Neither is female circumcision ever practised.

In my country, male circumcision lies in the hands of private doctors, or, if available, local hospitals – not the barber, the professional circumciser, or whoever else performs it in the Middle East. Thus, in poor remote villages, where complete medical facilities are not always easily available, there remains a proportion, albeit small, of Malay Muslim men who have not been circumcised. The local mosques take personal circumstances into account, and make dispensations for foreskinned men to be Muslims. Even when government medical teams occasionally tour remote parts, they are far more concerned with general health and the nutrition of natives than with circumcision, which is considered a private matter.

Prepuces like mine, which retract permanently, are no problem once confirmed by the Imam to be Muslim, but men with obstinately hooded penises, or long overhangs, have to be re-examined by the Imam once a year to check for glans hygiene. A dirty glans will incur a heavy fine, donated to the mosque's good causes, and the culprit may be requested to present his cock for examination more frequently – perhaps every 6 months.

My lover taught me the steps whereby I could become an uncircumcised Muslim. If, at a later date, the opportunity arose, he told me that I could always have the full circumcision with a ceremony included, if I wished. In the meantime, I should commence to retract my foreskin permanently and gradually desensitise my glans, which was then raw, liver-coloured, and painful when touched.

I may not be the Muslim of some narrow conceptions, but the local Imam, the mosque, and the religious authorities of my country recognise me as one, and that is all I need. Religion, especially an imported foreign one, always adapts itself to the local customs of the country in order to thrive. The Malays are racially, culturally and linguistically entirely different from the Arabs, and even amongst the Malays themselves, customs differ from region to region.

He revealed to me a pagan Aboriginal/Malay custom (it was not a Muslim custom) of his fishing village, which had become integrated into the circumcision ritual. One year before the Event, all the soon-to-be-circumcised pubescent boys received instructions on foreskin retraction and glans desensitisation.

They were then taken out on a nude fishing trip into remote waters where, on one side of the boat they stood in a neat row. Facing each youth, stood his opposite number, an older man in his mid-thirties, also completely naked. These older men, in their prime of life, were specially chosen for their qualities

of proven manhood. They had to be married, potent and virile, the father of children and even, to put it bluntly, favourably endowed with good-sized penises and long heavy scrotums. Needless to add, they had to be circumcised too.

After some prayers, incantations and blessings by the village priest, each older man retracts the foreskin of the youth opposite him. Then each older man masturbates himself and massages his semen into the freshly exposed glans of the youth. This signifies the youth's rite of passage into full manhood, even before circumcision is achieved.

Be it said that this was a straightforward ceremony, neither as painful to the youth to have his glans semen-rubbed, nor as titillating to the older man to play with his own cock, as my words may make it seem. This was a nude male-bonding society, and all the youths had grown up seeing the cocks of the older men, as a matter of daily routine,

During the interim year between this semen-rite and circumcision, it was deemed correct for the youth to approach the older man who was his opposite number, on a regular basis, for his bodily fluids with which to massage his glans, now under ceremonial obligation to remain permanently retracted or as often as possible if the foreskin was loose. The older man's bodily fluids could be urine, natural lubrication or, best of all, semen – whichever of these fluids was convenient for him to offer at the time. After circumcision, this custom ceased, but the older man now became a kind of Godfather to the newly circumcised youth, and oversaw his welfare in every department of his life, especially in matters relating to intimate sexual problems.

*H.C. – London*

## Resignation

I am resigning from *The Acorn Society*, not without some tinge of regret, to return to an honest and open relationship with my wife. I have found much of the material in *Acorn* useful in working out my deeper feelings about my sexuality, and wish to thank you for making it possible for all us contributors and readers to write freely on subjects that are not dealt with anywhere else.

I think I share an obsession with the penis (principally mine) with most of the members of *Acorn*, and, through often painful discussions with my wife, have managed to find logical explanations for my obsession which might be useful to other members.

During the last few years, some of the occasions of self-mutilation have led to some joint enquiry as to the origin of my penile obsession. Mutilation of my penis and bisexuality were facets of the same obsession, which are shared by

some members of *The Acorn Society*. I have no doubt that my obsession lay in very early conditioning by both my parents, but largely to fulfil the wishes of my father that I escape infant circumcision. I have written about this before to *Acorn*, but have a new insight to add. My mother told me that up until I was 6 months old, she (or possibly my father) would fondle my penis until it was erect, and then tug at the foreskin to free it from the glans to which it was naturally attached. This would happen at least once a day. In the cause of doing this she occasionally caused bleeding, and may have torn my frenulum apart. Needless to say, only the members of *Acorn* not circumcised in infancy could have been subjected to this sort of conditioning. More recently, I have been reminded that my short foreskin showed some scarring parallel to the glans, prior to anything that I did to myself. My GP at the time, with whom I raised the query, confirmed that there were no records of any operations other than tonsillectomy at age 5 in my medical notes, and my mother recalls nothing of the sort. I am left with the strong suspicion that my father gave me a dorsal slit to relieve a recurrent phimosis, sometime after the age of two. I have a nude photograph of me at age 26 months with an intact, if rather aged (dark adult looking, rather than pale and bud-like) foreskin. My father's continuing interest in my penis, and his probable attack on it, go a long way to explaining my bisexuality and desire for self-modification.

After a boyhood in which obsession with my own and others' penes got me into trouble on more than one occasion, I managed to control the obsession by submersion (in the psyche) from age 15 to 28, when a rather premature vasectomy under local anaesthetic awakened the mutilation demon. The attraction for others' penes followed about 12 years later when heterosexual activity had lessened greatly.

All this has nearly wrecked a super marriage partnership, and I am a very lucky man to be able to look forward to a return of this partnership in the future, without the spectre of my father's skeleton in my mental cupboard.

As I have experienced a spectrum of uncircumcised and circumcised states during my sexually active (auto-, hetero- and homo-) lifetime, I would like to give my opinion on the 'ideal' state; uncircumcised with normally bared glans whether flaccid or erect. Reasons: Heterosexual activity is easier for your partner – she has a foreskin to play with if she wants, and plenty of loose shaft skin makes full intercourse much easier for a tight and/or poorly lubricated vagina; wanking and being wanked are also easier and can be varied.

Before I finally sign off I would like to reply to ZED, and to raise a new issue.

1. ZED can be assured that if he continues to extend his subincision, that once the jet can fall clear of his glans, the splashing, wandering and dribbling will stop. Once ejaculation can come clear of the glans, the range increases to about 6 feet. On circumcision after subincision, ZED should be aware that he will be fixing about 8 inches (assuming a 6" penis



with a 2" knob when erect) of shaft skin to, at most, 4" of split urethra. The surplus goes into a hood over the glans, which is technically more difficult to circumcise than a freely mobile all-round foreskin. It will have to be done by 'cuff resection'.

2. The new issue is **Prostate Problems**. I am sure that some *Acorn* members, like me, have noticed the insidious onset of symptoms of prostatic enlargement... slower, smaller calibre stream, stop/start during urination, getting up in the night. The medical literature tells us that there is an epidemic among the over 50s in Western countries, that at least 25% of males over 50 will have at least one operation to relieve kidney threatening blockages before they are dead. The drug companies are racing to try to find a drug that they can put all of us over-50s on for the rest of our lives to 'prevent' prostatic enlargement. Yet the causes are unknown and remain largely unresearched.

Speaking from my own and friends' experiences, the obstruction is worse at night, during stressful periods, after long periods of sitting (eg. driving on a long journey), and is least after exercise. By keeping a diary of activity, stress levels and diet as well as of symptom scores (I use flow – rated 1 good, to 3 poor), sensation (rated 0 normal, to 2 very tingly), number of pumps to clear the residual out at the end (0 to 10), and number of intercurrent stop/starts (0 to 10), I have discovered other factor(s) contributing to **my** varying condition. Chocolate invariably leads to obstructive symptoms between 6 and 12 hours after consumption (a number of temptations after the diary discovery have confirmed this). I was very fond of chocolate! Bacon, pork and beef have also been associated with symptoms between 12 and 48 hours after consumption. Transfats and items containing them are also suspect but not experimentally proven on me by inadvertent challenges.

The fully detailed composition of transfats and of chocolate are unknown; they may contain hormone-like compounds, or my problem may be allergic. The meats are more likely to contain hormone residues, which may be quite 'natural'. The circumstances under which I ate those meats (away from home) meant that I could not check their origin. What I do know is that nearly-mature cockerels that I have raised and eaten have given me problems, whereas immature birds, hens of the same age as the young cockerels, and old hens do not. Natural testosterone levels in meat may therefore influence prostatic enlargement. Stress is known to raise one's own testosterone levels, so that may explain the coincidence of stress and worsening of prostatic symptoms.

None of this is in the scientific literature, but I am satisfied that, apart from occasional lapses when eating with friends, or out, the elimination of chocolate, transfats, and all male animals from my diet, as well as the control of stress, has maintained my prostate in a more normal state than it has been in the last few years. I would encourage anyone who is worrying about prostatic symptoms, which fluctuate inexplicably, to keep a detailed diary. That may help to pinpoint, as it has done for me, some of the more controllable associates

with symptoms, which can then be avoided. If you go to your doctor about this, at best he/she will send you away saying come back when it gets worse, but he/she may offer you drugs for chronic medication or an operation which usually removes your power to ejaculate, and which may make you impotent and incontinent as well.

*P.D. – Dublin*

[I know he won't be reading this, but I know the first part of this letter must have caused Paul a great deal of anguish to write. Most of us know how the effects of events in our childhood stay in our minds forever. I hope you'll all join me in wishing Paul a very happy future. — D.A.]

## Sir Michael Tippett

The leading British composer, Sir Michael Tippett, in his autobiographical *Those Twentieth Century Blues* (London: Pimlico, 1991, £10 paperback originally, but now £3.99 in book clearances), includes (p.1) an account of “the horrors of a second circumcision – a quite dramatic affair, which certainly left an emotional scar. It was my father’s decision that both Peter (his brother, two years older) and I should be circumcised. This had nothing to do with religion. In his own first sexual encounter in adult life, with a woman, he had experienced the common problems associated with a tight foreskin and decided he himself should undergo circumcision. Subsequently, he felt that Peter and I should be spared such problems; in addition it might possibly be worthwhile for reasons of morality or cleanliness (a notion that became prevalent in post-war America).

Unfortunately my operation proved unsatisfactory, and a second was needed. The doctor decided that I, aged 5, should not have an anaesthetic this time, but should be lulled into sleep by other means, while sitting on the basin in anticipation. When the cut occurred I woke immediately and let out a piercing shriek. There was blood everywhere”.

Sir Michael was born on 2 January, 1905, and his father in the last year of the Crimean War, in 1859, marrying late. ‘Post war America’ therefore refers to the 1920’s. The family was comfortably middle class, the father having made his money as a solicitor, and this account illustrates the quite widespread interest in circumcision among this class around the turn of the century.

The book mainly concerns Michael Tippett’s activities as a composer, concentrating on the 1940’s and the 1970’s, and on the literary and other sources which inspired his music. There is recurrent coverage of his homosexuality (mostly at a time when homosexuality was illegal), mainly dealing with the problems of managing his relationships with his partners, with how he influenced them and they him, and with its effects on his other friends. The book includes substantial sections on his dreams, which he analyses

according to Jungian principles, and on his pacifism and conscientious objection to the 1939-1945 war.

*Tony Acorn*

## Pumping

I have recently been introduced to the pleasures of 'pumping'. What is pumping? Well, to put it in the right context, it is submitting your cock to a vacuum, using a proper vacuum pump and a lucitite (a special type of plastic) tube. These tubes vary in diameter but are all the same length. They start at 1.75" diameter by 11" long. Unlike the so-called pumps you can buy from sex shops, these items are properly made in the USA. You choose the right sized tube to suit you, but allow that when you are erect you are always thicker in diameter.

To use the pump you must do some preparation, in that you massage your cock with a suitable lubricating cream, my favourite being Boots A & E cream. This softens and lubricates your skin, allowing it to stretch. Heat is recommended, and to this end a heat pad is wrapped around the tube. The neck of the tube does not use a rubber ring to seal it, you just grease it with vaseline around the edge and just inside the entrance. You then slide your cream-coated cock inside the tube, connect the pump by its instantaneous coupling, and pump, the vacuum drawing you into the tube, making it airtight. Your cock slowly expands to fill the tube breadthways and stretches in length. It is a very pleasant sensation and the size increase stays for a couple of hours. This has an advantage if sex is getting a little boring and you want a change. For those who are gay, the company makes a buddy tube, which is a double ended tube that has the valve in the middle so that you can pump your partner at the same time as yourself. Even have a tug-of-war!

If you do it regularly each day, the stretching increases, and there is an increase in both girth and length, but this occurs to dedicated pumpers who do it for hours at a time, 2 or 3 times a day. I do it for about an hour when in the mood. As a point of interest to those of you who are circumcised and want to get back a foreskin, I know of one pumper who has done exactly that, now has a foreskin, and his cock has stretched to 9.5" in length (genuine size).

Anyone who is interested in this is welcome to write to me and I will endeavour to answer any questions.

*B.H. - Leeds*

## Regrets

I have a great deal of sympathy for Mr and Mrs Hodges (Sheila Hodges, Issue 4/95), and Mrs Hodges account of her husband's recent circumcision, after which, both lost much of the excitement and pleasure of lovemaking. Her excellent description of the slow loss of sensitivity exactly parallels my own experience after my re-circumcision a year ago.

Although I was circumcised as a baby I knew very little about circumcision, or even penises, and, as I used to get a great deal of pleasure from my frenulum, and particularly from sliding my foreskin back and forward over the rim of the knob, I assumed this was normal in a circumcised penis. I now realise that I had been only partially circumcised, as I had a foreskin which covered half my knob.

What I have found in my new, totally circumcised, state, is that there is now a large and empty gap between having a sexual idea and orgasm. Reaching orgasm now requires a great deal of tedious, strenuous, and not particularly pleasant, manipulation, and then BANG! an orgasm. Before, this period of 'build up' before orgasm was extremely pleasurable, and is a most important part of any loving relationship. It can even be enjoyed without necessarily ending in an orgasm.

It is, I think, impossible for a man, circumcised at birth, to know how much more pleasure he might have enjoyed if he had a foreskin, just as it is impossible for an uncircumcised man to understand how little sensation (comparatively speaking) a circumcised man has.

I contacted NORM (UK) (mentioned in 3/95) (Phone 01279 429771) and found it very helpful to discuss the feelings of anger, which this situation brings with it, with other men who understand this difficult-to-talk-about problem. I have also found the book *The Joy of Uncircumcising* (quite a big book actually, Anon 3/95, but, I agree, not the best possible title) extremely helpful. This gives us unhappy circumcisees some hope that all is not lost, as it seems to be possible to regrow a certain amount, at least, of cut foreskin.

On the other hand, it has to be said that the appearance of my new penis has been very much admired. I think that this is because the head has grown bigger, or appears to be bigger, and even when soft my penis has a more sexual appearance. So if you value appearance over sensitivity a circumcision could be an option.

May I also say that I agree with Sheila Hodges' last remarks about how long it takes some people to reach emotional maturity and sexual reality, and some men (myself for example) are well past their thirties before they can separate sexual fact from fantasy. My impression is that women are much better at reaching this maturity than men.

William

# ACORN

Issue  
Nº 6 1995  
Editor  
David Acorn

## Editorial

I expected to get a few comments in the postbag after the TV programme *It's a Boy*, but in fact only got one, from a bitter, angry member who saw himself as the baby strapped to the frame screaming its head off. A friend, who isn't a member, also said that he became very distressed to see it. After being circumcised as a baby, with the operation botched, he had to have another one which left him not growing properly.

The programme was fascinating inasmuch as, dealing only with the religious ritual side of circumcision, it was attacked by people inside the religions. It appeared to me that the defenders, Dr Sifman among them, didn't realise that the final programme would be so anti-ritual-circumcision, as their defence could have been more passionate. There was a follow-up viewers' programme which I failed to see, but hope that someone made a copy and brings it to the meeting this week.

To turn to the meeting. At the last count we have 22 members coming. This and the last meeting shows a vast difference to the first couple, where there were only a handful at each and all very tense and ill-at-

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Printed & Published in England by The Acorn Society  
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ease with each other. We now have a core who have become good friends but are only too pleased to welcome other members who will come along, of which this time there are about five. More, I hope, about it later.

*David Acorn*

## **Bolivia Revisited**

**I**n Issue 8/92, D.P. – London, submitted an item entitled ‘Bolivia’, which reported a story originally on an electronic bulletin board (BBS) in the USA. The gist of the item was that the Bolivian Constitution included a requirement that its citizens must be uncircumcised.

I was extremely sceptical at the time, but had no means to verify the statement. Recently I gained access to the newsgroups on the Internet and discovered a newsgroup devoted to Bolivian culture. I placed a message in that newsgroup asking if there was any truth in the matter. Three people have replied as follows:-

1. “The information that you got is wrong. The practice is becoming popular among newborn boys for several reasons. First of all because of hygiene, secondly to avoid infections etc. There are other factors also as for convenience for the mother to take care of the baby. When a person becomes an adult the main reason is hygiene. I know that almost 50% of the population gets the circumcision done at birth.” — Wilma S. Siles.

I thanked her and said I didn’t realise circumcision was so popular in South America. I asked if she was a native Bolivian, living in Bolivia. I got the following reply.

“Circumcision is becoming popular because Bolivian native people are not very clean, so that circumcision helps to avoid infections.

I was born in Bolivia and I live in the United States for almost nine years, and work at Michigan State University” — Wilma.

2. “It is not so. In Bolivia live many Jewish people and all the just born boys are circumcised. I am a Jewish mother and my son is circumcised too.” — Luisa Marek de Vasquez.

3. “Respecto a la circuncion en Bolivia, lo que tu insinuas es absolutamente falso. Los bolivianos son amantes de la copsas naturales. No creo que por razones religiosas o higienicas se les imponga al sexo masculino la teoria de la circuncion” – Guillermo Rojas.

So there you have it! Bolivia does **not** require its citizens to be uncircumcised – indeed, the infant circumcision rate is about 2/3 that of the U.S.A. and about 5 times that of the U.K.

*Vernon – London*

## Terminology

Am I the only person to find myself thoroughly fascinated by the terminology with which we boys are encouraged to refer to our private parts? I was born in the late 1950s, to a lower middle-class family in Southern England, and in my earliest years my penis was my 'nothing'. I knew no other word for it – and, although I clearly remember at the age of about 5 saying to my mother that there must be a proper word for it, and that we could perhaps find a library book which would tell us(!) – 'nothing' it remained.

I don't remember any moment of confusion or readjustment, but at junior school it certainly wasn't your 'nothing'; the terms universally used were 'cock' or 'prick'. The school had a fair social mix, in a recently built neighbourhood of a new town, but 'willy' – which was used by some boys – seemed to me then to be a more working-class name; the posher kids referring to their 'cocks' or 'pricks'. However I do recall one lad confiding that he was shortly going into hospital to have his 'ding-dong' circumcised – which was the first and only time I've heard that particular piece of nomenclature.

At secondary school, 'dick' was far and away the commonest term – together with 'balls', which was used to refer both to the testicles and the genitalia in general. As we were all hitting puberty at the time, this meant that for many years I was under the impression that 'dick' was the word used to describe the sexually mature organ, while 'cock' and 'prick' referred to undeveloped equipment; young boys had cocks or pricks, adolescent lads and young men had dicks.

As for circumcision itself: no-one in my family is circumcised, and the junior school friend was the first person I'd ever heard using the term – I had no idea what the term really meant. However, I clearly remember, pre-secondary school, an older boy in the Scouts talking about 'circumcision' and then – when I asked him for an explanation – saying something to the effect that the end of your dick sometimes got bunged up with dirt and became sore, in which case the doctor would chop it off. I've no idea whether this individual was circumcised, but the explanation seemed bizarrely improbable, and puzzled me a great deal.

When I started secondary school, there was a reasonable sprinkling of cut cocks to be seen in the showers after games. Many of these were completely undeveloped, others were on boys who were already reaching puberty. This was really the first time I'd ever seen large numbers of other boys' willies: we didn't undress for games at junior school, and the only other time I'd had a good look at another penis came as the result of some pre-pubescent fumbling with my best (uncircumcised) friend. But the strange thing is that I don't remember being at all puzzled by the circumcised cocks I now saw for the first time. Nor do I remember any dawning of the light over my scouting friend's explanation. Rather – surrounded by both immature and growing

cocks, at various stages of puberty and of all shapes and sizes, I think I simply accepted the circumcised sort as just another sort of natural variation on the form I possessed myself.

It wasn't until sex education began – in our second year at secondary school – that I really began to realise what the implications of the difference were: that it wasn't something that occurred naturally, but was the result of human intervention. Obsessed with my genitals as all boys are at that age, my fevered pubescent imagination seized on this idea with enthusiasm: somehow it seemed to me that it was the most self-confident, athletic, popular boys who were the circumcised ones, and I dreamed about becoming like them. They were a group for which I felt awe and admiration – an elite from which I was excluded – and I took any opportunity I could to catch a glimpse of that tantalising difference. But I vividly remember a lad in my house, who'd been shorn of his foreskin during the summer holidays, arriving back for his second year displaying one of these – to me – fabulously altered tools, the healing scars on which were still clearly evident. Unfortunately, however, it couldn't have happened to a worse candidate – he was a quiet, rather shy boy, already well into puberty. His penis was already quite large, so the circumcision was painfully visible to all and sundry and, as a result, he was mercilessly teased about it – to his intense embarrassment.

But, to return to the point with which I began. What are other members' terms for their equipment? Am I the only person in the world who had a 'nothing' when young? What did others call it? And, for those circumcised as boys, what was the term used to describe the operation? 'Bimming' was one referred to (in these pages, I think) recently. Are there others? Perhaps we could have an *Acorn* glossary to get some of the idea of the range of terminology across geographical, social and chronological categories.

*Anon – London*

[I had two sisters and my mother used to refer to both their genitals and mine as 'botties'. — D.A.]

## Fundamental Trimmings

Here, in the deep South, in the Bible Belt, there are many so-called Christian Schools, run by denominations who interpret the Bible literally. Although most of the students come from this religious background, a small but increasing number of parents who are not fundamentalists are choosing these schools for their children. They apparently feel the disciplined, drug-free and violence-free environment offered compensates for the distortion of the academic curriculum (rejection of evolution for example), the frequent and compulsory prayer, the physical punishment (for which both boys and girls



are liable by written contract up to the age of eighteen) and the relegation of females to a subordinate role.

Canadian neighbours of mine, the LaPierres, who recently moved to the U.S.A. for the first time, decided to send their 15-year-old daughter and 13-year-old son to such a school. The other day, I ran into the family at a social gathering and the subject came up. A group of us were chatting, and Mrs LaPierre was relating rather amusingly some of the rigours of life at the school. She then said that John, her son, had had to be circumcised. An embarrassed silence fell over the group. I could hardly believe my ears, of course wanting to know more but not liking to ask. I noticed the boy, who was in the group, turned a bright red, and his sister looked at him with a smile on her face. Sibling schadenfreude. The mother was obviously not the type to notice this.

Fortunately, another neighbour, a newly married girl whom I do not believe can be more than 22, broke the silence and asked what Mrs LaPierre meant. Unfortunately the reply was not very explicit. It seems that at a routine physical on entering the school, the doctor had recommended circumcision “to be like the other boys” (very common here). One speculates it could also have been to combat evil temptation.

Incidentally, if I had been making up this story I would have had chapter and verse on what the doctor said, and, of course, the doctor would have been a sexy young woman. But sorry, folks, this is real life.

By a curious coincidence, a week or two later Mr LaPierre asked me to help him complete some medical insurance claims, as he was unfamiliar with U.S. procedures. The circumcision charges were among them. From memory (I could hardly make notes), they were approximately:-

	<b>Total</b>	<b>Covered by Insurance</b>
Physician's Fee	\$540	\$400
Hospital Fee (Outpatient)	\$680	\$540
Lab. Fee	\$150	\$120

This total of \$1,370 (I remember the exact figure) does not include any fee for an anaesthetist, which presumably means a local anaesthetic was used. From experience with other surgery, I know a general anaesthetic would have added another \$400 or more, but if you're paying \$1,370 anyway, what, I suppose, is another \$400?

*C. – SouthEastern U.S.A.*

## A Matter of Weight

One consequence of weight-watching not directly associated with seeking a healthier shape, happened to be *Acorn* oriented.

Weighing naked made me more conscious of my circumcision, by having to look down at the liquid crystal display. Beside the wonder of electronics, a scar such as used for thousands of years as an identification mark of tribe or creed! I conjured up thoughts of how much extra weight I'd be carrying had my foreskin not been excised in infancy!! Could it be perhaps 2 ounces, 3 when particularly fleshy, or even 4 or more when thick and long? I bet there are no figures readily available, even from hospitals.

Presumably, neonates must have about  $\frac{1}{3}$ oz of prepuce, which would make the maximum 'cull' of 2,000,000 per year 18.5 tons. That represents the sacrifice of a full hundredweight of infant foreskins each day in the U.S.A. when circumcision was at its peak – almost four skins being excised every minute.

Though originally used for the production of interferon, severed infant foreskins are currently used in the treatment of extensive burns in the United States.

*Anthony*

## Redundant Foreskin

Being blessed with a long and tight prepuce which, much to my annoyance, would not retract until the age of 13, I later had severe discomfort when working in hot, dusty conditions due to the accumulation beneath the prepuce (I think it found its way in by capillary action due to the moist condition). By experiment, I found that, because of its tightness, the prepuce would, if dry, remain permanently in the fully retracted position. And so it has been for the last 50 years, wrinkled up and completely redundant, leaving the glans bare. I push it forward about every two months just to check that it is still healthy. The bare glans has given no discomfort; liberated from the constraint of the prepuce, the glans has expanded. My late wife and I had a wonderful sexual relationship.

For primitive man, a foreskin probably afforded good protection for his penis during hunting activities. But I have long been of the opinion that for modern man a foreskin is, at best, useless, and quite often a liability. In principle I am very much in favour of circumcision, for which I would have opted had I been near a centre. In U.S.A., circumcision appears to be accepted as the norm by most people, and procedures such as Plastibell have led to more uniformly satisfactory results.

*H.F. – Tayside*

## Circumcision and Masturbation

The elephant hasn't forgotten! Several months ago, in 8/94, I sought the views of readers on the difference between the quality and techniques of masturbation, and sexual activities generally, between the circumcised and uncircumcised. I promised to keep readers informed of the outcome, and David Acorn reminded me, subtly, on page 8, Issue 5/95, that I had not done so. [Sorry, Ray, I didn't mean it that way. I'd just not seen much response for you and was hoping that my initiative might help you. — D.A.]

At the same time as I asked the question in this magazine, I posed a similar query to the readers of *Zipper*, in which I write a regular column. The response was very disappointing in both instances. I got a few comments on masturbation in general, but the key issue of its interaction with circumcision in particular didn't produce sufficient information to be worthy of analysis.

What did emerge was that masturbation, even into considerable old age, is a most important sexual outlet for most men. It is seen by them as being very much a behaviour pattern in its own right, not merely as a second-rate substitute for partnered sex. Several correspondents made it quite clear that they preferred solo masturbation to any form of sexual intercourse with either men or women. They could develop their powers of fantasy to incorporate any whim or kink that appealed to them without having to take into account the views of any partner. Neither was their enjoyment impaired by any performance shortcomings on the latter's part. Furthermore, they had no problems of shyness or nervousness with strangers to overcome, nor had they any fears of infection.

Arising from the correspondence, the concept of a national 'Group' to bring together dedicated wankers for fellowship, fun and mutual support in the event of any psychological anxieties was mooted. It is still in the formative stages and I shall be happy to pass on any letters which members may care to send, to the convenor in Yorkshire. Just send them to me in a sealed, stamped, but unaddressed envelope, via The Acorn Society at the W-s-M Box number.

*Ray Hamble*

[Running on with this subject I have so far only had two replies to my request. Both are cavaliers, but the second one doesn't do it in a cavalier fashion. Please let us have a lot more of your closet pleasures. — D.A.]

## Self Indulgence 3

**I**n response to your request, with the safeguard of anonymity which I know I can trust, I hereby bare my soul.

I am now just over 70, married, with about a 7" cock having a thick foreskin which just covers my glans when soft and nearly disappears when hard.

I was first introduced to wanking by a friend when I was about 8 or 9. He told me that if I kept rubbing my jimmy up and down I would get a sudden nice feeling that would make me shudder. How right he was. After that I used to have a 'rub-up', as it was called, with many boys as I grew up. The excitement of each boy as he first obtained a bead of come approaching puberty was great. All the knowledge was passed down from the older boys at school, including sucking yourself off, a pastime I loved and managed to carry on until I was about 18, when my body thickened out. I remember at the start how disappointed I was that my come didn't have a really positive taste. I felt sorry for the tubby boys who couldn't bend down enough. Another thing that we used to do in our teens was to see how many wanks on the trot it took to come dry. Four was about the average and it made our foreskins puff up to twice their thickness, which took a couple of days to go down.

When I got married I still carried on wanking, unbeknown to my wife. I never regarded it as a substitute for sex, but as a part of sex itself. So when my wife, having had her children, showed less and less inclination for sex, and finished completely when I was about 45 (this being not uncommon, I'm told), it didn't upset me at all, I still had my wanking.

Up until the age of 60, my method was almost always the same, a full fist clutch, drawing back my foreskin completely until my frenulum was tugged, then pushing fully forward until the root of my cock was tugged, pulling my balls as well. This was started very slowly so that the slight moisture under my foreskin caused an exquisite friction over my knob and corona. When it became completely dry after about 20 strokes I would go faster and faster. Not that coming was the be-all and end-all. I enjoyed it so much that I would go on for an hour or more without coming, and even then leave it till later, when the orgasm would be more intense.

So that was up to about 10 years ago, when I found that my knob began to lose its sensitiveness. Whether this was due to age or the fact that my 3 or 4 wanks a week had taken its toll, I don't know. So from then on I had to look for stimuli of one sort or another. I tried many things and always found that novelty helped (thank goodness), and one step invariably led to another. For instance, I started one way by strangulation of my cock and balls with a tied handkerchief. From there it went onto cock rings (3 or 4 at a time), and then, if I pulled my skin right back down the shaft and wedged it under the rings, I found I was pseudo-circumcised, and thence with KY jelly or cream I could have a circumcised wank, still using my fist. I tried rubbing my thumb across

my knob, dry, like I'd seen the young American boys on video do, but it didn't do anything for me at all. Probably the most never-fail way is to put a rod (a biro pen is OK) up my bum and waggle it around until I touch my prostate gland. The only drawback to this method is that the orgasm tends to feel very sharp, so I take it out at the very beginning of feeling myself coming.

Then I read in a book that masturbation can be enhanced by tension. It said to lie on your back, tense the muscles at the base of the cock as if you were finishing a pee, but keeping them tense. Do the same with the anus muscle. Then, keeping your heels still, press outwards with your knees. Press your eyes shut, keep catching your breath for as long as you can, and if you've been wanking during this, your stroke will shorten to about half an inch involuntarily. If you give yourself up to this you will find (hopefully) that you have a constant feeling of coming until at last you do come. It works for me most times, but there are a few times when I fail to get the feeling. There was a sex doctor, named Robert Chartham, who advocated something similar. He said to put a thickish book between your legs right up under your scrotum and squeeze hard. I managed to come only once. The book must have been Moby Dick.

As time has caught up on me my amount of ejaculation has dwindled, and where before I could shoot it out, it now is just an ooze. My constant worry is that I should either get to a state where I never reach orgasm, or that I lose the urge anyway. What's the quickest form of suicide?

That's all I reckon. I am not a one-off human being, so that I should imagine that everyone can relate to one bit or another of my wanking career.

*Anon*

## Self Indulgence 4

**A**lthough a cavalier, I very rarely make use of my foreskin when wanking (although, funnily enough, I shoot further this way), but prefer the direct contact with the bare knob. By now my knob is sufficiently tough that I can't really feel any difference whether the skin is forward or retracted.

I prefer the use of some form of lubrication, although I can dry wank without the knob becoming too sore. Preferred lubrication is saliva or KY jelly – they produce very different sensations.

Also, different results are produced depending on whether I use my right or left hand – I find the normal clenched fist method the best. The inner foreskin for a couple of inches behind the knob is quite sensitive, especially in the area around the join of the skin (the raphe I think it's called).

I have found a good method is to position myself over a washbasin, so that my balls are resting over the rim and pressure is applied to the perineum, which tends to heighten the orgasmic sensation.

Although holding the foreskin tightly back so there is no movement at all is quite pleasurable initially, I prefer to have some loose skin moving as I come, otherwise I lose quite a lot of sensation (this is one of the factors making me hesitant in going for circumcision).

I apply pressure up and down the shaft and knob until I come, when I find it impossible to touch the upper side of my knob, and intense sensation comes from the frenulum area just under the glans and towards the tip. There's an initial spurt or two, then it becomes mostly a dribble!

I need to have some sort of sexual outlet preferably every other day, and my pattern at the moment seems to be normal intercourse once a week and wanking two or three times a week. Not ideal, as I far prefer the former, and there is no comparison in the quality of orgasm.

The main thing of course, is that I enjoy my cock so much and make as much use of it as I can.

*Anon*

## Shaving

**I** was interested in Aldo Rabaiotti's request for advice on genital shaving in 5/95.

I am now 62 and, apart from occasional lapses of no more than a few months, have kept my pubic area close shaved since puberty. I didn't go through those dramatic changes until rather late, around 16, although I had already been homosexually active for seven years since I was nine. I had grown to enjoy the smooth feel, and my increasing resentment at the first appearance of hair was fuelled by ridicule from already hirsute schoolmates who scorned its late arrival in my case. Shaving off the few preliminary wisps adequately allowed me to explain the absence of a more luxurious growth. My reputation for sexual promiscuity gave me licence to do such strange things.

I have both experienced, and seen in others, considerable painful skin burning of the scrotum from the use of various depilatory creams and, though some recent arrivals on the market claim to be harmless in 'even the most tender areas', I am reluctant to experiment. My experience with electric razors has always been painfully disastrous. Very many years ago, as a young hospital doctor, I was sometimes expected to shave potential patients for surgery and achieved a beautifully close result with an old-fashioned 'cut-throat' razor. I don't recommend any D.I.Y. enthusiast to attempt such an approach today, however.

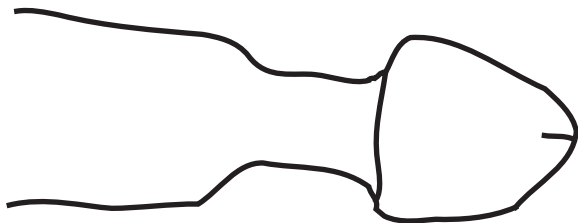
Nowadays, I use a Gillette twin-bladed 'Contour 11' razor (I think that's what it's called, I've been using it for yonks), together with Somerset's Shaving Oil, rather than foam or gel. This comes in easily packable tiny 10ml bottles, and I get mine from the larger branches of Boots, but I must admit it isn't widely available. It's quite expensive at £2.99, but you only need three drops, and it lasts for several months. I am able to grip the neck of my scrotum and stretch the skin over my testicles so that I have a smooth surface to shave. It literally takes only a couple of minutes every morning after my shower – much quicker than my chin – and I can't remember when I last 'nicked' myself.

*Ray Hamble*

## Radical Circumcision

I was showering at my local swimming baths after my weekly swim, when two other men joined me, and I couldn't help noticing that both were well-circumcised like me. What was remarkable however, was that one of the men had a huge knob and the area immediately behind the corona had been cut down to give a deep inlay of about  $\frac{1}{4}$ " depth and running  $\frac{3}{4}$ " - 1" up the shaft.

This gave a quite incredible look to the organ and made me most envious. How this cut had been achieved I find rather puzzling, and wonder whether any of our members have such a cut



or knows how it was possible to remove so much skin safely.

This sighting reminds me of my schooldays in the late 40s and 50s, when it was the custom to cut boys at birth. I was one of the unlucky ones to have missed the chop (my father told me my foreskin would naturally retract, as his had, when I got older. Sadly, it was much too long and loose).

I used to be fascinated at shower time or in the changing rooms to observe all the different types of cut, from very radical to just the tip missing. I should have thought the latter would have never given its owner a moment's peace, it would have been so sensitive.

Being at the school for many years, I eventually got to know (and make a note of) who had been circumcised and who was uncut, and it was interesting to note that just over 50% were cut, and I at the time was in a minority. I got the impression that the cut majority preferred their state and certainly didn't envy me. I remember one boy being interested in my foreskin, and I asked him if he regretted its loss on his radical cut. He said he didn't, but preferred his as it was, "it is much more practical like this". So I never got any impression

that circumcision was anything but a bonus to a boy. Since being cut at 24, I've also never regretted it: it's a bonus to a man as well.

*B.W. – Surrey*

## The Future for Circumcision

Having just returned from holidays abroad, I've had an opportunity to make an informal comparison of the status of our favourite subject in Europe and here. A large, crowded naturist beach in Southern France provided, however, only a tiny number of examples: I saw just three circumcised dicks in two days. One belonged to a man in – I would say – his early fifties. The other two were on much older men, both of whom appeared to be in their early seventies. Nationalities at the beach were a mixture of (mainly) French, with British, German, Dutch and a few Spanish. I wasn't able to determine the nationalities of the three circumcised individuals I saw – but I was perturbed to see that they formed such a tiny minority, and were maturer rather than younger men. There was a very broad range of ages at the beach, with many families, and although the older adolescent boys and young men kept themselves covered, two younger boys – about 7 or 8 years old – who were bathing without swimming trunks were quite definitely uncircumcised. Funnily enough, one of them appeared to have a penis that – to an amateur eye – showed all the signs of latent phimosis: the foreskin was long and bunched well beyond the end of the penis, with the outline of the glans, very tightly enclosed, clearly visible inside.

An interesting comparison came on my return to England, when, in the midst of the August heatwave, I spent a couple of days sunbathing at a naturist beach on the south coast. Here, the contrast couldn't have been more different. I would say that between 30 and 40% of cocks were cut, and over a very wide age-range, from elderly gentlemen to young men who appeared to be in their late teens and early twenties. The other noticeable difference was in the variety of circumcisions on view. One or two examples of the classic all-American 'clipcock' with very little inner foreskin visible (though it has to be said that these were very much in the minority), through some quite loose 'acorn' examples (the vast majority), to (my own particular preference) cocks which had been quite tightly cut, but with the scar clearly visible an inch or so down the shaft from the glans. There were one or two really beautiful circumcisions of this sort.

Now these weren't in any sense representative – let alone scientific – samples, but it's further anecdotal evidence to bear out what the research suggests: that on the continent at least, circumcision seems to be dying the death.

What conclusions can we draw from this? It does begin to look as if, in the rest of Europe, routine circumcision is firmly on its way out. As we know, the



incidence of the operation in Britain and the US is, likewise, very much on the decline. Quite apart from its use for religious reasons, there are always going to be those who wish to elect for the operation out of sexual and/or aesthetic considerations. As a gay man myself, I know there's a particularly strong interest in circumcision in the gay community.

But in the light of current medical opinion – which seems to be turning against circumcision as a medical treatment – I wonder whether we're going to be in the situation, in 30 or 40 years time, where the routinely circumcised cock will be a thing of the past. Instead of being a relatively common operation, undergone by a large number of men and boys (whether willingly or not), will circumcision have become marginalised into a specialist procedure, undertaken only by those with a particular interest in the subject – rather in the way that piercings and other body alterations are at present?

If this becomes the case, one implication occurs to me. At the moment, anyone sporting a circumcised dick may have been cut for a number of widely accepted reasons (as part of their religious faith or for medical reasons) as well as for the sake of appearance, or simply because it turns them on. But eliminate the purely medical category and circumcision becomes a different thing altogether: a personal statement about aspects of an individual's own sexual interest, just in the way that nipple and genital piercings are now.

The difference of course, is that the latter are easily disguised when the occasion demands it and discretion is needed. Circumcision isn't, of course, and I wonder whether, in a future where the operation for purely medical reasons has died out, boys and young men who would like to have themselves cut, may feel unable to do so because of the way it may be felt publicly to advertise what could be interpreted by others as 'abnormal' sexual interests and preferences. After all, in the shower with the rest of the team, if you remove, "I was cut at birth/as a boy because of a tight foreskin" as a possible explanation, there isn't much you can do with "I'm actually Jewish/Islamic/American" as a defence if all the other evidence is to the contrary! And the thought of having to explain a circumcised dick to an unsympathetic audience, in the way you might have to explain a visible genital piercing, could be enough to deter many men from having the operation.

Are we witnessing the end of the cut dick as an innocent, unremarkable, reasonably widespread form of the penis, to be seen on boys and men of all ages? Will circumcision change (religious reasons apart) into a minority operation: a specialist procedure practised only by those interested in body alterations and improvements – and, indeed, only by those who don't need to disguise a cut dick from unsympathetic eyes?

*Anon – London*

## Tags

The mention by G.D. of skin tags in 4/95 reminded me of the penis of my best friend when we were around 9 or 10 years old. We often used to play with and examine each other's willy, and I noticed that when my friend's foreskin was fully retracted, two tags of skin appeared to connect the rim of his glans to the inner foreskin which was spread back over his shaft. Both tags were on the top part of the glans, but I don't think there was any hole underneath them (I'm sure I would have noticed if there had been). Instead, they extended down into the bottom of the sulcus. Apart from these tags, my friend's penis was quite normal, larger than average I thought, with a foreskin which fully covered the glans with just a slight overhang, and was easily retractible.

A possible explanation for the presence of these tags could be that they result from an adhesion between the inner foreskin and the rim of the glans. It could be that the separation which normally occurs between the glans and the foreskin during the development of the penis had failed to spread over the entire surface of the glans.

I would also like to repeat G.D.'s request for more survey information from our members. Questions I would like to include would be, for those not cut in infancy, at what age was their foreskin first pulled back? And if cut later than infancy, the reason for the operation?

*J.A. – Yorks*

[I am beginning to compile another survey, much deeper than previously. G.D. has given me a good basis, but I would like to hear from members what items they would like to see in the survey. So let's hear what you want to know. — D.A.]

## Famous Status

Here are three more well-known names for the Cut/Uncut list, all seen in Turkish baths or saunas over the years.

The actor, Christopher Ellison, who used to play D.I. Burnside in Thames TV's *The Bill*, is uncircumcised with a long pendulous foreskin.

The well-known actor and gay activist, Sir Ian McKellan, is fully circumcised.

The comedian, Stanley Baxter, was uncircumcised, but with a withdrawn foreskin.

*R.L.*

## Non Restoration

I am intrigued by the recent items and details of Jim Bigelow's uncircumcising method. As a contented roundhead, it's not that I wish to undergo such a procedure to reform my missing foreskin, but the fact that, from assessing my circumcision, I couldn't if I wanted to!

It's not that I belong to the 'drum tight' brigade either. My operator left a 3 or 4mm remnant of foreskin behind the sulcus. There is not enough to bunch up and form a collar shielding the corona. Rather, because I was cut before full penile development, the unrestricted glans expanded to give a very deep pronounced rim and step down behind it. The upper section of the frenulum was split just below the meatus and destroyed. It remains attached at the base of the glans groove, but exerts no forward pull as it once did before it was cut. As described earlier, there remains an encircling stump of skin which is the leading healed edge of the original foreskin. This will incurve or outcurve in the sulcus as I choose – something of a fashion accessory, what?

However, although this will pull down the shaft and disappear into it when forced, it simply will not push forward onto the glans at all. The rim is far too deep and wide, and the not very elastic skin just won't expand enough laterally to go forward over the glans one millimetre. I even tried to do this many times as a child and soon after the op, thinking I could obtain some glans cover to show my friends. But for me it proved impossible. From this seemingly permanent state, I wonder how then does one even start the restoration procedure? Perhaps my operator anticipated Bigelow and did a thorough job to prevent it! I read in 6/94 that D.S. of Staffs is similarly afflicted. I suppose with sheer persistence, pain and effort, one could eventually pull some shaft skin forward on top of itself onto the glans, but the true edge would still be in its circumcised resting place, and who wants that!

I much appreciated the letter 'Restoration' from Anon in 3/95. The personal details were really interesting; eg, adolescent experience with milkmaid, and also wife's route to *Acorn* and expressed disappointment with his denuded dick. (How about a contribution from you, Mrs Anon?) Though I didn't agree with all his sentiments, I could understand them. Anon here seems to have been a Bigelow success story, and he is honest enough to admit that the 'end result' falls short of his physical ambitions. I suspect the main triumph for him, and others likewise, is the feeling of mental satisfaction in having thwarted the aim of those who cut them without their permission. Now they are no longer condemned to endure a lifelong exposure of their glans at the whim of someone else. How they must long to go and flaunt it in front of their operators!

It seems that what divides us all is our ability to enter the minds of those who circumcise. Many of us carry their irreversible (yes! despite Bigelow, we can never be the same again) mark on the most precious part of our anatomy.

In the late 40s, quite outside my consent or control, a pair of scissors closed on my foreskin. In a second it was gone for good, their snip determining that for ever, my penis would look different, and my sexual sensations would be altered, and not as nature intended for me or my partners. I often reflect on this, and reckoned that they considered the improved appearance, easier hygiene and trade-offs in sexual stimulation (ie, less sensitive = longer satisfaction), were worth a small amount of risk and temporary discomfort. I think they were right and wish more of their kind around to prevail today. How far-reaching that moment was! You don't think so? Well, one consequence is that I'm writing this and you're reading it – forty years on!

G.D.

## Disclaimers

Views expressed in articles appearing in *Acorn* magazine are those of the respective authors and do not represent official policy of The Acorn Society.

The Acorn Society does not endorse or recommend any product, service, medical practitioner, clinic, etc. Mention of such in *Acorn* magazine is only by way of information as a starting point for members' own enquiries and research.

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Members are reminded that the membership database is regarded as strictly confidential and details will not be disclosed except to those who have a genuine need to know in order to administer the Society's affairs.

Contributors to *Acorn* magazine will only be identified by initials and town unless they either request complete anonymity or explicitly request that their name and address be published with a specific article.

Correspondence will be forwarded to other members if sent in a sealed, 1st class stamped envelope, enclosed in another to the PO Box and with a statement of the identifier of the intended recipient.

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Please note that the PO Box is not emptied daily and therefore mail sent via the PO Box to another member will take considerably longer to arrive than would a letter sent directly.

# ACORN

Issue  
No 7 1995  
Editor  
David Acorn

## Editorial

First, I would like to apologise to any member who has had letters returned to them. Due to a mix-up with me moving house and the Post Office not getting their act together, the P.O. box was discontinued for a short while, and letters were returned to senders, the number of which I know not. I was lucky enough to have a chat with the man whose job it is to return, and found out that he has so many to do that he hasn't time to read anything but the address, thank goodness. I don't think it will happen again after the letter I sent.

Letters for publication now seem to be getting fewer and fewer. Don't say that we've exhausted the subject! If you have any opinions of any sort, questions requiring others' opinions, or matters brought up on any other subject, please let me know and we'll do our best. Again, in the old questionnaires, everyone ticked an interest in masturbation techniques, so everyone would therefore be interested in reading others' styles. So come on, let your innermost secrets hang out anonymously, and send your items for Self Indulgence.

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Printed & Published in England by The Acorn Society  
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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

Brian has agreed to become the Society Librarian so that we can build up a stock of literature that can be photocopied and be available for any member who would like to purchase at production cost only. Plus a list of books relevant to our interests and where they can be obtained. So if you have any literature which would be of interest to us please lend it so that we can make a master copy and return to you. Also any information on published books. Many thanks in advance.

*David Acorn*

## Sensitivity

**I**t is curious that many believe or 'feel to believe' that there is some, or significant, loss of sensitivity following circumcision. Would this loss be instantaneous I wonder?

Masters' and Johnson's revolutionary study into sex and human sexuality considered this very same point, at a time when 95% of all hospital newborns were circumcised in the U.S. They concluded (admittedly from a small sample population of 231 circumcised and 16 uncircumcised) that the circumcised glans has no greater sensitivity than that protected by a foreskin. This is interesting because Masters and Johnson talked about **increased** sensitivity (rather than loss of...) following circumcision. *Acorn* members ask questions regarding poorer sensitivity following circumcision, which is an interesting turnaround, based possibly on trends and fancies! It had also been assumed that the circumcised male would also suffer from poorer ejaculatory control because of the continually exposed glans nerve endings during intercourse/masturbation. To test this premise, 35 circumcised males were matched, at random, with 35 uncircumcised, and, following sessions of intercourse and masturbation, concluded that, quote:- "from a physiological point of view, a retained foreskin probably contributes little, if anything..."

I am concerned that Sheila Hodges has invested a great deal in the erotic value of the foreskin. If a particular part of the body has been so imbued with sexual significance and is then taken away, it is obvious that, to a greater or lesser degree, sexual enjoyment has to be interfered with. Clearly, the Hodges' used the foreskin as a focal point for sexual arousal and orgasm. Physiologically (albeit psychologically), it is the glans as a whole, the 'tag' area and the corona in particular, that is the seat of the male orgasm. Very much subjective, it would be near impossible to quantify or evaluate greater or lesser sensitivity. Texture of the glans, its colour and appearance, vary considerably (as do the female genitalia) both when flaccid and erect and, of course, on health, state of mind and sexual arousal. I must, however, re-state and place great emphasis on not choosing circumcision as a 'fashion option'. Additionally, I cannot accept parents having their child circumcised (except for medical necessity). This is a decision that should be left to the man!

In *The Encyclopedia of Sex Practice*, it does state that circumcision deprives the penis of its protective covering with the result that the highly sensitive terminal nerves in the glans gradually lose some of their sensitivity. How much? Well, who can say. Unless there is a build up of scar tissue, for whatever reason, then it would seem these nerve endings should remain as such. How long have your fingertips been exposed to all sorts of abuse? Have you experienced any loss of sensitivity? Realistically speaking, the entire surface of the body receives much more exposure than the circumcised penis. It has to be said, however, that the foreskin is richly supplied with nerve endings, and is particularly sensitive where the skin 'joins' the shaft. Personally, I found my foreskin, and particularly its tip, almost without sensation. Herein lies the difficulty. To some, the foreskin and its loss will come as a pleasant surprise, and especially where it is wanted. Whereas, circumcision, often out of necessity or tradition, may turn out a bitter experience, and where the desire for a foreskin becomes as much a sexual focal point as someone looking to be circumcised.

I am, however, a little perturbed by this preoccupation with foreskins, bared glans' and circumcision. There are other parts of the male genitalia, and many aspects to consider. It is a pleasure to see more female opinion and experience in the Society's newsletter. It should be a pleasant departure from the usual circumcision 'debate' to hear more on the sexuality of both males and females. Anne and Sheila Hodges' letters were most illuminating. Let's see much more of this.

Aldo G. Rabaiotti

## Happy Now

As a comparatively new member of the group, may I say how very much I enjoy the newsletters. It is particularly enjoyable to me to read the opinions of the female sex as to their feelings about foreskins in general, and some foreskins in particular. It would be excellent if that foreskin aficionado, Tuppy Owens, could be persuaded to write a piece on how her interest in foreskins began, and how it has progressed.

It has always amazed me that women writing in *Forum*, and other magazines, scarcely ever mention whether their partners are circumcised or not. Perhaps that is because the great majority of young men these days are mercifully spared this indignity. Having recently watched the frightening programme on TV about child circumcision, and seen the agonies of the parents and the children themselves, I am hoping that there will be many less circumcisions performed in the future.

As you may have guessed, I was circumcised in infancy. I have never discovered why, as my brother and all my cousins were left with their foreskins, of which I became envious at a very early age. This envy remained with me

throughout my school years. Although about 50% of the boys were circumcised I still felt somehow deprived.

Nevertheless, I have been happily married for many a year, and my wife has never complained about my state. We began visiting naturist beaches about twenty years ago and, like some of your other correspondents, I was decidedly unhappy as to my uncovered state. As a 'naturist', I felt that I should be as nature intended, so, belatedly, I began stretching the remains of my foreskin. The process took several years, but now I am neatly covered (would J.J. of Derby tell us how he did it in a 'few months'?). Anyhow, I can now hold my head up on any naturist beach, and I defy any of your expert spotters to detect whether I was anything other than a true cavalier.

This improvement however, has not only been aesthetic. I now get a great deal more enjoyment from sex with the extra movement of skin. I only wish I had begun stretching as a schoolboy. By now I would perhaps have achieved that extra inch overhang which some of your contributors enjoy, though what they actually do with all that extra length I would very much like to know.

It was suggested in 1/95 that 'the foreskin is intended by nature to prevent too promiscuous mutual intercourse in youth, due to the pain of pressure on the contracting parties...' I would suggest that the opposite is true, and that the main purpose of the foreskin is to facilitate penetration for the young and inexperienced. Your comments would be welcome.

*I.D. - Herts.*

## Smooth Talk — Shaving

“You look great, I wish I could have a lovely smooth body like you!” That was the opening remark from a guy whom I had never met before (also called John, I was to discover later) as I climbed into a jacuzzi in which he was wallowing at a Naturist Health Club I visited in Kent recently. It made all my time shaving worthwhile – and made me feel really good too! John became more and more interested in my smooth state and indicated that he would like to try to become smooth himself. I explained that he had to have some degree of dedication, and that I have belonged to The Smoothie Club from its inception some six years ago – and what about joining it after he'd shaved his pubes off? As readers of *Acorn* will probably know from my past correspondence and articles, I am completely committed to being a 'Smoothie' for life. I started well over ten years ago by shaving off all my pubic hair – like many folk, I had previously tried it from time to time just for a week or two, but now I intended that it should be 'permanent'. Then some five or six years ago I was introduced by way of an ad in *H&E* to The Smoothie Club, a club specifically for Naturists and others who depilate. I decided to join. During the course of corresponding with other TSC members I noticed that some of the male members shaved even more than I did! Spurred on by this, one day



I decided to go 'the whole hog' and shave all my unnecessary body hair off. Being very fair haired (originally light ginger) and not very hirsute anyway, I felt ideally suited to my new hairless state. Initially it felt a little strange, but I quickly became used to it and very much enjoyed the lovely smooth feeling of my fair skin and the complete openness (concealing absolutely nothing at all – especially as I am also fully circumcised with a particularly large knob) that I had when in the presence of other Naturists and nude friends. Together with letting you present a cleaner, open appearance, there are other practical advantages to being smooth too such as not leaving hairs all over the place, letting the sunshine get to the skin without any restriction and various others, especially at intimate times with a partner, which I'll leave to the reader's imagination! Actually shaving is nothing new: Men have shaved their facial hair for centuries according to the prevailing fashion and women in most western countries shave off most of their body hair, the exceptions being pubic hair and, in some countries, underarm hair. According to Katherine Viner of *Guardian Newspapers*:

"Both sexes are programmed by Nature to grow hair on their bodies, yet traditionally it is seen as a male attribute while hair on women's bodies is 'unfeminine'. Anything hinting at aggressive sexuality – such as the perceived 'animality' of body hair – is the prerogative of the male only. How strange, then, is the recent trend for hairlessness in men. Gone are the hirsute, rug-chested male models of the seventies: from the Chippendales to aftershave ads, today's male pin-up is a hair-free zone. A study recently presented to the British Psychological Society suggested that men are becoming very close to women in their obsession with 'perfect' bodies: V-shaped, muscular *and hairless*."

There are many ways of achieving a smart, smooth hairless state from creams, waxing, wet-shaving and electrolysis to the humble electric Lady Shave that I use. You just have to choose the most suitable for your skin and abundance of hair. Regarding shaving the scrotum which 'leaves A.R. baffled' (*Acorn* No 5, 1995, page 7), there are a number of options – you must choose the best one by trial and error. As mentioned I use an electric shaver that has a reciprocating (not circular) action daily pubically and twice a week on the rest of the body. Some of my Smoothie friends wet shave or use depilation cream. As long as your skin is not allergic to the cream (test it first on a small area!), it may be applied by hand or applicator to the scrotum with no detrimental effects, despite the rather alarming warnings on the instruction sheet. And don't worry, your balls won't be eaten away or drop off!! Once done, you will benefit as I do from having a new awareness of the smooth, totally exposed, sex organs hanging there for all to admire! What I do predict is that we shall be seeing over the next few years a steady increase in the number of men and women who, having tried shaving off their body hair, will decide to become, like me, permanent 'Smoothies'. So why don't you give it a try yourself and present to the world the new 'hairless you'? I think you'll find that you will prefer to be smooth ... and of course you, like Jacuzzi John, will then be able to join The

Smoothie Club and correspond with, and possibly meet, other members. The Smoothie Club organisers may be contacted for more information at: T-S-C, PO Box 1409, Worthing, West Sussex, BN14 8PE.

It would be helpful to mention this *Acorn* article, its author and his code "H.11." when enquiring or applying for membership. The author would also like to hear from other *Acorn* members who are smooth and circumcised via the *Acorn* Box Number. Finally, if A.R. can think of a better name than the 'terrible title' Smoothie, I should like to hear from him. There seems to be no proper antonym for 'hirsute', that could be used, so I'm happy to be:

*Smoothie John H.*

## Self Indulgence 5

I was born in November 1939 and circumcised very soon thereafter. I was never given a reason by my parents (in fact we never discussed sex at all – I found out about it by experimentation and through stories in the playground, like so many other children). My father was circumcised, so it may have been a family tradition, although we were not particularly religious, and not Jews. I have been very happy with my cut state, although the exposed glans has always been deliciously sensitive, and could be part of the cause of climax and ejaculation at a stage too early in many cases. At school I noticed that the uncircumcised penis was a relative rarity, whereas today, from observations in changing rooms, saunas etc, they are very much in a majority now. In America though, I understand that the vast majority of boys are circumcised in infancy. I have equivocal views about the wisdom of circumcising a boy before he is old enough to think for himself, but, on balance, I do not think I would have had a son of mine circumcised at birth (my wife and I have two lovely daughters).

I have had a deep interest in the penis, and my own in particular of course, since I first started remembering things as a small child. I well remember sessions in my parents' greenhouse with a girl when I was 4 years old, examining the differences between us between our legs, and fondling each other with enthusiasm. Several years later, it was 'doctors and nurses' with another girl, either in my bedroom or, more enjoyably, in a hayloft, and awareness of the tendency of my penis to become very stiff when being played with, either by me or my girlfriend. We had no idea of course of the reason for this phenomenon. I don't think we even thought that my penis would fit nicely into the hole between her legs, we were so naive in those days.

At the age of about 8, when at a single-sex prep. boarding school, I discovered that many of my friends had a similar interest to my own, and I discovered the sheer ecstasy of rubbing the loose skin around the shaft of the penis up and down until what I came to know as an orgasm occurred. There was no ejaculation at that age of course, but it was not long before some of my

slightly older friends managed to eject a jet of creamy fluid from the tip of their penises on reaching orgasm. Encouraged by their success, I renewed my own masturbation sessions with vigour until I, too, joined the ranks of those who could achieve ejaculation. Needless to say, I was proud to show off my new maturity to my friends.

As is the case with so many boys' schools, there was a great deal of nudity, especially when bathing, and we all took a great deal of interest in the difference between the roundheads and the cavaliers. One boy reckoned he could tell whether another was circumcised or not by looking at his fingernails, and we had to pull out our little members to prove whether or not he was correct. I can't remember whether his diagnosis was better than the simple theory of probability! In the swimming baths, I was always very interested to see the occasional erection, and wonder why it had been brought about.

In my teens, I would masturbate many times a week, sometimes keeping the ejaculate in a test tube to see how many ejaculations it took to fill the tube; how long it took to achieve ejaculation from the flaccid state; how quickly I could achieve a second ejaculation after the first; if I could achieve ejaculation and keep the semen inside my body by using the right muscles; if I could achieve ejaculation while my penis was still flaccid (by the use of cream or other lubrication). All these 'tests' were faithfully recorded, together with detailed statistics of length and circumference, both when flaccid and erect.

You ask for details of appearance and statistics, so here goes:- when flaccid, my penis is 4.6" long (3.1" of shaft and 1.5" of glans), with a 4.5" circumference, rising(!) to 6.9" long when erect (5" shaft, 1.9" glans), and a 5.8" circumference. I find the ratios between circumference and length, and glans to shaft, very interesting. When flaccid, the circumference is 97.8% of the length, but reduces to only 84% when erect. In effect, the penis becomes relatively thinner as it expands. In the ratio of glans to shaft, the glans is nearly half the overall length of the penis when flaccid, but reduces to only 38% when erect. I would not be surprised if prolonged use of a vacuum tube over the past 25 years has not had an effect on these figures, although the overall length of my penis, both when flaccid and erect, has not altered significantly since I was a late teenager at school. After several sessions in the tube over a short period of time, my penis will eventually expand to the full 8" of the tube, but will not hold that length for more than 10 or 15 minutes after being taken out.

Both my wife and I shave our pubic hair for greater satisfaction when making love (there's no hair to get in the way!). My wife shaves hers completely (not just the 'bikini line'), and I shave all the hair off the shaft and scrotum, and a narrow margin around the base of the shaft. I also trim the hair on my lower stomach with my electric razor. In the early days of shaving I used a wet technique with foam when in the shower, but this was prone to causing small cuts. I then discovered that it could be done perfectly safely and cleanly with a safety razor when completely dry, without causing any damage whatsoever.

A shaving session invariably brings on an erection and a yearning for an orgasm, which has to be satisfied by one of many methods. If I have shaved before a shower, then it is a simple matter to maintain a strong erection with soap or shower gell, and induce a climax with a soapy massage. Alternatively, I take the shower head and direct the spray on my shaft and balls, paying particular attention to the frenulum. This produces a wonderfully tingling sensation, although only the most powerful shower jet will stimulate my penis to orgasm. It is a most wonderful prelude, however.

Like Dan H., I use Liquid Silk as lubrication, both for solo masturbation (it is delightfully non-oily) and mutual masturbation with my wife, and lubrication is also virtually essential when using the vacuum tube. The sensation when my glans is massaged through a thin film of lubrication is simply exquisite!

I have used mirrors a great deal when masturbating, both to watch myself when doing it, by whatever method, and also for taking close-up photographs of my penis while it is being manipulated.

Many years ago, I manufactured a masturbation machine out of my meccano kit. It comprised a padded ring which fitted round the shaft of my penis, and was pumped up and down by a reciprocating arm powered by an electric motor. It was extremely effective, and satisfied my desire to find a method of achieving an orgasm without touching my penis. Interestingly enough, I saw an almost identical machine in a blue movie, only this time it had a dildo on the end of the reciprocating arm which was pumping the star's vagina!

One of the most exhilarating methods I use, is a giant vibrator in the form of my Black and Decker orbital sander – without the sandpaper! The vibrating pad is placed against the penis and/or balls, either through clothing if circumstances don't permit nudity at the time, or, of course, when naked. It works so quickly that it is quite easy to achieve a very powerful orgasm when the penis is still quite flaccid. I can thoroughly recommend this method.

A favourite occasion for masturbating is while watching blue movies. I have quite a selection of my own, and like nothing better than to turn all the lights out, set the video going, pull my penis out of my trousers and settle down to a long period of stroking my very stiff member for up to an hour and a half, at the end of which I 'finish it off' with a few quick strokes near the tip. It has been aroused for so long that it takes very little to 'take it over the top' in a thrilling explosion.

One method which intrigues me, but which I haven't tried yet, is the gouged-out water melon. There's plenty of lubrication of course, and I look forward very much to having the right circumstances in which to try this out. Meanwhile, I will finish by mentioning pumping – another of my favourite preludes to masturbation. I say 'prelude' because it is not possible, of course, to stimulate the penis while it is in the tube, but it is in fine shape for a very powerful climax as soon as it is released in its expanded state.

Unlike B.H. of Leeds, I use a tube which I bought in a sex shop, and serves my purpose admirably. It is 8" long, so there is no danger of overstretching the penis, particularly if you work up to the full length in stages. Not only is the sensation in the penis quite exquisite, but it is also a very fascinating visual experience to see it gradually enlarging and filling the tube. I started using the tube some 25 years ago, starting with the smallest of its type then available, and working through the intermediate size up to the 8 inch I now use. As I said earlier, I do not think that the length of my penis has been affected by use of the tube, but its ability to expand in the tube and the circumference, when erect, have, I believe, improved.

A.S. – Argyll

## Book Review

### **Circumcision — A Definitive Overview by Dr Michael Barrie G.P.**

(57pp of illustrated text wired into card cover. All monochrome. Published by Beechgrove Press, London 1995, ISBN No 34686778. Available with cheque for £4, payable to EDTA Productions, from Dr Michael Barrie, 7 Wentworth Court, Waterside Close, Surbiton, Surrey KT6 7TT.)

My interest was aroused by reference to this book in a *Radio 5 Live* magazine programme, where the author presented his views to the lady doctor/presenter of the health issues section. Like cheating when picking up a 'whodunnit' by turning straight away to the last page, many may wish to save time and start at Dr Barrie's concluding sentence on page 52. After an extensive study of both sides of the argument, he writes; "I believe that circumcision is not justifiable unless medically indicated".

Depending on your prejudices, you'll either nod sagely as you read the rest, or counter his arguments with your own convictions. He emerges as a fair-minded man who does support the operation when certain medical indications are present. All other ritual, custom and preference arguments are deflected with frequent quotes from an extensive bibliography. No less than 81 instances are listed at the back.

For what is obviously an economy production for an anticipated small circulation publication, it is well illustrated. Some pictures are not for the squeamish. Holister Incorporated, manufacturers of the Plastibell, have kindly provided photographs and diagrams, and permission to show the required technique for it. Perhaps when they've discovered the overall anti-circumcision message they accompany, they may think it wasn't such good PR after all. I can't imagine them expanding their UK sales as a result, although I can see many parents choosing this method if they are among the few faced with the inevitable for their little boy.

The introduction covers all the history quickly and adequately, from its Middle Eastern emergence to the world-wide situation today, then quickly moves on to methods. One adult method, called 'classical circumcision' is given rather a brief coverage; 2pp text and illustration, against 9pp for neonatal Plastibell, the implied preference for the author, if needs must, for an infant. A page and a half goes on to discuss anaesthesia, which is well up-to-date if a little technical.

By now we're halfway through the book, and the arguments begin under a section titled 'Circumcision – the pros and cons'. In support of his opinion, Dr Barrie sets up the well-known aspects, one by one, under a series of sub-heads. 'Ritual' receives interpretation as family rather than religious tradition which, not unreasonably, he skates over contesting. He invalidates parents irrational whims, yet does fairly state: "Parents do have a right to choose, but today have to pay for the procedure privately unless there is convincing medical indication". Maybe, but some even-handed information would be useful for those who wish it. Elsewhere, he reports that "The cost of a private Plastibell operation is about £80 for a twenty minute out-patient procedure", and reiterates that: "Parents have every right to choose, but must be prepared to pay". He advises that "some parents will demand to have the operation performed, and refusal to do so merely results in transferring the onus elsewhere". Fine, but how many practitioners are prepared to help by performing, or referring when they've lost the argument?

*Acorn Society* members, because of their consuming interest, may have been reading all that comes their way on the subject for many years and, like me, have come across most of Dr Barrie's material already. However, we continue to read in the hope of finding a morsel or two that is new. This book doesn't disappoint. News to me, was a 1992 study among adolescents who were questioned about their circumcision status, in which the majority of 'circumcisees' scored higher in the satisfaction stakes (whatever they are). I also learned for the first time that it used to be a requirement of the US Navy that their personnel be circumcised.

The author provides a good resume of conditions indicating circumcision, complications arising from it, and diseases debated as related to it – not all in layman's language. It is bang up-to-date with encouraging reports of Bigelow's restoration method. Rather wastefully, the work accommodates the printing logistics of 4pp or 8pp multiples by leaving 7pp blank at the end. I would have liked to have seen these filled with case studies of parents and sons explaining their different experiences and reasons for being cut (or not?), and how some of them felt about it before, during and after. Overall, a well ordered work, carefully argued against an ancient tradition by a modern medical practitioner. As one who respects his efforts, but remains pro-circumcision, I just wish a practitioner of equal standing would write a counterbalancing tract to promote the procedure.

G.D.

## The Truth From Women

I believe that I have found the way to question women about circumcision. I started to get interested in circumcision when I was young because I had noticed that many women were fascinated by it. But as soon as I tried to speak seriously to them about it they seemed to panic. When they are clearly asked, they are always ill at ease and answer that it makes hardly any difference, that they don't mind etc. This I feel is because they don't want to hurt anybody's feelings.

Recently, I have read the book, *Circumcision. An ethnomedical study* by A. Thomas, and seem to have met women just like 'The Well-travelled Girl' on page 167, taken from *Forum* 1985.

So, ladies, when you say that the personality of a man is much more important than if he is circumcised or not, I believe that you are telling the truth. Many men get circumcised of their own free will. So let us imagine that you have a man that you love very much and who feels like getting circumcised. Just as you are very fussy about the colour of a pair of shoes or a dress, I cannot believe that the penis of your man is of so little importance to you that, if he wants to get himself circumcised and asks for your opinion on the type of circumcision, you will not have a preference. Do you prefer a short or medium sized circumcision? Do you prefer it close to the glans or down the shaft? Do you prefer the frenulum removed or not? Or anything else?

Regarding the frenulum, I have a bit of information. Two women asked me about the accidental tearing of the frenulum. They happened to be making love when it happened and said that it bled incredibly. But they thought that afterwards making love was much better. It was a kind of male defloration, and a real man has to be deflorated in the same way as a woman. Another woman hadn't had that experience, but she said that a woman feels the frenulum and it is unpleasant.

I can imagine that, just like 'The Well-travelled Girl', you do not want to hurt anyone's feelings. If you say that you prefer a circumcised penis you may hurt the man you love if he hasn't one and regret it all your life, and vice versa. If you say that you prefer uncircumcised you may lose your Prince Charles.

But if circumcision is going to be, then why not have the best? And how could we have the best if you do not give your opinions? You are the best placed for knowing what is the preference. And as David says, you can do it anonymously.

*John Smith – London*



## Mystery

My girlfriend has never seen an uncircumcised cock and is rather intrigued. Besides mine, she has only seen about half a dozen anyway, all circumcised apparently, like me. Could you perhaps mention it in the magazine so that maybe some of your readers would be able to lend us photographs. She'd obviously be interested in all the varieties there may be (I'm not sure, but articles in the magazine seem to indicate that foreskins can vary in length), and how they can be pulled back, or how they are affected by the state of erection. I haven't myself seen a foreskin since I was quite a small boy, so I can't remember much about them. I must admit that her interest has got me interested too.

So could you perhaps put people in touch with me (not her, initially, as I think she'd be too embarrassed at first).

*T.F. – Yorks.*

## Why Wash?

Cleanliness is next to godliness is fine up to a point, and it's better to be clean than dirty. Unfortunately, a lot of people seem to feel so guilty about the subject that they go over the top and claim to wash under their foreskins twice a day, to quote but one reference. If the truth were known, they probably only wash when necessary, which is hardly ever!

I've reached this conclusion after two particular experiences which should be of interest to those members who hang onto their foreskins, whilst being of passing interest to roundheads. I've always been extremely sensitive beneath my foreskin, both tip and foreskin lining. To give you some idea how sensitive, I find it very difficult to bear oral sex, whilst at the same time finding normal sex wildly enjoyable and satisfying, provided my foreskin stays forward until the last inch or so of thrust. This is easily achieved, since my foreskin is both very long and very tight, although I have no difficulty pulling it right back if I need to. The fact is that I don't need to, and therefore my knob stays covered almost permanently, which suits me fine.

As a kid, my mother was rather paranoid about cleanliness, and right up to the age of ten used to pull my foreskin back in the bath for hygiene purposes. I used to find this treatment excruciating and yelped with pain every time the rough flannel came in touch with my sensitive glans. At the same time I used to get stimulated by having the tight ring forced back over the knob, and this used to give me an erection, causing her feelings of guilt, so she eventually left it for me to do, asking me after my bath if I'd "washed my willy with the skin back?" I said I had but I lied – the closest I got was to pull my skin back and forward under the water until I got a hard-on.



A few years later when I started courting, I was self-conscious about my organ, and like most lads, took pains not to give offence. I used to soap my hand and then rub my skin gently backwards and forwards, letting the soap reach under the skin with minimum friction. The only trouble was that, afterwards, my foreskin and penis head dried out, and I found the constant chafing of the two dried surfaces against each other, without the usual lubrication, very uncomfortable. Adding a bit of spit helped, but I never got really comfortable until the natural lubricant was restored. What I did find though, was that the moisture left on my penis head after normal sex with my girlfriend did the trick marvellously and, like my own lubricant, was almost odourless.

I consequently gave up routinely cleansing under my foreskin completely, with no ill effects and no adverse comments from my girlfriend. It is my experience that the only bad smells experienced with a foreskin are caused by dried urine or semen around and under the tip of the foreskin. This is easily eliminated by rubbing it with spit after peeing, or rinsing it with a drop of water if available.

So much for the extravagant demands for constant preputial scrubbing which so many readers seem to accept as gospel. But this is not the end of the story by any means, because it would appear that what is good for the gander is good for the goose as well! When I first started going with my girlfriend, she was sexually inexperienced, and got a severe and persistent dose of cystitis. If any of our lady readers have had cystitis they will know how unpleasant and uncomfortable it can be. The doctor gave her creams, which helped for a week or two, but it always seemed to come back.

Eventually she confided her troubles to an older woman at work who was able to sort the problem out for her, to her very great relief. The woman said, in strict confidence of course, that in her youth she had been rather wild, and after getting kicked out of her home, she went on the game for a year or two before finally pulling herself together and becoming a respectable married woman. She said that cystitis was a common complaint for girls just starting in the profession, and the advice she gave, based on her experience, was that my girlfriend should first throw her knickers away, stop using bleached or coloured toilet paper (ie. any toilet paper) after peeing, strictly avoid contact with soap or bath foam, and to rub the area with natural live yoghurt several times a day. To her amazement she asked my girlfriend if I was circumcised, expressing approval that I wasn't: the extra friction of a shaft without the mobile cushioning action of the foreskin and its extra lubrication tended to irritate sore membranes. She then asked if I washed often, suggesting that soap retained under the foreskin, even in minute quantities, could cause trouble.

My girlfriend was naturally a bit worried about going around knickerless – although nowadays, if you believe the papers, it is the fashionable thing to do, whatever the social background. It is also beneficial to female hygiene because, as her friend pointed out, air circulating around the moist folds of the vulva keeps everything sweet and clean, thus avoiding the need for the

constant washing which most girls wearing knickers find necessary to stop their outer folds smelling of stale urine. Removing all the pubic hair on the underside of the vulva, which can get a bit swampy with urine, also helps. The woman told my girlfriend that most street girls give up wearing knickers (in summer at least), finding it more hygienic, more arousing for the punters, and more convenient in every respect, particularly having a crafty pee. One of the things which upset householders in red light districts is the sight of two or three girls standing in a doorway with their skirts up, peeing on the pavement (why is it girls like to pee in company?). From the girls' point of view, standing on a corner for hours, with no public toilet around, creates a real problem, and the nature of their profession desensitises them to what other people find unacceptable.

My girlfriend, who is addicted to soap and water, balked at the idea of not washing her private parts, and asked how she should 'blot' her inner and outer lips if she could not use toilet paper after peeing? Her colleague told her that, if it was a problem, the best way to remove surplus drops was to waggle her hips when she'd finished. Washing, where necessary, was best achieved by sitting in a bath of hot water – provided no soap was used.

The lady's advice was taken and worked a treat. My girlfriend has had no recurrence of cystitis, and now says she thoroughly enjoys the slightly risque feeling of not wearing knickers, as well as the sense of freedom and comfort of having air circulating around the fanny. For the information of more mature lady readers, the woman said that the same procedure solves the distressing problem of *pruritis vulvae* (twat-itch), which affects so many older women, particularly widows. To complete the treatment though, she smilingly suggested that they should get themselves a well-endowed toy boy, preferably uncircumcised.

*M.S. (not a member)*

## Circumcision and HIV

**(From the Internet Newsgroups)**

The following is an unedited excerpt from an article which appeared in the *Winnipeg Free Press* on Sunday, July 23, 1995

Title: AIDS Clues Turn Tide — Scientists Discover Circumcision Key  
Reporter: Catherine Mitchell

Widespread male circumcision would go a long way to protecting the world from AIDS, two Manitoba experts say.

“Male circumcision, if it could be universally implemented would be a very effective prevention” says Dr. Frank Plummer, an international pioneer in AIDS research.

Plummer and his colleague, University of Manitoba microbiologist head Dr. Allan Ronald, know that what they say may be unpopular. For some time now the tide has turned against circumcising infant boys as more parents believe it to be unnecessary and painful.

The two researchers base their conclusions on the work they have done in Africa, where a collaborative research program with Kenyals University of Nairobi has begun to unlock the AIDS mystery.

Research teams led by Plummer and Belgian Dr. Peter Piot (who discovered the deadly Ebola virus in 1976 and now leads the United Nations’ AIDS program) dug out many pieces to the puzzle of how the immunodeficiency virus is transmitted, how it locks into the male and female genitalia and how it grows.

For men, research indicates that an intact foreskin plays a big role in contracting AIDS.

“It is now recognized as an important risk factor in HIV infections among men” Plummer says.

The whys of this are unclear. It used to be thought that HIV would enter through the urethra, but now that isn’t so Ronald says. It is believed to enter through the mucus membrane or skin of the penis.

Ronald theorizes that the uncircumcised penis, with its warm moist conditions, incubates the virus, protecting it until it can find a way in. Universal circumcision, he stresses, would give wider health benefits to boys, noting that those not circumcised get about fifteen times as many bladder and kidney infections.

Ronald notes the American Pediatric Association has begun to cautiously endorse circumcision again, after actively discouraging it.

“I think from the health perspective, we need to encourage parents to consider male circumcision.”

The article continues to discuss transmission to women and unborn children and other aspects of the infection.

*John Pritchard – Manitoba, Canada*

[Any comments? — Ed.]

## Chinese Take Away

### "Where You Can Eat Dirt Cheap"

- 50 Bol Oxs.....Hot Meat Balls
- 51 Sur Kum Siz .....Sausage Slices
- 52 Hol Mein Kok .....Scrag End Encased in Ladyfingers
- 53 Kok Sor.....Boiled Pork Fillets Rubbed in Chilli
- 54 Long Dik.....Coq In Van
- 55 Yu Nuk .....Meatball Extract

#### Vegetables

- 56 Pei Sof .....Chinese Leaves
- 57 Wot Kung Fru Dat.....Tossed Salad
- 58 Pu Bik .....Young Sprouts
- 59 Du Rex .....Entre Coat

#### Specialities

- 60 Lik Mein .....Plate of the Day
- 61 Munt Lee .....Popular Dish of the Period
- 62 Kow Poo.....Savoury Pancakes
- 63 Ho Mo.....Sausage Surprise

#### Desserts

- 64 Vee Dee.....Spotted Dick
- 65 Yu Pong .....Crap Suzette
- 66 Ars Plk.....Chocolate Fingers
- 67 Hoo Shat In Fan.....Chocolate Spread
- 68 Or Jee.....Chinese Stuffing on Bed of Mandarins
- 69 Wun Tun on Goo Lis .....Crushed Nuts

#### Beverages

- 70 Yu Rin .....Jasmin Tea
- 71 Wob Lee Tit.....Milk Shake

### **Please Do Kum Again**

*Anon*

# ACORN

Issue  
Nº 8 1995  
Editor  
David Acorn

## Editorial

**B**attling with broken bones in my foot and a stiff bout of the current flu epidemic, I've been determined to keep my promise of eight issues this year, so this is why this one is hard on the heels of the last, and should reach everyone long before Xmas.

Looking back over the year, we have to congratulate ourselves on the achievements – two great meetings, resulting in about a quarter of the membership now knowing and being friends with each other (and always looking for more to join them – there's always a warm welcome for everyone), and increased membership again. It always delights me to get letters beginning, "I've been lent a copy of your magazine and enjoyed it so much I want to join and read a lot more." Or, "I thought I was alone with what I thought was a peculiar interest, until I heard of you and found I wasn't."

I feel very guilty sometimes over not being able to answer all the letters with questions in them, I just haven't got the time. Priority has to be given to all those who are enquiring about joining, even though the success rate is only

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Printed & Published in England by The Acorn Society  
© 1995 The Acorn Society & Contributors

## Correspondence

Please send all correspondence to:

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P.O. BOX 113  
WESTON SUPER MARE  
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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

about 20% (most enquirers seem to be looking for some sort of sex club). So what I propose to do in the coming year is to answer any queries through the newsletter if I can't write personally. In this way too, other members might benefit from any information given.

It just remains now for me to thank all those who have sent contributions throughout the year (keep them coming), and ask you to take this as your Christmas card from the team, Brian, Vernon, Dean and myself, wishing you all a very happy Christmas and all you want for yourself in the New Year.

*David Acorn*

## Self Indulgence 6

**M**y earliest recollection of that pleasurable activity is at about the age of 8. I was at a boarding 'prep' school, and we slept in dormitories of about a dozen. We had the usual curiosity about our own and each other's equipment. Nonetheless, I, at any rate, didn't want a rhythmic rustling of the bedclothes to betray what I was up to. Self-consciousness? Not wanting any distraction as I concentrated on the pleasure? Who knows! Anyway, as no doubt lots of other small (and large) boys must have done in similar situations, I used to lie on my back with my knees raised and the bedclothes stretched over them to allow space for movement underneath.

It must have been because of being in this position that the technique I used to use was to push my little boy's prick between my thighs, then release the pressure so that it would spring back, rubbing against the inside of my thighs on both strokes. This must have been how I discovered the joys of wanking, because I remember some time later having a conversation with a friend of similar age and describing to him how to do this to get a nice feeling. He said he knew, and described his more normal method of holding his cock and rubbing it up and down. I think I used to do something like this when I came, to prolong the orgasm, so I knew what he was talking about, although it hadn't occurred to me to start that way. I think I experimented with his suggestion, naturally, but didn't find it as satisfactory to start with. In the end I must have adopted it because I haven't been using my thighs for as long as I remember, and whenever I have a go out of interest nowadays it isn't very satisfactory.

By the way, I was circumcised as an infant, very cleanly, with only a broad but faint scar on my shaft to show what had been, except for a slight wrinkle at one point, about one-eighth of an inch circumferentially where there is about a millimetre or two of additional skin. Would the above technique have worked for a cavalier? We were about equal in numbers at the school – there were plenty I could have asked. Somehow, our primness-brainwashing prevented us, my circle at least, from being very open about sex at that age. Later on we overcame the inhibitions to some extent, and there was some groping and

mutual wanking – very enjoyable. But I must have forgotten about my early technique by then – I don't remember demonstrating or talking about it.

I spent many years in boys' dormitories and used to see bedclothes raised over knees frequently. I thought it looked too obvious and generally in later years used a one-handed technique lying on my side, with the other hand holding the bedclothes slightly away to allow free movement underneath. When we were older there was a lot of jocularly about wanking, and some boys (exhibitionists?) didn't mind being heard. But I think modesty prevailed with most, while they were actually doing it. People who did it together would also do it in private and keep quiet about it, otherwise they were teased unbearably.

Of course, after puberty we adolescents were spouting sperm all the time, whether we wanked or not. Clean pyjamas and sheets would be stained the first night and stiff by the time they were changed. Presumably, the ladies who handled them took it as a matter of course. I never remember my mother mentioning it, though I was certainly conscious of the evidence. However, I don't think I had many wet dreams as I was often wanking several times a day. The toilet was convenient, where the technique was, when coming, to lean forward and push my cock down between my legs, perhaps a bit painfully, so that I would squirt straight into the pan. It saved trouble with paper and wiping, and the risk of getting it on my clothes. It was also possible, when randy, to do it in class with a hand moving very subtly in my pocket, though I then had soggy underpants to put up with. It was of course necessary to be sitting at the back of the classroom, to the side. Whenever I was in the bath, with a bit of privacy (unusual at school), I would of course automatically extend soaping my cock to include an orgasm.

I was surprised by my mother once when I was about 10. It was summer, and I had been sleeping in the garden. I think she had come out to check that I'd gone to sleep, but I'd got up to have a piss against the hedge, and holding my cock had somehow turned into a wank. Suddenly I heard her say, "Are you alright?", about 10 yards away, looking at me and smiling. Oh, the embarrassment! I forget what I said, crimson-faced, but I remember dreading breakfast the next morning – I was sure she'd have told my father and he'd know what I'd been doing, even if she didn't, and... I didn't know what he'd do. I could hardly believe it when nothing was said by anyone.

There was another occasion when my younger brother, sleeping in my room at the time, said at the meal table, "I woke up last night and you were shaking in the bed". I nearly died – I think there was a momentary silence then a cover-up conspiracy – all spoke at once.

The other embarrassing thing was the way it would suddenly go hard, in the most awkward places. Like if you were wearing thin games shorts, and certainly whenever you got out of bed. I always had a towel ready to hold in front of me. And how, during puberty, it would feel as though it was bursting,

when it seemed to treble in size in about a year. It was quite painful at times, it used to be so hard. Those were the days! I tell my girlfriend about it to get her excited.

On the subject of lubrication, I tend to stick to saliva as being suitably slippery, always to hand (!) and not leaving a mess like oil. For me, dry wanking and wet wanking are almost two separate activities. Nowadays I can hardly come while using the first, but it gives a great sensation, while with the second it gets difficult to hold out, but it is essential when actually coming in order to maximise the sensation. So it depends whether I am feeling urgent to come or not. If I'm doing it by myself I will probably do it wet anyway, as I fancy an orgasm. However, my girlfriend gives me wonderful wanks by stroking it dry, using various strokes, sometimes hard, sometimes soft, in various places up and down the shaft and around the knob. She's got amazing technique. She gets me in a state of paroxysm, desperate to come, but holds me on the edge for what seems like ages. Then when she feels the moment of no return finally approaching, she quickly sucks it or wets her hand, and the most wonderful orgasm goes on and on and on.

She says she's never had an uncircumcised cock and doesn't fancy one. I have always said that I thought having something extra to play with would make sex more fun. But, thinking about the pleasure I get from being wanked (better than fucking I have to say, in terms of sheer sensation, though fucking does have its own pleasure. Also since fucking by definition is wet, assuming the woman is aroused, I have trouble controlling coming), I wonder if a cavalier would be able to have the same exquisite dry-wanking sensation.

One item of vital importance to a good wank, in my opinion, is that it needs two hands – one to impart the main stimulation round the top of the shaft and knob, and the other, equally important to getting full satisfaction, giving background stimulation round the base of the shaft and balls. The latter is particularly important as orgasm approaches and during it. The joke about 'one-handed readers' of porno magazines is unfortunately true – if I am wanking myself I enjoy visual stimulation, but magazines are a problem – turning the pages, or even keeping them open, interferes with the main object of the exercise. Videos are better, but then perhaps you want to control them, rewind, or pause over a good scene.

Of course, the best wanks are those done by someone else. But unless they understand the importance of using two hands they tend to be disappointing. Some women are just downright lazy! And you'd think they would understand because they have even more bits that they like being stimulated. I've heard it said that a woman has more nerve endings in her clitoris than a man has in all his genital area, and that therefore they must be having more intense orgasms. What a thought!

*Trevor* (Not my real name, but definitely my real experiences)



## Revelations From Egypt

I was 16 when my mother took up a senior medical appointment in Cairo. During the summer I was left in the care of Tagrid, our Egyptian maid, whilst my mother went to work in the hospital. Tagrid was only a year or two older than me but, whereas I was still very much an adolescent, she had the physique of a mature woman, small with heavy breasts and flashing black eyes.

Summer holidays were bad news in Egypt – too hot to go out, and nowhere to go anyway. I used to moon about whilst Tagrid got on with her job. One day she decided that I needed livening up and started teasing and tickling me, with the result that I ended up with a massive hard-on. I was desperately embarrassed, but my frantic efforts to hide it only drew her attention to it. She gave a dirty laugh and, smiling saucily at me, asked if I'd like to see her 'Kuss'. Without waiting for a reply, she turned her back on me and, watching me over her shoulder, slowly raised the hem of her long frock up her thighs to her waist, leaving her whole lower body exposed. It was then that I discovered that Egyptian girls don't necessarily wear knickers, because Tagrid's shapely bottom was totally exposed. When she saw she had my shocked attention, she turned to face me and separated her knees – and a second exciting discovery dawned on me – 'kuss' did not mean bottom after all. Furthermore, Egyptian girls do not believe in pubic hair, and I was absolutely riveted to see a plump bulge of smooth bare flesh between her legs, neatly separated by the long split of her vulva. I could hardly believe my eyes, let alone my good fortune, and never having seen such a thing before, gawped disbelieving at Tagrid's bald little kuss. Whereupon, she had a belated attack of modesty and covered herself up again, laughing like a drain.

She then demanded that I show her my 'zibb' and, putting her arms around my hips, pulled my shorts down, revealing my youthful erection. She was intensely curious about my voluminous foreskin, which totally shrouded my erection, and asked where my knob was, breaking into delighted laughter when I drew my foreskin back to show it to her. Apparently, all Egyptian males, including the Coptic Christians, are circumcised, and Egyptian girls never get to see an adult foreskin. Tagrid, who was Coptic, explained that the Muslims not only insisted on male circumcision, but most Muslim girls, other than those from educated families, were circumcised too, whilst the Copts in general tended to leave their girls intact. I had not the faintest idea what she meant by female circumcision and she used this as an excuse for a bit more exhibitionism, baring her kuss for me again and separating the lips to show me the fat little clitoris which Muslim girls had cut away in a procedure she called 'tabzir'.

This childish game of "I'll show you mine if you show me yours" continued for some time, but then things got more serious. Poor little Tagrid was married to a man thirty years her senior. He treated her badly, she said, because she had not yet given him an heir.

Our mutual revelations soon developed into mutual explorations. She took an obsessive delight in playing with my foreskin, saying how much she preferred it to her husband's huge 'cut' zibb which, she claimed, hurt her. As a joke she threatened to circumcise me with her teeth, nipping the bud of my foreskin hard, and stretching it out whilst I shivered with fear and delight. She said she loved me, and asked if I would come back and marry her when I grew up.

We soon progressed to the next stage. She showed me how to caress her pretty little kuss with my fingertips, while she rubbed my foreskin to and fro over my penis head until, to her delight, I swooned in my first productive orgasm.

Inevitably we reached the final milestone. One day she got it out for me, pulled it erect and laid me on the floor with a cushion under my backside. She then raised her skirt to bare her kuss, and crouched over me, giving me a worm's-eye view as my rigid little plonk was slowly engulfed in her sexual slot, imparting jolts of undreamed of pleasure when she moved her body up and down on it. As we both shuddered towards a climax, she reached down with both hands, pulling the skin of my shaft down hard towards my balls. This had the effect of drawing my foreskin back from my knob, exposing it and the sensitive inner lining of my foreskin to the mind-blowing friction of wet, velvety kuss, and I lost consciousness in the explosion of feeling which followed.

To my deep sorrow – and hers too – she left us shortly afterwards when she moved to Ma'adi on the other side of Cairo, and I never saw her again. The message behind this story is that, to me, the foreskin is central to sexual enjoyment, and Tagrid certainly didn't look on it as a drawback – except in the physical sense of course!

*J.S. – St Albans*

## Letter From Norway

The article about circumcision of boys, which follows, was in the Oslo paper *Aftenposten* on 30 October 1995. It is not a 'lively paper' – 'dry' would be a better description, and it rarely covers a topic such as circumcision. I waited to see whether there would be any comments in response to the article, but didn't find any. In Norway it is virtually taboo to talk about circumcision. If one raises the subject, one is looked upon as odd. Norwegians are very uptight about it, with only a very few exceptions.

I hope we'll get many more issues of *Acorn*, which is always interesting and enjoyable to read. Whenever it comes in the post nothing else gets done until I

have read it. Best wishes to Tony, David and everyone in *Acorn* for Christmas and a really good 1996.

G.N.S. – Oslo

[We all heartedly return the compliments of the season. — D.A.]

## Doctors Invited to Circumcise Boys

By Per Anders Johansen

The Norwegian State Health Authority has asked the Norwegian hospitals to carry out ritual circumcision of boys if their parents wish. A new circular from the State Health Authority proposes that every Norwegian hospital can be asked to arrange circumcision of newborn boys. At several hospitals doctors have refused to circumcise, often because they say it takes too much time, money and resources. For both Jews and Muslims ritual circumcision has very great religious importance.

‘Norwegian hospitals should arrange that circumcision of new-born boys can be done’, says the circular on *Ritual Circumcision of Boys*. The Health Authority fears that ritual circumcision would otherwise be done by travelling circumcisers without medical training. Some new-born Muslim boys are circumcised by barbers without anaesthetic because hospitals will not do the operation.

### Ritual Performance

‘The Norwegian health service should show understanding for rituals of this type, so long as it does not involve sexual mutilation. The health service should make it possible for such an operation to be done by a doctor. This avoids operations being done by non-medical personnel’, says the circular.

‘We cannot close our eyes to it, which would only push people into the hands of quacks’, says Jorgen Holboe, the head of section of the Health Authority.

Behind the new rules from the Health Authority lies the initiative of the county medical officer in Buskerud. At present, Muslims in Hordaland have to travel to Oslo for a hospital circumcision. The circular is now with Minister of Health, Werner Christie, who will evaluate it before it is sent out to the country’s hospitals.

The State Health Authority proposes that circumcision of boys is done before the new-born is discharged from the maternity ward. In addition, the Authority wants the practice restricted, partly because circumcision requires anaesthesia if the operation is done long after birth, which increases the risks and cost of the operation. Although Norwegian hospitals are now being invited

to make available resources for ritual circumcision, the new circular ensures that no-one can demand to have it done.

‘Ritual circumcision of boys is an operation on healthy children. In principle, no-one has a legal right to have such an operation done by the public health service, since it does not involve a treatment for illness’, according to the Health Authority. At the same time, the Health Authority is allowing for parents to have to pay their share if they want their child to be circumcised.

### Religious Ritual

In the Muslim tradition the whole foreskin of the boy’s penis is removed so that the boy is not thought of as ‘unclean’. In Jewish belief, circumcision is a ritual which has been done for 4,000 years, ever since Abraham circumcised himself at the age of 99, at God’s command. To the Jews, circumcision symbolises the covenant between God and man, and must be done within eight days after birth. In the USA and Australia, most new-born boys are automatically circumcised after birth. The reason there is that it is thought to be more hygienic and give less danger of infection.

## **Ban on Female Circumcision**

**(from *Norway Now*, N° 22, Nov. 1995, p7)**

The Standing Committee on Social Affairs in Norway’s national assembly, the Storting, has voted unanimously to introduce special legislation forbidding female circumcision in Norway. This practice will be punished along the same lines as grievous bodily harm, which carries a prison sentence of up to 8 years.

“This is a stiff penalty, and a clear signal that female circumcision will be regarded as a serious crime”, says Havard Wennevold Osflaten in the Standing Committee. The ban will also affect parents or guardians who take girls abroad to have them circumcised there. The new law will apply to all persons resident in Norway, not only those who have Norwegian citizenship. Through this new legislation, Norway comes into line with Great Britain and Sweden.

[Female circumcision is customarily practised in Somalia, Egypt, Muslim Sudan and in other parts of Saharan Africa. Norway has 3,485 female residents of all ages with citizenship of any African country.]

*Translations and notes by Tony Acorn*

## Storm in a Teacup?

There is frequently in *Acorn* a call for women to give their views on circumcision, so although I find writing about it slightly embarrassing (I should hate my Mum or Dad to read this), I thought I might put pen to paper. Incidentally, I get lent *Acorn* by a friend, and we both agree that it's far more interesting – and instructive – for a woman than the trivial stuff churned out in most of the women's magazines. In my view, *Acorn* should be on view in every doctor's waiting room so that women could read it, especially those with young children, so they know how to answer awkward questions about the subject, since most are ignorant about it.

I come from an army family and was brought up in a number of army stations, mostly in Germany. When my brother was born in the local BMH (British Military Hospital) I remember my mum telling my dad, with some amusement, how the adjutant's wife had also produced a son on the same day and had demanded that the boy be circumcised immediately. She was known to be a bossy woman who tried to wear her husband's rank, but in this case she met her match. The matron, who was an even more bossy woman, told her very firmly that circumcisions were not carried out in BMH's except for medical reasons. Whereupon the woman threw a terrible tantrum, but without success, as to my certain knowledge, the boy remained intact!

I asked my mum afterwards what circumcision meant, and she explained that it meant cutting the piece of loose skin off the end of a boy's willy, demonstrating what she meant on my new brother's tiny sprig of flesh. This raised a lot of questions in my mind because I had no idea that the foreskin housed something underneath it, and thought that the operation would merely make the boy's willy shorter. However, I discovered the real facts not long after. Both my parents were very relaxed about nudity in the home and I often saw them undressed. As a small girl I was deathly proud of my dad's monster willy, in such contrast to the tiny little winkles of the boys in my class. One evening, while we were on holiday in the camper van, I woke up to hear my mum laughing and, peeping out from the bunk over the cab, I watched with curiosity as she undid my dad's zip, fished his huge willy out and pulled his thick, heavily veined foreskin right back to reveal the dark-coloured bulb underneath, which she then tickled with the tip of her finger before pulling the skin back over it again, giggling like a schoolgirl as she did so. I found this discovery very exciting, but then, as I watched, I was even more surprised to see his penis double in size and thickness as it rose in a majestic erection. At this point the light went out, leaving me wiser about the male anatomy, but raising more questions than it answered.

A year or two later, the camper was the scene of another exciting tour of discovery when we took the son of mum's friend with us on holiday, and I had to share the cubby hole above the cab with him. We were both zipped into individual sleeping bags, but zips were meant to be opened and I couldn't wait

to put my new-found knowledge to the test. He responded with enthusiasm to my invitation to feel me between the legs whilst I explored the wrinkle of loose skin on the tip of his willy before it reared up in a miniature imitation of my dad's erection. Holding a big hard willy is much more exciting than holding a small soft one and I tried capping and uncapping his knob as I imitated my mum's actions and found out why she seemed to enjoy it so much. But if I'm honest, on balance I think I would have preferred a tube of smarties!

Later on in mid-teens, as sexuality took on a new importance for me, I was to extend my basic knowledge a lot farther, as I shall describe. I used to have my friends round to play tapes on the hi-fi when my parents went off to a social meeting in the mess. The atmosphere soon got you in the mood, and we quickly paired off and discovered the joys of what we used to call 'heavy petting'. Fear of pregnancy prevented us going any further in those days. I noticed my best friend sitting on a boy's lap on the sofa as he slid his hand up her dress whilst she rubbed her hand against the bulge in his jeans. Soon we were all at it and, although furtive at first, we soon shed our inhibitions and became more open in our sexual activity. I and my boyfriend watched while a girl put her boyfriend's hand down the front of her knickers so he could touch her vulva whilst pulling his penis out and openly masturbating him, ignoring the curious stares of the rest of us, before we too got fired up by the spectacle and followed suit. I quickly learned that pulling a boy's willy would eventually end up with spurts of white gunk all over the carpet – and experienced for the first time the swoony delight of the female orgasm as my boyfriend's fingering took me over the top.

Up to now, circumcision had not been an issue, since none of my boyfriends had been done. We all knew something about it from R.I. of course, and I remember the snigger when one of the teachers, reading from the Bible, faltered slightly at having to mention 'the uncircumcised Philistines'. But we all laughed like a drain when one of the girls called out from the back of the class, "Please Miss, Steve's a Philistine", and several of the boys shouted, "So am I". I used to pull my boyfriend's leg by asking him, "How's your little Philistine today?" whereupon he'd indignantly reply, "Not so much of the little, if you don't mind".

Anyway, one day a girl brought along a new boy to our 'hi-fi' session and he joined in the petting with enthusiasm. Suddenly the girl said in a loud whisper, "What's happened to your skin?" whereupon the boy said that he'd been circumcised. We were all dead curious of course and crowded round to look at his unfamiliar looking organ with its big bare knob totally uncovered. The boy seemed unconcerned and slightly flattered by all this attention. He was happy to explain that he had been born on an American air base where boys were automatically circumcised within hours of birth. Although basically laid-back about the whole thing, he did admit when I asked him about it that he often wondered what it was like to have a foreskin, and asked me anxiously if I found his penis funny in any way. I told him, no, but both he

and I knew that it was less satisfying to handle, since what was left of his skin was tightly stretched, and permitted very little movement compared with the other boys. I was never aware of any difference in cleanliness, although it was not a matter I concerned myself about, and certainly none of the penises I've handled since have been noticeably unpleasant in any way, circumcised or uncircumcised.

In later life I had a couple of circumcised partners, although the vast majority were not, and I formed my own opinions on the subject. Frankly, as far as making love is concerned, it is a big yawn to most women, since it makes absolutely no difference, at least as far as her pleasure is concerned. I am not so sure about the man though, and have a suspicion that his enjoyment may be lessened, but not a lot. But the benefits claimed for circumcision are to my mind an illusion, and exist mainly in the imagination of people like those very pro-roundhead readers of yours with a personal axe to grind. Consequently, I really don't think there is anything to be gained by it, and even if only one boy grows up with problems caused by circumcision, that is one too many. I have to say that for this reason I felt slightly uneasy about your series, 'The Clinic'. The punchline was often a baby being circumcised, which is frankly a bit tacky, and it worries me rather that there are people who take pleasure in the thought of a little baby undergoing such a painful ordeal for no good reason.

*Jane Smith*

## How Beautiful They Stand

Never mind 'The stately homes of England, amidst their tall ancestral trees', let's just concentrate on human dicks for a while. They're definitely good enough for me. They, too, 'stand beautiful' from time to time. Not always, mind you, because some dicks are definitely prettier than others. Mine, for example, is a very ordinary circumcised cock which certainly will never be in the running for any 'Bollocks Beautiful' award. It's getting to look a bit gnarled and old now, at the age of 62, possibly from frequent use. It still works a treat, and I love it to shreds for every thrill it gives me, but I've got to acknowledge that when the chips (and the trousers) are down, it has certainly had its day.

I met a guy in Scotland recently, on Guy Fawkes night to be exact. I can assure you it was in private and he was well of age to give consent. From the close proximity of 69s I was struck by the very beauty of what stood before me. It would embarrass the young man concerned if I were to go into too much detail but, after 53 years of actively assessing thousands upon thousands of dicks, both professionally and sexually, I have to say that, to my eye, he had one of the 'prettiest packages' (whether soft or hard) that I have ever encountered. I'm not commenting on its performance – just its appearance. Everything about it – neither too large to be intimidating, nor too small to

be a giggle; perfection of circumcision; ratio between length and thickness; 'balance' between balls and cock; thrusting well forward in front of the pubic bone, rather than dangling weakly between the legs; delicacy of skin texture, etc. etc., – was all in total harmony. I could just sit and look at it for hours – like looking at the Taj Mahal by moonlight, or the Grand Canyon, or the River Nile at sunset. The whole ensemble was an object of singular beauty.

Do other readers also have this sense of appreciation of aesthetic magnificence, in a completely detached sort of way, with regard to some sets of male genitalia? It is like recognising beauty in a pretty face, and isn't necessarily associated with any particular sexual desire. Answers, NOT on a postcard please, to our worthy editor for future comment and appraisal.

*Ray Hamble*

## **The Spoken Foreskin**

If you tune in to Channel 4 these days, sooner or later you're going to hear someone, invariably a woman, mention the word 'foreskin', (...Bill? Yes, if he had as much intelligence as he's got foreskin, he'd be a genius...) as though it's the most natural thing. A few years ago, you would never hear a well brought-up young lady mention the word – she was much more likely to say 'fuck' – or even 'cunt', and besides being taboo in a way that sexual swear words were not, foreskins were unknown territory to a lot of them.

Things seem to have changed with the consignment of routine circumcision to history and the consequential near-universality of foreskin among the younger generation. The taboo seems to have disappeared and the word 'foreskin' is becoming ever more common currency, even in polite circles, although I must say, hearing it from a sweet, demure young girl still gives me a jolt. The first time I heard a young lady say it on TV, she accompanied it with an embarrassed giggle as though aware of how daring it was. But nowadays it seems to be on everyone's lips and has become commonplace in everyday conversation. For some reason though, men still seem to be a bit coy about it.

One part of society which seems highly foreskin-orientated is the pop scene. I was astounded to hear (Channel 4 again) the young lady host introduce a group known as 'The Virgin and the Foreskin', without blinking an eyelid! Questions spring to mind at a provocative handle like that, such as, who is the virgin and whose is the foreskin? – and what is the association between the two? Not a very close one I should imagine, or half the description would no longer apply! There again, there was a group a few years back who called themselves 'The 4 Skins', and I remember with amazement the mother of one of them claiming the credit for dreaming up the name.



Then there is another group which rejoices in the horrible name of 'The Smegs'. I do wonder if the young ladies who bandy such names about understand the significance. If the mother of one of the group dreamt that name up too, she should be ashamed of herself for neglecting her offspring's genital hygiene.

What is it with pop groups, then? It was our very own *Acorn* which astounded us with the news that a British pop 'star', on a visit to S. America, wowed his audience by stuffing a lemon under his foreskin! Elvis Presley, despite his American birth, rejoiced in a foreskin, as did Jimi Hendrix. Since foreskins seem so important to the pop scene, could it be that potential stars are vetted to ensure they are fully equipped?

But it's not just foreskins and not just the pop scene which shock the sensitivities these days. I heard Theresa Gorman the other day on the BBC, accusing a stuffy Tory colleague of considering all women as either grannies, nannies or fannies. Even that repository of right-wing respectability, *The Spectator*, has its moments: a lady philologist, Dot Wordsworth, who does a short column on the correct use of words, has been gleefully titillating the readership recently by going on for week after week about Jessica Mitford's aunt's fascinating – and mischievous – report that the local people use the word 'cunts' to mean garden moles. Just to ensure that less worldly readers got the message, she then went on to contrast this with the poet Carlyle's use of the word 'twat' to mean a nun's habit. In the same magazine, the well-known Greek tycoon columnist, Taki, has twice described people he disliked as looking like a 'circumcised penis'. But then, the Greeks have always been, and still are, famous for their preference for the foreskin as a mark of bodily perfection, and their distaste for circumcision.

R.B.W.

## Subscription Renewal

Subscriptions are now due for renewal and a form is included with this issue. Early renewal will ensure uninterrupted receipt of *Acorn* in 1996.

## Self Indulgence 7

I might as well admit it to you all! I am a dedicated wanker!

Most people think it is a derogatory term to be called a wanker, but if I am referred to in that way I actually enjoy it because I enjoy being one so much! It is so much a part of my life and has been since I reached puberty at the rather early age of eleven.

But let's go back a bit. To when I was born in 1943. It was the fashion for baby boys to be circumcised routinely (well, about 50% of them anyway) and

I was no exception. I have marvelled at the skill of the surgeon ever since, giving me invisible scarring and unrestricted growth to my extra large knob, clean and available for all to see, uncluttered by any foreskin.

During my childhood I was aware that some other boys were different to me. We had the usual mutual inspections – I was amazed at how many variations there were in length and girth, as well as whether or not I could see the other boys' knobs as they could mine.

Then at my early puberty I became aware that my balls and cock were getting much larger, and the latter gave a nice sensation when rubbed when it was stiff. My nearly eight-inch cock was only to be a little longer than average, but its girth and the size of my knob especially were of special interest to the other boys. My friends, most of whom hadn't reached puberty yet, would become jealous if they saw me in the changing rooms at school and frequently would try to kick or punch my balls for revenge. They called it 'knackering me', I remember. They would also devise other methods of 'torturing' my sex organs too, such as tying my balls up tightly and squeezing them or hitting them. Looking back on all this, although they were cruel to this shy lad, I actually enjoyed the attention it brought to me. Sometimes they would strip me, hold me down with my legs apart, and wank me until I came, which I quickly realised I enjoyed even more.

As time at secondary school went on, we teenage boys would indulge in some extra curricular activities, such as three or four of us going to a remote shed, stripping off, and having contests where we would wank ourselves or each other to try to see who could shoot the furthest! A prize for the winner!

At about the age of 18, I can remember frequently seeing how many climaxes I could achieve in one day (I think 10 or so was my limit – oh, for those days again!) and comparing with my friends. My fair-skinned prick was so sore at the end that I would vow to abstain for a week – but I'd never achieve this, and be at it again a day or two later. I realised that I was a compulsive wanker!

I would use two basic techniques. My favourite was to lie on my front on my bed with my balls and cock wrapped in a piece of cloth, and pump away, using rapid buttock movements as with conventional sex. My piece of cloth (often my pyjamas) and my bed would become anyone I wished to fantasise about. Often I would draw my left leg up to increase the friction on my knob to achieve a good climax.

As time went on I used the 'full fist clutch' method. With this method I was able to have about an inch of movement of my fist over the length of the shaft between the underside of the knob and the base of the cock. But with very tight skin there when erect (due to the full circumcision) I quickly moved on to the basic method I still use, that of forming a circle of the thumb and forefinger of the right hand which, when opened up about half an inch, would slip lightly over the widest part of the knob. My left hand would push my balls up from underneath. Then the other three fingers of my right hand would hit

the top of my balls on each downward thrust – a sensation which I enjoy – and, preferably with a little lubrication, a full and controlled workup to ejaculation could be achieved, easing off the frequency of rubbing to prolong the pleasure. This then became my main method of masturbating four or five times a week (less if conventional sex was available) for about 20 years.

In my mid-forties I noticed, over a period of perhaps 3 or 4 years, a definite lessening in the sensitivity of my knob. My GP assured me that it was all in the mind and not physical at all. But I seriously wondered if it was to do with the nerve endings becoming less sensitive due to the frequent rubbing of my unprotected knob by the method described.

Other things happened. Whereas up to now I had always preferred to have my thighs as wide as possible apart while wanking, I now had greater pleasure by pressing my knees and thighs tightly together. Indeed, to this day, if I have help from a partner, I request that they immobilise my legs by tying my knees tightly together with a leather strap for maximum sensation, taking care that my balls are above my thighs and not trapped between them.

As an added stimulus to increase the sensations, I have also enjoyed using metal rings and leather straps or cord around my balls; having my sex organs tortured (gently!) – perhaps a throwback to my schoolday experiences; totally shaving my body hair (especially keeping the pubic hair shaved), and using lubrication such as baby oil or KY jelly. A friend has also made me use a wanking machine he constructed. Basically, it consists of a soft chamois leather pouch lined with a polythene bag which is well-lubricated with oil. By inserting my erect cock and then placing the device between the mattress and sprung lower portion of the bed to give pressure, a very efficient and enjoyable wank can be performed by kneeling by the bed and thrusting.

In 1984, when I was 41, and having fathered three sons, I had a vasectomy. Contrary to my anxieties, I discovered that, far from diminishing my sexual keenness, I became more randy than ever! Furthermore, my outpourings at climax were effectively unchanged.

I have always had an active Couper's Gland, which produces a clear fluid that lubricates the knob, especially visible when the previously stiff cock becomes flaccid – especially nice for oral sex for which my large circumcised knob is particularly well suited. This I enjoy, but from time to time I have to ask my partner to stop, as my nerves in the lower part of the knob 'jangle' in a way that makes it oversensitive. A moment's pause is all that is needed before resumption. This is akin to stopping wanking for a while to enjoy it more when it is restarted.

Now in my early 50s, my climaxes are sadly less frequent. But the good news is that they are far, far higher than before. Whereas they used to be 'controllable', I cannot resist crying out and almost passing out with the extreme pleasure they bring. And that's not all: the amount of spunk that I produce must be an all-time record for my age! It gushes out with some

dozen or more spurts of excellent strength – just as when I was in the school contests! Afterwards I am totally exhausted both mentally and physically, and must have about 10 minutes to recover, after which I can erect again. Another orgasm can sometimes be experienced after some 6 hours, though I usually leave it a day or two.

I enjoy the fun of experiencing sexual fantasies when wanking in the presence of, or being wanked by, others – either males or females. Generally my experience has been that females really do not know how to wank a cock very well by hand (though they can be excellent by oral means). Well, why should they? They, poor creatures, haven't got one, and therefore don't know from personal experience how to maximise the pleasure! To be masturbated by another male is very pleasurable indeed, as he knows the amount of friction to use etc. I find the technique used is usually much better on my circumcised prick if he too is a roundhead – and presumably the same goes for uncut males. Perhaps members could comment, as I obviously can only speculate on the latter. Finally, self masturbation. To be honest I must admit that, for me, this is the best. Only you can know the way you feel as you approach climax, and so can adjust your rubbing speed and technique accordingly. The best for me therefore, is to be naked in the presence of another male who may or may not be dressed (both have a turn-on for me), and who enjoys oiling my sex organs up liberally (perhaps I may have a metal ring forced over my balls to pull them forward and increase the rigidity of my cock further), but who, having worked me up, lets me take over for the final stretch to full climax.

Who was it who said that a long 'journey time' is the most enjoyable part of having sex and, if you then arrive at the terminus at the end too, there can surely be nothing to complain about?

I am sure that readers of my completely frank and honest account on a subject that is very dear to *Acorn* members' hearts, will find at least some similarity to their own experiences – especially those circumcised members. It would be most interesting to compare and contrast your own experiences with mine in future issues of the magazine, so please don't be shy in coming forward.

Finally, may I refer to the article in 6/95, 'Radical Circumcision'. B.W. – Surrey might like to know that the shape of the penis in the sketch is very familiar to me – my own! If I stimulate my knob only (not the shaft) from the flaccid state, it becomes engorged with blood and gives the effect described – large knob supported by a slender top of the shaft, just as in the illustration.

*J.H. – Middx.*

# ACORN

Issue  
No 1 1996  
Editor  
David Acorn

## Editorial

**F**irst of all, let me make some apologies on behalf of the team. Although I'd finished 7/95 before the end of November and 8/95 before the second week in December, the commitments of the other two in the run-up to Xmas were such that the two editions became united, and ended up being sent too late to be delivered before Xmas. The two being sent out together made the weight just tip the postal scale, so Brian decided to leave out the annual renewal form and send it with 1/96 instead. So I must say sorry to those who wrote asking where it had got to.

*David Acorn*

## Self Indulgence 8

**W**hen I was a boy, with a foreskin, in England, I learnt to masturbate with my school friends. They mostly masturbated by pulling the skin up and down, so that was what I did. The circumcision rate was about 50/50, and even the roundheads did it that way, just moving the skin on the shaft. After puberty, I generally did it myself, with the skin retracted, since my foreskin was quite short. In my later

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Printed & Published in England by The Acorn Society  
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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

teens, still at school, I started experimenting with rubbing my knob, using a lubricant – I remember using sun-tan oil the first time I tried it. This was initially an attempt at simulating intercourse – which I hadn't experienced at that stage. (Before long, of course, I did experience coitus, and found it wasn't quite the same...) However, rubbing with a lubricant gradually became my preferred way of wanking – it just seemed far more sensual.

As a boy I spent a little time in the U.S.A., so I knew that circumcision was more common there, and odd comments in books and stories gave me the impression that so was my favourite way of masturbating. Once I came over to Australia (more than 20 years ago) I found that most men and boys were circumcised, and any comments about masturbation seemed to involve lubricants ('he keeps a stack of Playboys and a jar of vaseline under his bed'...you know the kind of comment, I'm sure). So I found myself part of the majority! However, to really enjoy this style of masturbation, I had to use one hand at the base of my penis to hold my skin fully back out of the way, so that the other lubricated hand could slide freely over the shaft and knob. This was a bit limiting if I wanted to look at some erotic literature while I did it...

Eventually, 8 years ago, I got circumcised – not just to go with the majority, but something I'd wanted for a long while. This made all sorts of things better – I'm 100% positive about the benefits, at least in my case – but for the present purpose the relevant one is that I only needed one hand for my favourite sort of wank! I had better say, at this point, that I don't actually masturbate very often – once or twice a month. However, my wife masturbates me rather more frequently – either because it's the wrong time of the month, or because I'm feeling randy and she isn't (though we have sex much more frequently than any sort of hand job.)

There are clear differences between what works best when I do it myself and when my wife does it for me. Baby oil and water-based lubricants are both excellent for solo use, but much less effective in my wife's hands. Hand lotion and similar things are fantastic when she does it, but not nearly so good when I do it myself. Incidentally, the same was true with my previous girlfriend, many years ago, before I was either circumcised or married, so it's not just a question of individual style.

Lubricant is nice but not essential. Masturbating without it always takes much longer, but in the right circumstances can be a positive factor. My wife says she enjoys it – both because she likes the silky-smooth feel of my bare cock, and because she enjoys having me in a highly aroused state for so long before the final relief. She strokes downward with a firm, slow action, paying particular attention to the knob and frenulum. When I do it myself, I slide my hand over the shaft and knob very lightly and much faster.

One final point. The first few times I ever experienced orgasm, as a young boy, the sensation started at the base of my cock and spread right through my body, all the way to the tips of my fingers and toes. An incredible feeling!

Once I started to masturbate regularly, the sensation was still highly enjoyable, but didn't have the extent and intensity. I guess it was partly because I did it so often, and partly because, with increasing experience, I'd learned how to use my foreskin to bring myself off with maximum speed and minimum effort. In the eight years since I've been a roundhead, that old sensation has gradually come back, and now I quite often experience a whole-body orgasm again when I masturbate. I suspect that not masturbating very often is as much a factor as losing my foreskin, but I wouldn't entirely discount the latter aspect. Either way, I enjoy it (but I still enjoy coitus more).

In 6/95, under the title 'Radical Circumcision', B.W. of Surrey enquires about a man who had an apparently 'incut' area below the glans. This is almost certainly the result of excessive cutting during circumcision, leaving the upper part of the shaft denuded. See the book *Circumcision: a Pictorial Atlas* by E.A. Grossman (Todd & Honeywell, Great Neck, New York, 1982), where there is a description and picture of this and other problems with botched circumcisions.

In 2/95, you had an article from 'William', whose 'recircumcision' (though why he had, or wanted, to be recircumcised was never explained) had caused him constant pain for many months. No wound takes so long to heal, so one has to assume that something had gone wrong – adhesions forming under the skin, perhaps. In such cases one really must see the doctor concerned and get to the bottom of the problem. Pain is not a normal consequence of a simple circumcision. I was circumcised as an adult (by the sleeve technique) and had no dressing, or pain, after the op. I took no painkillers of any sort at any time. The only discomfort was the stitches catching on my clothes – a tissue around my cock fixed that. The older of my two sons was circumcised at age 9. His cut was done differently, and he had a dressing around it for a week. Again though, he didn't find any need for painkillers, and the only pain was from accidental knocks (all too frequent at that age). Again, the stitches were a bit annoying until they all came out. So, as the adverts say, 'If pain persists – see a doctor'.

*J.B. – New South Wales*

## Observations

Like most men, I have always had an obsession with cock size. I know that we all have a good look at the other guys in the changing room and make comparisons, and, while nothing is said, I'm sure there are many mental comments as a result.

I have more reason for this obsession because I'm sure that I have the smallest cock around and, judging by the last *Acorn* survey, the smallest within the Society. It nudges 5" when hard and is slim (circumference at the

base about 4.4"). My question is whether there are other guys out there with comparable measurements? Certainly, in all the magazines, one generally only sees well-hung men. Where are the other 5-inchers? Or are they the non-randy types who are unconcerned about sex? I rarely ever see anyone in a changing room with a cock as small as mine and would be interested in others' views on this.

It appears that the average British man is fairly cock-shy. When I change I find it logical to take all my clothes off and then put my sports clothes on. Not so the average Brit, who does it in two stages to ensure that the lower part of the body is not exposed to view! Likewise, when showering, most appear to turn towards the wall, and the number of cavaliers who retract their foreskins to wash in the view of others is very small. Most turn away furtively as if this is an embarrassing operation. A very few will retract their skins and leave them retracted, not appearing to be shy (I am among these), and I notice that one of my friends has his skin already retracted as he gets into the shower, but pulls it forward again as he comes out! I wonder what the basis is for this general shyness?

I have noticed recently a couple of really tight foreskins – with the knob standing out behind the skin and a long tassel on the end. It would be interesting to know if these fellows have trouble with tightness, but certainly, if my cock looked like these I would go straight for a circumcision, if only for a better looking cock.

Also, I see very few cleanly cut roundheads. Most seem to have a ring or two of skin nestling behind the knob, in contrast to the U.S. look, with its totally exposed knob and scar well behind it. Is this a peculiarly British way of circumcision?

It seems that we cavaliers are in a minority within *Acorn*, but I am still interested in hearing from any cavalier considering a circumcision, or someone who has had it done as an adult. I had fairly limited response to my last request, and it may be interesting to hear from men who *had* to be circumcised, rather than those who wanted it, as the latter category is always positive about the outcome!

*Anon*

[It would be nice to have any responses to the last paragraph sent for printing initially. — D.A.]

## Nurse's Comments

**I**n 7/95, you ask for comments on 'Circumcision and HIV', sent in by a reader from Canada. As a State Registered Nurse, I have in the past had a number of HIV and AIDS cases to look after, and have a few points to make on the claim



that circumcision protects from AIDS. Firstly, the claim is based on experience from Africa, and it is now quite clear that the disease takes an entirely different course there from Europe and America. Despite all the predictions, sexually acquired HIV is still associated almost exclusively with a gay lifestyle in Europe and America, whereas in Africa it is the heterosexual community that suffers. Secondly, if circumcision protects, why is it that the USA, where 95% plus of the sexually active male population is circumcised, suffers from a much higher incidence of HIV/AIDS than Europe, where circumcision is next to unknown? The point I am making is that the African experience is so different from the rest of the world that you cannot apply its data to other countries, especially when it flies in the face of the recorded facts.

Another reason often quoted for retaining circumcision is that it protects against urinary tract infections. This makes me cross, because no-one bothers to mention the fact that females suffer far more from urinary tract infections than males, whether circumcised or not. And yet no-one expresses concern about our much greater problem – not that I would be happy about it if they prescribed circumcision to prevent it!

Finally, a short comment on M.S.'s letter, 'Why Wash?' in the same issue. I agree wholeheartedly with the points he makes about it not being strictly necessary, and that girls with cystitis benefit from not wearing knickers and avoiding using toilet paper after they pee. But I would remind him of an interesting French phrase: 'ça pue comme une petite fille qui se néglige' – 'it pongs like a little girl who neglects herself'!

All girls have a much greater problem keeping their external parts unobjectionable than any male, whether circumcised or not, and I should imagine that his girlfriend needed to take the hot bath (or shower) treatment every day, unless he was incredibly un-fussy!

I am so glad to have been lent your magazine, which fills a definite void in informing people about a subject which is still considered too 'delicate' to be aired to any great extent elsewhere. Please keep up the good work.

*Ms D.S. – Luton*

## Celebrity Status Confirmation

**I**n Ross Benson's book *Paul McCartney – Behind the Myth* (Gollancz. ISBN 0-575-05200-7), it is stated that Paul's younger brother confirmed that both boys were 'Baptised Catholics and Jewishly circumcised'.

*V.Q. – London*

## Circumcision — A Japanese View

Culled From The Internet Newsgroups by V.Q. – London

Hi, this debate on circumcision is interesting because I used to feel ashamed of being uncircumcised. Now I'm not ashamed but I think a lot of other people here are. Here in Japan, no one's circumcised at birth, but it seems everyone is by the time they are adults. They may not be necessarily **cut**, but it seems they have their glans completely exposed permanently. Does this happen naturally to most people? I used to be told that it happens when you grow up. Maybe the penis is supposed to outgrow the foreskin? I also frequently see ads in magazines (not dirty) about rings you put around the penis for a few months to make it *look* better by permanently keeping the foreskin retracted. It seems that in Japan most people do something to keep the glans exposed for *looks* even though they are *covered* in their elementary years.

Also, many of you say that sex feels better with a foreskin because of the nerves and because the skin moves back and forth. I'm a beginner with sex :-)) and want to ask about using condoms on a uncircumcised penis because I am having some trouble. If the foreskin is retracted, it hurts when putting on the condom because it gets stuck behind the head and I have to force it down which pulls some sensitive skin doing so. It also hurts when having sex because of the friction on the sensitive glans. If I put it on with the foreskin retracted, it feels good but many times, the condom falls off in the action because it moves back and forth with the foreskin. What do you think.

Sorry for being a bit anonymous

*gonzo@sofia.ksp.fujixerox.co.jp*

## Proud Father With Circumcised Boy

(Article in *Afterposten*, Norway)

By Arild M. Jonassen

Amir Nabi proudly showed off his day-old son. *Afterposten* met the two, just a few hours after the son was circumcised.

The operation took 10 minutes at Aker Hospital. "It is important that circumcision is done safely, so I'm glad the hospital did the job. I remember my own circumcision as a four or five-year old in Lahore in Pakistan as a painful experience", says Amir Nabi.

*Afterposten* met him at the maternity ward together with departmental consultant Knut Urdal, who told us that they had circumcised seven newborn boys that day. He would prefer to give priority to other cases, but also thought that it was good that the operation was done in hospital and not with a pair of scissors and other strange instruments he had heard about. Almost

all those who wanted it had their newborn sons circumcised at Aker Hospital. Last year there were 184 boys, and so far this year 170, or about 25% of all the newborn boys with parents of foreign origin.

### An Old Request

But Urdal is not pleased that the State should require them to take on the job unless the State also funds it. But, to him, such a demand is not new. Urdal has a letter dated 1976 from the then Director of the Health Authority, Torbjorn Mork, asking hospitals to do the operation.

"Circumcision is done at the cost of sterilisations and other more highly prioritised procedures", says Urdal. The Maternity Department has 400 on its waiting list for sterilisation, but in practice has not done this operation for several years. "There are people who have had two children while they have been on the sterilisation waiting list. Other waiting lists too are affected by circumcisions, which in my view are less important tasks. Medically, it is not proven that circumcision gives any health benefit", says Urdal.

Circumcision at the hospital is done by gynaecologists, rather than by the surgeons specialising in urology, who should do it. They refuse on medical grounds, and point to the risk of complications such as bleeding and infection. If malformations are discovered later, the foreskin can be used for 'patching'. Urdal thinks that the present practice at Aker is far from satisfactory.

The operation is not done in an organised way, but just whenever the doctors have time. If the public hospital is to do the job, he thinks it should be done in the day patient department of a polyclinic. But if any work should be done by the private health sector, then perhaps circumcision is the best example, Urdal concludes.

Amir Nabi is pleased that the possibility is available at Aker Hospital, but says that otherwise he would have gone to a private clinic, since circumcision is part of his religion. He also has an older child, a girl who is not circumcised. "Only boys are mentioned in the Koran", he says.

*G.N.S. – Norway*

## **Smoothie J.H.**

I did enjoy the feature by Smoothie J.H. on Page 4 of 7/95. As you know, I also wrote on the subject of genital shaving in the previous issue, and there have been one or two other contributions on the subject.

I've written personally to J.H., but maybe other readers would like to share some of the paragraphs I sent to him.

I once burnt my scrotum terribly using a depilatory cream, even though I'd tried it first, without problem, on an area of my thigh. I've heard of several similar experiences, including one needing hospitalisation, but I must say that

the result in my case was a fabulously smooth finish which outlasted the burn healing process. I never could get on with electric shavers of any kind.

I confess to being a very sexually active gay man, even at 62. I'm very overweight and not remotely in the 'body beautiful' category, but my shaved genital area has proved – ever since puberty – to be a very strong sexual asset. I think that being circumcised (since birth) also helps. Partners, even those who are a bit suspicious at first, love it, and it has led to many a fabulous blowjob which I know would not have taken place otherwise.

I've often met guys who have said to me that they would like to shave, and indeed have done so on occasions, but have found it too embarrassing in changing rooms and showers. This has never worried me in the least. Rarely does anyone comment, but if they do it is invariably complimentary.

I have always restricted my shaving to my genital area. I don't have a particularly hairy body anyway, but, especially since I have a long residual chest scar following open heart surgery eleven years ago, I prefer to allow my chest hair to grow to disguise the scar.

Many years ago, when in my late teens, I recall my father mentioning to me that he kept his pubic hair shaved, and I told him that, purely by coincidence, I did the same. We never spoke of the matter again and I never saw him naked until I identified his body when he died in 1974. He was then 72. I recall the macabre experience of being more intrigued by the fact that he still shaved than of being distressed at his death. The mourning came later because we had always been very close.

You probably know that I write an agony column in *Zipper* magazine. I recall once receiving a letter from a reader who claimed to have a collection of tufts of pubic hair from all manner of celebrities. I believe him to have been genuine, and he mentioned the names of an incredible number of well-known politicians, media-famous personalities, etc., who had willingly responded to his discreet letters requesting a contribution. I was quite honoured to be invited to take part, but had to keep him waiting for about three months while I specifically grew a tuft to send him.

And now another subject. Upon reading what follows, somebody out there is going to say, "Speak for yourself - not **all** Acorn members are tarred with the same brush". Maybe not, but I suspect that many will identify with my 'Confession', albeit with some reluctance, and only after a degree of soul-searching.

I'm totally obsessed with sex. Almost every time I put finger to keyboard I relate the events which started it all on a May day in 1942, my ninth birthday to be exact. That was when I was magnificently and gloriously raped in a haybarn by two late teenagers exempt from military call-up because they worked on the farm to which I had been evacuated during the war. I experienced my first electric, but inevitably dry, orgasm, and discovered the form of physical

gratification which has dominated my daily life, usually more than once, for all my fifty-three years since then. Compartmentalised into discretely separate passages – and I mean ‘discrete’, not ‘discreet’, for one side of me sometimes throws discretion to the winds – I have embraced a double life, isolating ‘penile perversion’ on the one hand, from ‘professional propriety’ on the other. Being a pillar of local community leads me one way, but the pillar of my manhood – my good friend Richard (nothing so common as my ‘Dick’!) – has led me another. I have followed willingly, into a lifetime of the most amazing and abundant sexual adventures which would defy credibility if committed to public scrutiny, but which relate entirely to fact, not fantasy.

Flicking through the pages of *Acorn*, with all its talk of wanking cocks and more, and recognising that I delight in contributing to its baseness, I sometimes pause and ponder. Somewhere up above I used the phrase ‘penile perversion’... Is that what it’s all about? Am I, and are my fellow readers, just lusty, dirty-minded perverts, spilling out our oversexed musings to excite ourselves and titillate others? I revel in all this idle chitter-chatter of cocks and balls and spunk – the nectar of the gods. But am I, are we, missing out on something in our lives? Would I have gained more financially and spiritually if I had turned such journalistic abilities as I have to more prosaic offerings? Would life have been more meaningful if I had spent more time with music than masturbation; with culture rather than cocks; and with books rather than bollocks? The Oxford Dictionary talks of ‘perversion’ as turning something to wrong use, interpreting it wrongly (especially on purpose), or leading astray from the right opinion or conduct.

In the relatively few years that I have enjoyed receiving *Acorn*, I have the feeling that its contents are broadening from early concentration on the pros and cons of circumcision, into a wider wallowing in the glories of all things sexual...wanking fodder for the masses! It certainly works for me, and I suspect I’m not alone.

We are a small, fairly select, group of individuals, collectively probably of somewhat higher intelligence than the rest. Are we proud of ourselves? Indeed, is there even any need to be proud of ourselves? In our hedonistic lives, is there anything amiss? I don’t know. As the feeling wells up in my loins and I retire to the privacy of my bedroom, I leave you with just one thought...I only asked!

And Now!!! **Musical Masturbation** – A Competition for the New Year.

Some years ago, when my column appeared regularly in the now defunct magazine *HIM*, I published an exchange of correspondence on readers’ choice of music to wank to. Think of it – reclining on the bed or in a comfortable easy chair, with one’s trousers around one’s ankles and one’s prick protruding from one’s clenched fist whilst listening to the right mood music. What a delightful way to spend the odd few minutes of stimulated reflection – and subsequent ejaculation.

But what is 'the right mood music'? Sleazy sentimental slush? Passionate and thumping frenzied pop – 'Hit me with your Rhythm Stick'? 'The Rhythm of Life'? Powerful Wagnerian opera?... My personal choice is the famous Ravel's Bolero. How quietly the distant drums announce the beginning of its passage. How relentlessly it gradually develops its insistent enduring passion. How magnificently loud comes its wildly discordant orgasmic crescendo some 15 minutes later. For me, no piece is more perfectly timed, erotically provocative, and capable of generating such lewd, irresistible fantasies. Even as I type, that beat is trapped firmly in my mind and for ever betwixt my legs.

But what say you, dear reader? What music turns you on? What Siren's strains will tempt your ears and lure the tumescence in your dick?

Here's a chance to tell us all. I'm sure our worthy Editor will delight in publishing as many of your replies as space allows and, as a further source of stimulation, this time for your pen, I am offering a CD of 'Bolero' (and other pieces by the same composer) played by the Radio Symphony Orchestra Ljubljana, conducted by Anton Nanut, with Mee Chou Lee on the piano. I shall leave David Acorn to be the judge of the best entry... and sit back to enjoy my own little revel in Ravel.

*Ray Hamble*

## Self Indulgence 9

**I**t is interesting to reflect how one's wanking techniques change over the years. As a teenage youngster the urge is to obtain a climax as quickly as possible with vigorous rhythmic rubbing of the shaft and foreskin. As one gets older there is more emphasis on foreplay and delaying the climax so as to get the maximum enjoyment. This, I found, could be done with the foreskin forward and gently massaging the glans and frenulum. The glans was very sensitive and it was often not possible to delay the climax for very long.

At the age of 34 I was advised that I needed to be circumcised as I kept getting recurring balanitis, which was being aggravated by a long foreskin. Again my wanking technique changed, and I found it much easier to delay the climax. The size of my glans has increased, with a prominent rim and sulcus, and if I gently massage this area with a lubricant it is very stimulating and sensitive, as is my circumcision scar. And if I pull this area to meet the rim, the resulting sensations are delightful.

*Bill – Surrey*

## **A Bone In Your Bonker**

### **Endnotes to Chapter 9**

#### **A theory about why humans have lost the penis bone**

**A**n erect human penis can be so hard and stiff that people jokingly express scepticism that there is no bone inside. As a matter of fact, lots of mammals do have a stiffening bone, the baculum or os penis, to help the erection along. What's more, it is common among our relatives, the primates; even our closest cousin the chimpanzee has one, although admittedly, a very tiny one which may be on its evolutionary way out. There seems to have been a tendency to reduce the os penis in the primates; our species, along with a couple of monkey species, has lost it completely. So, we have got rid of the bone that in our ancestors presumably made it easy to have a nice stiff penis. Instead, we rely entirely on a hydraulic pumping system, which one cannot but feel is a costly and roundabout way of doing things. And, notoriously, erection can fail – unfortunate, to say the least, for the genetic success of a male in the wild. What is the obvious remedy? A bone in the penis, of course. So why don't we evolve one? For once, biologists of the 'genetic constraints' brigade cannot cop out with, "Oh, the necessary variation just couldn't arise." Until recently our ancestors had precisely such a bone, and we have actually gone out of our way to lose it! Why?

Erections in humans is accomplished purely by pressure of blood. It is, unfortunately, not plausible to suggest that erection hardness is the equivalent of a doctor's blood pressure meter, used by females to gauge male health. But we are not tied to the metaphor of the blood pressure meter. If, for whatever reason, erection failure is a sensitive early warning of certain kinds of ill-health, physical or mental, a version of the theory can work. All that females need is a dependable tool for diagnosis. Doctors don't use an erection test in routine health check-ups – they prefer to ask you to stick out your tongue. But erection failure is a known early warning sign of diabetes and certain neurological diseases. Far more commonly, it results from psychological factors – depression, anxiety, stress, overwork, loss of confidence and all that. (In nature, one might imagine males low in the pecking order being afflicted in this way. Some monkeys use the erect penis as a threat signal.) It is not implausible that, with natural selection refining their diagnostic skills, females could glean all sorts of clues about a male's health, and the robustness of his ability to cope with stress, from the tone and bearing of his penis. But a bone would get in the way! Anybody can grow a bone in his penis; you don't have to be particularly healthy or tough. So selection pressure from females forced males to lose the os penis, because, then, only genuinely healthy or strong males could present a really stiff erection, and the females could make an unobstructed diagnosis.

There is a possible zone of contention here. How, it might be said, were the females who imposed the selection supposed to know whether the stiffness that they felt was bone or hydraulic pressure? After all, we began with the observation that a human erection can feel like bone. But I doubt if the females were really that easily fooled. They too were under selection, in their case not to lose a bone but to gain judgement. And don't forget, the female is exposed to the very same penis when it is not erect. Bones cannot detumescere (though admittedly they can be retracted). Perhaps it is the impressive double life of the penis that guarantees the authenticity of the hydraulic advertisement.

[The following appeared on the Internet newsgroups recently.]

### **Intact Men Against Circumcision**

**I**ntact Men Against Circumcision (I.M.A.C.) is an assembly of intact men networking to save infants and children from destructive genital surgery. We are joined together to help end the intense pain, trauma, terror and suffering which is a perversion called circumcision. As owners of this extraordinary structure, the prepuce (foreskin), we must speak out. As males who appreciate and understand the importance of wholeness, we must speak out. As males who are experiencing a phenomena which guarantees a lifetime of complete, sensuous, fulfilling, and normal sexuality, we must speak out. We have been mute too long, our voices must be heard, we must share the truth that ownership of a complete primary sex organ is healthy and the subtraction from that organ is destructive. The promoters of this primitive and barbaric infringement on the sanctity of the human body have had silence as their consort, including our silence, but we shall remain silent no longer. If we can break this silence, the broken minds can be silenced.

We must educate. We are fighting against all genital mutilations, male and female. Our primary objective is male mutilation due to the fact that the 'rape' of male infants is a crime so common and irrationally accepted in the United States and, to a lesser extent, Canada, Australia, and New Zealand. Other than England, Europe never practised this dementia, nor did the rest of the world. Enlightenment came to England and they stopped this sexual attack on infants 45 years ago. Today, the only countries who openly practice and perpetuate the mutilation of a majority of their infant boys are Israel and the U.S. We realize that Female Genital Mutilation (FGM) is not confined to African and Middle Eastern cultures. There are many instances of FGM in North America and elsewhere. We must speak out on this terror and suffering and eliminate sexual bias by terminating the atrocities against both sexes.

We include men circumcised without their consent who are going through years of dedicated work of 'uncircumcising.' We know it is criminal to have to spend years trying to create a facsimile of a body part that took only 10 minutes of terror to totally destroy. We include women with intact significant others and



women fighting to protect the Basic Human Right of **all** people to **all** body parts. The time has arrived for those of us who are whole to empower ourselves and each other, to share our feelings, thoughts, and experiences. We can empower other men, circumcised and intact, to leave their sons natural.

Some of us who felt bad due to a peculiar view of being 'different' from most of our peers, have a new awareness and gratitude for physical, sexual, emotional, and mental wholeness. We are aware of our gift, and not only feel good about having whole bodies, but feel delightfully and naturally 'different.' We know that we possess a penis which is vastly superior to one which is irreversibly damaged through destructive surgery. We have deep compassion for our brothers who were forced to endure the abomination and its affects without **their** consent. **All** of our voices must be heard to stop this tragedy from continuously repeating itself. We understand that circumcision has never been, and is **not**, a medical issue. There is no valid medical justification to substantiate any benefit. Almost all penile problems are iatrogenic (doctor caused), acquired after this destructive surgery is performed. We extend a sincere welcome to I.M.A.C.! The wholeness movement will be successful because compassion and truth will prevail. We definitely need each other, as do the infants who try to speak to us through their screams, unable to protect themselves.

### Who? What? Where?

I.M.A.C. is a network of intact men. We are joined by restored and restoring men, women with intact partners, sons, grandsons and women fighting to end genital/sexual mutilations. We are a cross-section of mankind from all walks of life and most professions; from the medical, business, and educational world to engineers, housewives, and retirees. We live across the U.S. and Canada, and in Australia, and New Zealand. We are young (and not quite so young) men and women spanning three generations. We are committed to a gentle infancy without the pain, trauma, and terror of sexual surgery, nor the long-term spoilage of the penis.

### Did You Know...?

5% of the world's males are circumcised as infants and over half of all infant circumcisions are performed in the U.S.? That 70% of all circumcised men in the world are Muslim, circumcised between the ages of 2 and 17, and it is not a religious requirement? That there is a female victim of genital mutilation for every five male genital mutilation victims in the world? That of US males older than 15, roughly 90% of them were forced to undergo, when they were babies, the male genital/sexual mutilation known as 'infant circumcision'?

### Did You Realize...?

The prepuce, shaft, and scrotum share common tissue? The underside of the penis from the commencement of the foreskin to the end of the frenulum. Chopping off this tissue affects more than the removal of the sensitive and

protective prepuce and frenulum. It causes an increased unnatural tension of the shaft and disposition of the scrotum.

**Circumcision is a hoax that only we can expose! Intact men of America, unite to save your brethren from penile dismemberment! Down with circumcision! Down with circumcision profiteers! Down with infant sexual torture!**

Information on the normal intact penis and on the lifelong damage done by the atrocity and fraud of infant circumcision (or if you prefer, by Penile Reduction Surgery) is found at these Web sites:

<http://theorem.math.rochester.edu/nocirc/nocirc.html>

<http://www.eskimo.com/%7Egburlin/noharmmm/>

Read: *Say No to Circumcision! 40 Compelling Reasons Why You Should Respect His Birthright and Keep Your Son Whole*, by Thomas Ritter, M.D. (1992, Hourglass Books, Aptos, CA.) Get it in your public library or through interlibrary loan.

Be ashamed to die until you have won some victory for humanity.

Newsletter

I.M.A.C. Press

P.O. Box 82

Wahpeton, ND 58074

*Horace Mann*

## Incidence And The Individual

Like many *Acorn* members, I have been inexplicably interested in circumcision since I was a young child. This nurtured a curiosity to note who had been 'cut', which continues to this day. I never go out of my way or draw attention to myself by overtly practising my quest, but the information often comes up by natural word or a legitimate 'sighting'. Sometimes men or their wives and partners will make a joke or pass a remark, dropping the clear clue. On other occasions, sporting or working activities have led to communal showering when everyone's status was on show. As soon as I know "who's what", the fact is locked in my mind on the database covering their height, hair colouring, voice, etc. I don't have to make any effort with this – it happens automatically. I only wish memory would serve me just as easily with lots of other details in life!

It all started in primary school fifty years ago, and even today I could tell you the status of most of my classmates. Observations were easy, because we were always comparing willies and playing pissing games in the toilets.

The cavaliers indulged in 'ballooning', we roundheads in 'highest up the wall'. The circumcised minority of 20% probably reflected the lower socio-economic status of the school's locality. Doctors presumably charged for the operation pre-1947 and the advent of the NHS. (Does any member know how much it cost pre-war, or could anyone do a bit of interesting research? How does the figure stand against the average wage of the day?)

At grammar school we had compulsory showers after PT twice a week, and a communal bath once a week after games. No hiding place for the shy in that situation! I clearly recall the first time we were all subjected to this levelling experience. As we were all drawn from different schools, and hardly knew each other, there must have been some, like me, totting up the scores to see if they were in a minority/majority. It turned out to be exactly 50%, which ensured that no-one was teased about what they considered to be their penile asset or misfortune. An interesting point is that, despite transfers in and out, leavers and newcomers, this proportion was maintained for the five years I remained a member of that particular class. The higher incidence of circumcision than primary school suggests it was linked to the intake at grammar school being largely from a higher socio-economic class. The great majority of these circumcisions must have been for fashion only. There were no Jews or Muslims in our class, and medical problems would only account for one or two.

I speculate that the high incidence of circumcision in my generation occurred for several reasons:

1. The aspiring middle classes copied the trend-setting upper classes.
2. It was a nice little earner for doctors.
3. Childcare was much more a "woman's province". Daughters being influenced by their mothers always near at hand to advise and assist.
4. Many wives, having circumcised husbands, automatically maintained the practice on junior in an era when it was easily available on request if you could pay.

Underlying all four was a strongly held belief that circumcision was cleaner, and therefore healthier. In a more prudish age, it avoided the embarrassment of teaching boys penile hygiene. From what I've gleaned, many women thought it was neater and sexier. The climate of acceptable conversation did not allow them to say so, but they could achieve this desirable 'look' for their sons by emphasising the health/hygiene aspects.

It is interesting to note that 'fashionable' circumcision declined immediately on the inception of the NHS. Was there a perception that this class identifying mark was too good to bestow on the lower orders for free? Did doctors fence it off into private practice to preserve a nice little earner? Certainly there has been evidence of a total contrast in attitude within, to that without, the NHS. The same doctors wearing a NHS hat have placed every obstacle and

discouragement in the way of parents, only to don a bow tie and put down the welcome mat at their consulting rooms when a wallet was produced. Later, the NHS 'anti' may have been bolstered gradually by an intake of doctors who had themselves been circumcised in childhood and resented it. Action brings reaction. Recent times may have seen the operation chamfered out by financial stringency.

The decline in incidence has brought new problems for those few who are now growing up without their foreskins whilst the great majority of their peers are left entire. This was highlighted in a book I recently browsed, called *Living with a Willy*. This slim and lighthearted presentation has obviously been written to bring information and comfort to today's teenagers, and includes a section on circumcision. The author must have been (or is) something of an 'agony uncle', and quotes from correspondence. He begins with an extract from one boy who feels bad about his penis because he is the only one in a family of five brothers who hasn't been circumcised. He hates his own appearance and envies his brothers. No explanation has been given him regarding his clear isolation, and he is too shy to ask his parents. This sort of letter has more recently given way to another, in which a schoolboy is fretting about his circumcision because it is causing him changing room ridicule. As they are not Jewish, he is at a loss to know why his parents did this to him, and is also too embarrassed to ask them. Another similarly has suffered since his girlfriend finished with him, and feels she blighted his future relationships by telling all her friends that he'd been circumcised. His penile status is now public knowledge and apparently good for a giggle. Even more sad is the case of a young man with a girlfriend who is trying to initiate intercourse. He has to keep making excuses because he fears she will be turned off and end the relationship when she finds he has no foreskin.

Although those cut for religious reasons mainly mix, and are educated, with their own group, a few find themselves in a minority in schools where they suffer taunts from the uncircumcised. Although 'fashionable' circumcision has declined to almost zero, a few unfortunate individuals do have a medical condition which can only be cured by circumcising them. They then have to bear the further misfortune of teasing when their short-sleeve willies are spotted by their pals or discovered by their girlfriends. If those in authority thought deeply about this, and cared, they would make circumcision an option offered to all parents. I am certain there would be sufficient take-up to restore a 50% incidence. This would surely please everybody, and avoid the miserable stigma that it has now become for a not insignificant few.

G.D.

# ACORN

Issue  
No 2 1996  
Editor  
David Acorn

## Editorial

Our next meeting is imminent and I hope to see many, by now, old friends there, plus some new ones. If any new members feel that they might feel intimidated by the meeting, please don't be. I can assure you that you won't be. And if you can only manage the Saturday afternoon, again, don't hesitate. Just give Brian a tinkle to let him know you're coming for whatever time and he'll sort everything out.

I saw a programme on TV the other night called 'In Search of the Holy Foreskin'. Apparently until a few years ago there were 14 of Jesus' foreskins roaming around churches in Europe, but the authentic one was in a church in Italy, but was stolen by a priest, so the story goes. Nothing much is known about His childhood so it can be presumed that only the three wise men knew He was holy, so why was the foreskin saved? Anyway, the programme seemed to treat foreskins in a very lighthearted way, ignorant of what powerful icons they are to some.

A thing that spurs a lot of members into action to write in are in answer to direct questions. So I thought we

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

might start a question corner, where members can ask questions on an item that might be puzzling them, or for straightforward information. I can start the ball rolling with one of my own, plus one from a new member.

*David Acorn*

## Questions

Doctors exhort mothers not to try to pull back the foreskins of their babies until they are at least four years old, due to the possible ripping of the adhesion between the inner foreskin and the glans, causing hard scar tissue to form on one of the surfaces, with resultant problems in later life. Yet in infant circumcisions the first thing the doctor does is to insert a probe between the foreskin and the glans to tear away the adhesions. Although I must admit to not having looked for scars of this sort on the glans of circumcised penises, do they occur? Who is right and who is wrong?

*David Acorn*

I would like to know about ejaculation. What is an average amount of come? Are there times when there is more than the normal amount? Or less? How far is a normal squirt? What percentage of men have no squirt, but just ooze out? Has anyone had a really long squirt?

*C.W. – Wales*

## Not Too Radical

I identify as bisexual and have been married, but this experience concerns a long relationship I had with a very sexy Scottish guy I'll call Mike. We met at a gym. He would usually get hard in the shower and one evening I did as well. We had sex back at my place, and shortly afterwards he moved in with me.

From the start I noticed that he had a very long foreskin. It turned out to be unretractable. In the early days I would try to push it back, but he would yell out and that would be the end of that. For about 5 years I never saw the head of his cock. I didn't think too much about it because I was fairly tight myself, and when erect could not get my skin back behind my knob. I thought this was normal.

Mike then began getting unpleasant irritations under his foreskin. At the hospital he was told this was because of his tight foreskin and that he should be circumcised. He was scared of the pain and said no. But over the next few months his irritation continued and for the first time we began to talk to friends about circumcision. We found that others had had the op and no-one regretted it.

At the age of 32 Mike put his name down to be cut, which could be done on the NHS because of his severe condition. We thought it was possible to be partially circumcised, and that's what he wanted as he enjoyed wanking or being wanked by having his foreskin rubbed over his knob. But he was told that in his case this wouldn't be possible and that he had to be fully circumcised. On the morning of the op, however, he told the doctor that he wanted as much skin left as possible.

I'm sure Mike's post-op experience was that of most men who have been circumcised late in life. When he came back from the hospital he spent a very pleasant evening under the effects of the anaesthetic. He was awoken next morning by his erection tearing the sutures apart and there was a lot of blood.

This was to continue for 6 weeks, during which his knob was so sensitive that he couldn't bear anything to touch it. He walked around bandy-legged in pyjama bottoms and later gave me all his boxer shorts and switched to jock-straps, because if his cock rubbed against anything when he walked he got an erection. This was a novelty at first but soon became annoying.

Mike wouldn't let me see his cock until it had completely healed, because he said it looked like it had been caught in machinery. When he finally showed it to me I was surprised because it didn't look as though he'd been circumcised at all, merely that he'd finally pulled back his foreskin, now bunched up behind his knob.

While I was holding his cock in my hand he got hard, and I was again surprised to see the light band of skin around the top of his cock, much lighter than the skin on the rest of his body. This gave him a two-coloured penis which I didn't at first find very attractive.

Despite the loose skin he had been left, Mike was still very tight when hard, and he didn't like it at all. He said he couldn't get any friction going for a good wank. When I tried to do it for him he went completely soft. He'd developed a psychological block and worried that the, by now completely healed, scar would break.

While playing football, Mike pulled a muscle in his leg. At the gym, a Moroccan guy, I'll call him Mohammed, said he could give Mike a massage, and came round to our flat. As I was just starting a massage course myself, I asked if I could watch.

Mohammed stripped down to his shorts and asked Mike to undress completely and lie on the bed face down. When Mohammed began working on Mike's thigh I knew what was going to happen. Sure enough, when Mohammed asked Mike to turn over, Mike warned him he'd got an erection. Mohammed said he was used to it.

Mike's cock did look quite formidable. He was more than 8" in length and thicker than usual, and now, maybe a year after his operation, the rim of

his knob seemed to have flared out, giving the already big head a very erotic appearance, like a giant mushroom. But Mohammed just carried on with the massage.

When he'd finished, he asked Mike if he could put weight on his leg. Mike stood up. As his cock was also standing straight up, it couldn't be ignored any more. Mike mentioned he still got hard very easily because he'd been circumcised not long ago. Mohammed, who was likewise, asked Mike if he'd got used to it, and Mike replied that masturbation was still a problem. Mohammed said he could show Mike how to do it if he'd be interested. What developed was a very interesting evening of sex education!

Mohammed began by very gently rubbing his massage oil into Mike's cock, which of course was all that was required. Difficult as it may be to believe, we'd never considered the possibility of lubrication before because it had never been necessary when Mike had a foreskin. Mohammed used different kinds of strokes, focusing on the rim and the underside of the knob and, probably within 3 minutes, Mike shot the biggest load I think I've ever seen, straight up into the air.

Afterwards, Mike got further practice on Mohammed's cock, didn't succeed in making him come, but this was rectified during our subsequent threesomes. For the next few months, my sex life with Mike was probably better than ever. He wanted action constantly, and it was a major turn-on to me to have a big, and what I now regarded as a very beautiful cock thrust into my hand or mouth at all hours of the day and night.

Mike was now egging me on to get cut myself, but having seen the blood first-hand I was probably more scared than he'd been. I eventually relented, because at the age of 38 I thought why not try something different! I booked in at the same hospital.

Then, completely out of the blue, Mike and I broke up (he subsequently got married). By the time my operation was due nearly a year later, I was living with a woman who enjoyed playing with my foreskin. Circumcision no longer seemed important and I cancelled the date with the surgeon.

Today I'm very unsure what to do. On two occasions, partners have pulled down my pants and said, with obvious disappointment, "I was hoping that you'd been circumcised". This is why I'm a new member of the *Acorn Society* and interested in advice.

Gary – London

The following is an article published in *The Guardian* of 19th Feb. 1996 by a lady doctor named Dr Luisa Dillner, called:-



## In Favour of the Foreskin

The young man pulled down his trousers and showed me his newly circumcised penis. "I'm not very happy," he said. "Is it supposed to look like this?" It was my first circumcision, and sadly, his penis bore no resemblance to the cosmetically perfect diagram in my operation notes. Somehow, I had left the skin of his penis twisted to one side. "I'm so sorry," I remember saying with complete sincerity. "Perhaps my consultant can do something about it." I never heard what he did, but at the next circumcision my consultant never left my side.

About 30,000 foreskins are removed in Britain each year, and in common with other surgical wounds, the circumcised penis can bleed, get infected, and be cosmetically unacceptable. Most circumcisions are carried out on children – around 7% of boys under 15 have had their foreskins removed. Religious rituals aside, only about one in six circumcisions is medically necessary. This week's *British Medical Journal* has a letter from 20 adult men [members of NORM(UK)], circumcised as children, arguing they have been harmed by the procedure. Circumcisions, they say, are rarely necessary, and it is unethical to amputate normal tissue from a normal child.

In America, the foreskin has become a political issue. Pressure groups campaign against its routine use (more than half of newborn boys are circumcised) and provide advice on reclaiming the foreskin for those men who feel sexually and emotionally incomplete without it.

Circumcision probably decreases the likelihood of cancer of the penis, but this is a rare disease and the risk is probably still negligible in uncircumcised men who wash behind their foreskins. Some studies suggest that circumcision protects against AIDS, but most research comes from Africa where the incidence of the disease is high, and the findings may not be applicable elsewhere.

In Britain, most medical circumcisions are carried out because the foreskin cannot be pulled back over the head of the penis. Occasionally this is a real problem caused by recurrent infections that have left the foreskin scarred and relatively immobile. More commonly, however, it is a self limiting condition. In Denmark, a doctor examined the penises of 2,000 Six to 17 year olds for up to nine years. At 6, nearly 1 in 10 boys couldn't retract their foreskins – by 17 this had fallen to 1%. Only 3 needed circumcision (1 in 700).

Most of my male friends who admit to being circumcised can't understand what all the fuss is about. But the doctors among them admit that the foreskin is discarded on shakier grounds than any other appendage. If our finger was infected, for example, amputation would seem a drastic solution.

The argument that the foreskin makes sex more pleasurable is vaguely supported by a recent study in the *British Journal of Urology*, which found the structure was special in its thinness, nerve supply, and sensitivity to light

touch. This was something that surgeon Sir James Spence suspected in the 1960's when he wrote to a doctor explaining his reluctance to circumcise a 7 month old boy. "Whatever mistakes nature makes about the structure of less essential organs such as the brain or stomach, in which she is not much interested, you can be sure she knows best about the genital organs."

*R.B.W.*

## **It's Never Too Late**

**W**hile my story may not be of interest to all the members, it will have served its purpose if it saves a few doubting souls unnecessary hesitation.

On reaching puberty, I soon became aware of three facts, and these were to plague me for nearly forty years. First of all, I realised that I was very highly sexed; secondly, I had a painfully tight foreskin, and thirdly, as a result of this, I suffered from premature ejaculation, unable to 'last' more than thirty seconds while practising 'self-abuse' as it was called in those days.

On reflection, I was always at the doctor, even as a boy, with balanitis and phimosis, but neither he nor my father ever suggested circumcision. In fact, until the day my father died in 1961, I never received a word of advice on sexual matters. Don't forget, when I was a boy in the thirties, we were taught that masturbation impaired one's eyesight.

When the sexual revolution arrived in the sixties, intimate matters were more openly discussed, and I read an article about a male who had been circumcised in adulthood. However, I could never bring myself to discuss the possibility of such an operation with my doctor. Even if I had, I could never have summoned up the courage to face surgery.

In the autumn of 1979, I met a pleasant young man who had an extremely well-trained foreskin. He was completely empathetic to my problem and, after endless counselling over the next 6 months, I faced the dreaded operation at last. Not wanting my family, friends or colleagues to know I was having such an operation, I decided to have it done privately during a week's holiday, and wrote to the advice column of a magazine for the names and addresses of surgeons specialising in this field.

On Sunday afternoon, 11th May 1980, I supposedly left home for a week in Blackpool, but actually headed first of all for County Durham. I arrived at the Surgeon's home in early evening, and he asked me whether I wished a full circumcision with or without the removal of the frenulum, or a partial circumcision which would leave only the tip of the glans uncovered. When I settled for the full-cut and removal of the frenulum, he then explained the procedure for the operation to be performed under local anaesthetic.

Eleven injections were administered in and around my penis which were no worse than the jabs one gets at the dentist's, but when I got the final one on

the underside in the area of the frenulum, I nearly hit the roof. However, the pain was only momentary. The operation itself, using the plastibell technique, took one hour, completely devoid of pain, and it did not seem long until he was stitching and bandaging the wound. Because of the long journey from County Durham to Blackpool, it was pre-arranged that I would stay overnight at the Surgeon's home. After the operation was over, we watched TV for an hour or so, then I retired for the night. Once I was in bed, he came into my room and left some painkillers on the bedside table in case I needed them through the night. However, the next thing I remembered was being awakened for breakfast in the morning; the painkillers untouched.

At about 11.30 am., I set off for Blackpool, penis swathed in bandages, and crotch so fully padded that it turned heads as I walked along the promenade.

Apart from the injection into the frenulum, I did not suffer any pain at all; a slight discomfort, yes, and the stitches did strain a bit in the mornings when I awoke with my normal firm erection. But all I kept thinking was why I didn't have the operation years ago.

As instructed, the bandages and padding were kept on until I arrived home the following Sunday evening, when I had a hot bath and swabbed the wound with Milton. The stitches soon dissolved and my reconditioned member was ready for action in three weeks time.

I should state that the operation cost me £20 (Twenty Pounds), and I should like to have been able to recommend the Surgeon to any interested readers but, sadly, he is now deceased.

I could go on and on about how the operation changed my life at the age of 52, but that is enough for now. Suffice to say, adult circumcision has worked wonders for me; there is no comparison. Although I am now a senior citizen, I am still very active sexually and, for the past eight and a half years, have been in a wonderful and fulfilling relationship.

In conclusion, I would implore anyone with similar problems, or in any doubt, not to waste time and, at least, go for counselling. It wasn't too late for me but, remember, it's never too early either!

*J.C. – Ayrshire*

## **Self Indulgence 10**

I really don't recall a time when I did not fondle myself. I suppose that I really became aware of the pleasures of both self and mutual masturbation when I was shipped off to a preparatory boarding school. My independent spirit dates from the same time. Memories of what actually happened in those days are hazy, but after moving up to the senior school things took on a regular

pattern. Being wartime, two boys at a time had to bath together, which added to the excitement.

Clandestine liaisons took place at any time of the day, frequently at the back of the class during boring periods, but it was after lights-out in the dormitory that most of the action occurred. The junior dormitories were the most active, containing about sixteen young teenage, developing boys, eager to flaunt their bodily attributes to their peers. All the boys in the dormitories took part in the activities at some time or other, but some were more active than others, and no one was ever forced to join in anything against his will. Most boys had a crafty wank most nights, either alone or slipping into bed with a mate. The actions were sensed rather than heard, as trouble would result if noise disturbed the Housemaster. One was naïve at the time and had not learnt the pleasures to which the body could be subjected, so our releases were confined to masturbation. Most boys were circumcised, those who weren't had easily retractable foreskins thanks to strict annual medical examinations. The art of masturbation was unsophisticated, usually resulting in a race to see who would ejaculate first. The method was generally the same in all cases, with the shaft being vigorously rubbed with the skin being kept back behind the rim of the glans. The glans would also often be massaged using saliva to provide lubricant. As one progressed upwards through the school, one's overt sexual activity declined, being confined to one or two special friends or solo.

Over the years I have enjoyed, unashamedly, solo masturbation as a relief from stress, or just for its own pleasure.

I employ a variety of techniques, or perhaps more correctly, variations on a theme, depending on how much time I have to indulge myself, and the ambient conditions. When time and ambience permit, I prefer to lie naked on my bed. I start off by gently fondling my balls, which has the effect of making my member stiffen quite rapidly. Then I progress to massaging the glans gently with the palm of one hand or the other, the effect being slightly different with each hand. Then I rub the shaft skin all the way up and down, keeping it back from the glans. The hand that is not doing this is used to stroke my sides or nipples. Being gentle in these actions I can make them last for a long while without getting too excited or losing my erection. Variations include changing hands to give a different feeling, gripping the shaft firmly fully in my closed hand with the palm below, then the other way with the palm above, using first one hand then the other. To give greater stimulation, with either two fingers and thumb or full fist, I rub back and forth over the glans, particularly the rim, whilst holding the free skin well back down the shaft. Too much of this action though, without lubrication, tends to induce soreness. I can keep up these various actions for some considerable time, providing I don't do them too forcefully. Occasionally I force the skin to come just over the rim, which gives a cosy feeling. When I am ready to climax I lubricate the glans and hand, usually with baby oil, and rapidly massage the glans and area immediately

behind it with my closed hand. The oil greatly increases the sensitivity and a highly pleasurable orgasm quickly results.

If I don't have much time, or feel like only a quick wank, I will remain standing, and holding the free skin well back so that it can't move, vigorously rub the rim and area just behind the glans with my closed hand, or with an O made of forefinger and thumb. This method brings about a very quick orgasm.

*The Talisman*

## Learning

I was quite convinced at the age of eleven that all girls were soppy, and this was reinforced by a particular couple of girls of my age who would whisper to each other and giggle whenever they saw me. I was at a holiday camp with my parents at the time and dead bored being left to my own devices. Anyway, one day as the girls approached me, instead of giggling, they both suddenly raised their frocks up to their chins – to reveal shamelessly the fact that they were both devoid of knickers, and treated me to an unobstructed view of their bare bald fannies, before they ran off. I was shocked, excited and humiliated at the same time with this unladylike behaviour – I'd probably be a candidate for counselling in this day and age – but I was lost in wonderment at the stark simplicity and neatness of the female anatomy, since I had no sisters of my own and was a bit hazy about such things.

A couple of days later I met up with the pair again sitting on a gate, waiting for me to come by. Wondering if they still had no knickers on, and hoping for another chance to find out, I stopped and talked to them. As we chatted I saw them watching me slyly as first one then the other hitched her knees up, letting their frocks ride up, and I realised with yet more excitement, as they let their knees separate, that both girls were still bare under their skirts, and were deliberately letting me see their private parts again. "What are you staring at?" asked one of them, taunting me. I asked her why they didn't wear any knickers. "Mind your own business", she said, and then accused me of rudeness for looking at her fanny – can you imagine the cheek of her! The saucy pair then made it clear that it wasn't just a matter of feminine exhibitionism, but they had an ulterior motive. I was invited, once I'd had a good look, to repay the privilege in the same way and show them my cock. Being a naturally modest sort of bloke, with no experience of this sort of thing, I refused.

"Oh, come on!", said one of the girls, "don't be an old spoilsport". When I still refused, one of them had a quick whispering session with the other and told me, if I did so, they would show me how they could pee backwards. The mere thought of such a thing had me trembling with shock – girls were not supposed to let blokes see them peeing. But my curiosity got the better of me and I agreed. Both girls then got down on all fours, presenting the interesting aspect of their rear view, split top and bottom by bum cheeks and fanny,

before loosing off two powerful untidy jets straight out behind them. I only just managed to jump clear to avoid being soaked!

By now I was beginning to enter into the spirit of the thing, and anxious to show that I wasn't totally hopeless, I let them undo my zip and extract my penis. They then insisted that I do a pee for them, and since I thought that it was the mark of a gentleman to always pull his foreskin back for a pee, I started to do so. I was immediately told to pull it forward again, and at this point the girls revealed their true intentions. Apparently, one of them had a circumcised brother, and when she heard the other talk about how she had seen a boy play balloons with his foreskin, she was dead curious. And so I was instructed to close off the tip of my skin and produce the biggest balloon possible, which I did to the delight of the young innocent who had never seen such a thing before.

The point of all this is that it raised the matter of circumcision, about which I had very little notion, never having seen a circumcised willy. A short time later I won a scholarship to the local grammar school and it was then that I discovered more about the alternative cock configuration, since half a dozen boys in my form were circumcised. The boys themselves made no big deal of this fact, but we did have discussion with the sports master who said it was a good thing – it promoted cleanliness, and “all the best people had it done”. This made me feel terrible. If it was such a good thing, why had my parents deprived me of it? It was at this point that I began to develop a real distaste for my own foreskin and wished I could have a bare acorn like the others.

In the early days of telly, people were still used to making their own entertainment and my parents, who were both keen musicians, used to hold musical evenings every so often. A handsome lady of about thirty-something used to sing soprano. I found her easy to talk to and she was always ready to lend a sympathetic ear, even to a nervous sixteen-year-old. Of course, there was no question of telling her about my phobia about my foreskin – I'd rather have died than talk about it.

What I did raise, though, was sunbathing. We lived in an old Georgian house with a double roof which made an ideal suntrap. During the school holidays I used to go up there and sunbathe, secure in the knowledge that it was totally secluded from view. As a consequence, I managed always to sport a tan and the woman asked me how I managed it. I told her about my secret sunbath up on the roof and she said how envious she was – she'd love to get a nice tan. So I took courage and asked her up. She looked a bit doubtful at first, but finally agreed.

So on the day, I set the place up with a couple of towels and tube of suntan cream, and led her up. We both stripped off to our underwear, and with a sigh of contentment she laid back in the sun. After a couple of minutes I suggested the suntan oil and she immediately agreed, asking me to rub it in her back. I started at the top, rubbing it in evenly down past her bra fastening to the edge

of her skimpy panties, and then down the backs of her thighs. The softness of a woman's skin, and the perfume of her body, excited me, and I allowed my fingers to brush the inside of her thighs, causing an intake of breath from her. As I moved down I realised with consternation that I had developed an intractable and unconcealable erection, and when I finally finished, she looked at it with a little flush on her face and smiled.

The next week we had another sunbathing session – at her suggestion – and I had a feeling that something exciting was going to happen. This time, after half an hour, she asked me if I would mind if she slipped her bra off – she would really like to get her top brown. She then urged me to take my pants off: we were both adults and nothing I had would shock her. I wasn't so sure, since I was very conscious of my foreskin, and was quite convinced that such a well-brought-up woman would prefer a circumcised penis. I needn't have worried – after a quick glance at it she paid no more attention and I began to relax, although the sight of her heavy and shapely breasts made me tremble with yearnings I only half understood. Once again I was enlisted to spread the cream over her back, only when I had finished, she turned over, shut her eyes and told me to do her front!

By now I was riding on the crest of a sexual emotion stronger than any previously felt and was very conscious of my rock-hard penis bobbing about, with the tip just showing through the stretched foreskin opening as I gently rubbed the oil into her breasts. She was now breathing quite heavily and, with her eyes still shut, she said, "Oh well...", and hooking her thumbs into her panties, slid them off. The invitation was obvious, and with trembling fingers I rubbed oil into her smooth rounded belly, over the tops of her thighs and then, taking courage at her obvious state of expectation, allowed my fingers to run the length of her pretty vulva as her thighs moved apart to make my job easier. She gasped as they slipped inside, and at that point my excitement went over the top and to my horror I found myself spurting all over her. She instantly realised what had happened and burst out laughing which really broke me up, and I started crying with humiliation. She was instantly all sympathy, said it was all her fault and pressed my face into her breasts as she tried to comfort me.

I soon calmed down and astounded her by immediately getting another invincible erection (I couldn't do it now, worse luck!) and she remarked admiringly what a virile young man I was. At this point I took my courage in my hands and asked her if she wasn't offended by my long foreskin. "Whatever for?" she said. I told her about what the master at school had said and how I had felt bad about my foreskin ever since. She laughed shortly and told me not to be silly: foreskins were perfectly natural and desirable. Most normal girls would expect to find one on a man and might well feel disappointed if he didn't have one. She said she preferred a foreskin for a lot of reasons, but the main one was that she didn't think nature could be improved upon. She told me that as long as I kept it clean, no girl could possibly complain. As



she spoke she sought out my penis with her hand and gently tugged the skin back. She then told me to lie back and concentrate on my foreskin, taking note of the feelings it afforded me, as she pulled the skin back over the head and then started slowly rubbing it to and fro. My thoughts centred on the excitement of the sensation caused by her soft hand, and eventually I came like a firecracker, swooning completely as I did so. I opened my eyes to find her staring at me with a flushed smile on her face. She ordered me never to feel bad about my foreskin again. I haven't!

*J.C.*

## **Answer to Observations, 1/96**

**I**t would seem that you are shy to talk about circumcision. I am just the opposite, and very often get into a conversation on the subject both with men and women. I feel it's a subject that should be discussed more. So many men want to be circumcised, and a lot need to be, but they put it off rather than discuss it with someone because they are too embarrassed to talk about it.

I have corresponded with many men and women since I was circumcised, and have received many letters afterwards from men who have gone ahead and had the operation after our correspondence. I personally had to be circumcised 5 years ago at the age of 59, the reason being that I had a very long foreskin which rolled up when having intercourse with my lady friend, and made things very uncomfortable for her.

The surgeon took off two and a half inches of skin, but unfortunately this was not enough, and I am at present looking for a surgeon to take off even more, as I still have some loose skin behind my glans which my doctor says needs to be removed. My doctor happens to be a very young lady G.P., therefore I get a woman's view of the situation, which is always a good thing. I also have a step-daughter who is a staff nurse in a large hospital, so you see I get very sound advice from the female side.

I must say that since my circumcision I have enjoyed every minute of the situation. The feel of a naked glans against your pants is much nicer without that roll of skin behind one's glans.

I watched my circumcision being done, and it was a great feeling to see the surgeon throw that piece of foreskin onto the table. I could hardly believe that at last it had happened. I only wish that I had been done years ago as a youngster when it was advised, but I was a bit chicken in those days and did not want nurses looking at my penis.

I have had a few prices from private clinics to remove the rest of my foreskin, but they are all too expensive, some at £500, and one at £750, and some doctors who would normally do circumcisions won't do a tightening-up job,



only a complete operation. If anyone knows of a good surgeon in the south of England who would be likely to do a second circumcision at a reasonable price, I would be very pleased to hear from them.

As you can tell from my letter, I am very much in favour of circumcision, and I think all males should have the chance to experience it on the NHS without having to pay high prices for the privilege.

C.P. – Wiltshire

## Chad Varah

I was most interested to hear Chad Varah, the clergyman who founded *The Samaritans*, discussing sex in general, and masturbation in particular, during a record programme on *Radio 3* recently. He was referring, of course, to the educational work he did amongst the ignorant in the early days, and said that it was a great pity that, in his youth, masturbation was considered to be a mortal sin, would make you go blind etc. He said that he knew this was untrue because he was "...an enthusiastic practitioner"! Such a confession from a revered reverend gentleman on *Radio 3* just shows how times have changed!

A.S. – Scotland

I've been sent the following article by several members, to whom I would like to give my thanks and ask them not to stop sending them in, thinking that others would do it. It might work out that no-one sends them in, which would be a complete loss.

The article is by Dr James Le Fanu in *The Sunday Telegraph*. I've taken out the first part which is about surgery on a woman's goitre. Her whole thyroid was taken out leaving her to take pills to replace it for the rest of her life, which on reflection he thought was not really necessary.

## My Change of Heart About Circumcision

Since this experience, I have speculated about how many other treatments which I routinely recommend, and which appear quite straightforward, might be unnecessary or have undesirable consequences that I could not imagine. An obvious example, and currently a contentious issue, involves circumcision.

Two or three times a year, concerned mothers ask me to inspect their son's penis (or twinkle, hosepipe, nudger, little man and a host of other euphemisms) whose foreskin is tight and cannot be retracted, and for which the obvious treatment is circumcision.

My opinion, however, has changed radically since reading an impassioned article by a Dr John Warren in the *British Medical Journal*, in which he claimed that “the foreskin is as important to the penis as the eyelid to the eye”. The effect of his being circumcised when young, he argued, was that “throughout childhood and into adult life, the tip of the penis was always uncomfortable, especially when rubbed against clothing”. Once married, he had observed “remarkably little sensation in that region whose skin seemed to thicken with advancing years”.

To substantiate his argument that circumcision is unnecessary, Dr Warren cited several scientific papers that show, first of all, that the “non-retractile” foreskin became “retractile” in most boys by adolescence and, secondly, that with the help of a local anaesthetic cream the adhesions around the foreskin could be gently separated off, thus avoiding the need for an operation.

There are, of course, compelling religious reasons why some people might wish their sons to be circumcised, but the medical justification is virtually non-existent. None the less, family doctors continue to recommend the operation, and surgeons to perform it, for no better reason than that the “obvious solution” to a tight foreskin is that it should be removed.

I would still be slightly sceptical about the adverse consequences of circumcision were it not that Dr Warren also described the effect of a manoeuvre by which the foreskin can be restored. This entails stretching the penile skin forward as far as it will go, and then strapping it in position with sticky tape to which a ball-bearing is attached, exerting a continuous gravitational pull.

After a couple of months, the stretched skin forms a substitute foreskin and, as a result, Dr Warren has found that “the tip of the penis becomes softer and steadily more sensitive, intercourse becomes much easier, with a great increase in sexual enjoyment”.

This increase in the sensitivity described by Dr Warren offers quite convincing proof that the foreskin has an important function. In retrospect, it seems remarkable that doctors should have thought for so long that it is expendable.

[Dr Warren is the driving force behind NORM(UK), a group devoted to foreskins, which has been highlighted previously in these columns and to which a few of our members belong. From all the knowledge we have, might there be a case for allowing young men, after giving them all the relevant information, especially those with a very sensitive glans, to have a circumcision if they so wish, on the NHS. With a not too tight circumcision, they could then, when the glans loses its sensitivity in later life, revert to restoring their foreskin. Just a thought! — D.A.]

## Huge Helmet

Recently, a close friend of mine visited from Canada. He was originally from Somerset, but emigrated to Canada at the age of 19. We got very drunk one night and the topic swung to sexual preferences/interests. I said that being gay (as was he) I could only suck and wank cut men. His response surprised me. He said, "Oh, that's good, because I'm fully circumcised back".

I asked him if this was done as a baby, and he said not. He had developed a very tight foreskin as a teenager because his helmet enlarged a lot during puberty. So much so, that he was unable to retract it past the first half centimetre of helmet. He went to his GP who suggested gentle but progressive massage to help the foreskin back. Mike did this for six months, to no avail. He then emigrated to Toronto. On the campus there, he found a college doctor who examined his penis and said that he definitely needed circumcision. This was done under local anaesthetic about twenty years ago.

I thought this story amazing, as I'd always imagined Mike to be uncut. I asked to see the job they did and was surprised when he agreed. He has the most bulbous, large helmet I've ever seen. Even when flaccid it's really overhanging the shaft of his cock. He asked me if I thought his circumcision was 100% necessary. I told him, definitely, yes. He preferred the look of my cock, which is more in proportion with a smaller head. But I prefer his. He says that he has never met anyone with a more bulbous cock than his, and I believe him.

I asked him if he ever got looks from people when he goes cycling in his lycra shorts. He said that he'd never thought about it, but yes, his shorts were rather revealing. When your helmet is that large it's difficult to hide it away.

He likes being circumcised because it's clean, looks good, feels much better than before, and because if he wasn't, then we wouldn't have a mutual DIY session. However, he does wonder what coming with a foreskin would have been like, as he never wanked before his circumcision operation.

On balance though, Mike prefers roundheads, that is, having sex with them, and actually being one himself.

*Dr Roundhead*

[This article was accompanied by a couple of drawings which, unfortunately, we were unable to reproduce.

They showed the glans to be 8cm from tip to corona on the top; and 10cm diameter at the corona. The shaft being 12cm long with the circumcision line at the coronal sulcus. — D.A.]

## Best Friend Revelations

What more sexually exciting could happen than a gay boy's straight best friend asking him when he got his cock cut. Well, that happened to me at the end of 1995. My friend Sam, who I'd known for six years, asks me, at this friend's party, where I got my circumcision performed and how much it cost. Sam has a large helmet and very tight orifice to his foreskin. He can't retract the foreskin at all when erect.

His younger brother also has the same problem apparently, and Sam has given him the information I gave him. Sam has reluctantly decided that there is nothing else for it but to be circumcised. He's not quite sure what style to have though, having a large chunky knob. I think that a tight cut just behind his corona would suit him, as this would ensure a tight and hard erection. His cock is much larger erect than flaccid, just like mine, and I told him about the appearance of many folds of redundant skin when soft if the circumciser isn't brave enough to take the correct amount off.

Well, this conversation with me really ended my 1995 well, and he might even need me to drive him to the clinic and home again after the operation, because he doesn't want his family to know until it's healed. It looks like I am giving him an exposed knob for his birthday. I said I'd pay if he gets it done by the same doctor that circumcised me.

*Dr Roundhead*

## Adult Circumcision Video

The video of a young adult member being circumcised, of which some members saw a preview at the Autumn gathering, is now completed. It shows the state of the penis immediately before the circumcision; the whole of the circumcision operation and various stages of the healing during the first month after the operation.

This unique video is currently available only in UK PAL format – a US NTSC version is planned for later. To order your copy please send a cheque or postal order for £15 to Vernon Quaintance, c/o the Acorn PO Box. The price includes the tape, postage and packing to any UK or EU destination.

## Illustrations Welcome

Illustrations for articles are welcome, but to enable us to reproduce them decently please put them on one side only of a separate sheet of plain white paper and do them in black and white only. Annotations, such as dimensions, should be put onto a photocopy or tracing of your drawing. We will then typeset the information onto the illustration. — *Vernon & David*

# ACORN

Issue  
Nº 3 1996  
Editor  
David Acorn

## Editorial

Since coming back from the AGM and meeting at Croydon I've been lying flat on my back, unable to sit in a chair, walk or stand, with a trapped nerve in the lumbar area. It's been either too painful to move or too drowsy when painkillers take effect. So nothing has got done. I've managed to send out information to a few enquiries for membership and that's all. The last month has seemed like a year.

Anyway, I'm writing this in longland and the two others on the editorial team are stepping in to see if we can get an edition off.

The meeting at Croydon was, as usual, very enjoyable, meeting all the familiar faces again. Unfortunately there was only one member there who hadn't attended before, and he came from France. Another newcomer came to join. The pleasant thing I find at the meetings is that once everyone starts to talk about their favourite appendage, they can't stop. I suppose it's a relief to be able to talk to someone about it at all.

A couple of points here. We have had problems in contacting Dean, the treasurer, and we hope that nothing has happened to him. To

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Printed & Published in England by The Acorn Society  
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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

safeguard things, I have retained all the membership cheques until we know more, so if you notice that they haven't come through on your bank statement, don't worry.

The other is that there are always a lot of letters for me to send on to other members who have contributed to the newsletter. I would ask that all of these should be open letters and published for all, which is what we're all about, unless of course they are for private reasons like meeting up.

Finally, please note that the postcode for our PO Box has changed – The new one is quoted in the Contents panel on page 1.

*David Acorn*

## Penis Preferences

I feel I must comment on the T.V. programme It's A Boy. This was a very one-sided point of view, I think all the patients that took part must have been anti-circumcision. One wonders why they had their babies circumcised in the first place, could it be that they wanted to see what it was like before being circumcised themselves.

People seem to have developed a phobia against circumcision in this country, No man should deny himself or his sons the ultimate pleasure and cleanliness or the sense of well-being that circumcision bestows, I'm sure the trend would reverse if people were much better informed of the results and the benefits.

I myself put up with a long dangling foreskin for too long, I was circumcised at the age of 59 and have enjoyed every minute of the result since. The only part of this programme that was any good was the fact that Dr. Sifman and his colleagues were right, I saw him myself once and he certainly knew what he was talking about.

I watched my own circumcision being done, and the relief that I got was really great when I saw that foreskin being cut off and put on the table at the side of the operating table, was I glad to be rid of it?

I am also a smoothie; being circumcised and hairless really gives the feeling of being completely clean and really naked when I go to the various Naturist Clubs, and I feel very pleased that I have been sensible enough to be circumcised.

I think it is now time to have a programme on Adult circumcision and listen to the people that are in favour of it, male and female, because it affects both sexes, or if not perhaps we could have a Video made up showing close ups of adult circumcisions and the benefits of it, also pictures of men with long and tight foreskins and showing the problems which arise with them. I am always ready to show people the result of my circumcision, either in the flesh or one of the many photographs that I could send them, I will do anything to

convince people, as I think that it is a very worthwhile operation, I certainly have benefited from it in many ways. If anyone would like to contact me please do so through Acorn and I will reply by return.

*C.P. – Wiltshire*

## Di's Attitude

**A**fter all the merciless attention of the national press covering the life and loves of Princess Diana, a short human interest comment with a special slant to interest *Acorn* readers should not come amiss.

**Fact:** Princess Diana is very strongly anti-circumcision, as evidenced by the authoritative reports that she resisted the long-term royal tradition for circumcising all royal males, which goes back to some time during Queen Victoria's reign. As a result, her two sons' foreskins were spared, and when Prince William ascends the throne he will be the first British king with a foreskin since George IV.

**Fact:** Prince Charles most definitely was circumcised and, since Princess Di is widely reputed to have entered matrimony in a virginal state, she will have experienced sex only with a circumcised man, at least before her marriage finally broke down.

**Surmise:** Since her dislike of circumcision is so intense as to make her flout the very powerful influences of the royal establishment, she can only have deplored her husband's altered state: enough perhaps to add fuel to her marital discontent? (And incidentally causing the establishment's implacable dislike of her). It is therefore reasonable to assume that, in seeking love, she would be only too happy to find that the object of her intentions has a foreskin. How successful in this search is she likely to have been?

So far, there are only two men who are reliably reported to have enjoyed the Princess's favours, and both were army officers. The first was a cavalry officer and, although born in the sixties, may well have been subjected to the residual upper class tendency to circumcise, but with a likelihood of 50/50.

The other army officer is another matter entirely, being a man of the people from a service corps background, which would be carefully avoided by the upper crust. He was born in 1967, and his parents are most unlikely to have had the opportunity, or desire, to have him circumcised. So the chances are that the Princess is able to make an objective comparison between the two states. Wouldn't it be great if we could get her to report to *Acorn*, though?

One last point. How likely is it that Prince Phillip is circumcised? Greek parentage, born outside the UK. Think about it!

*M.D.*

## One Good Turn

I've known my friend Jan for years, so when she asked me to look after her husband Simon while she went off to a meeting I was only too happy to oblige. The poor guy was convalescing in bed after severe scalds to his hands and was swathed up to his elbows in cumbersome burn dressings. He was also severely depressed and in a certain amount of pain.

So I made him a cup of tea and we spent the morning chatting and watching the box. During the afternoon he cheered up a bit but started fidgeting as though uncomfortable, and I finally asked him what was wrong. He said he was busting for a wee and asked if I could help him down to the loo. I noticed a bottle next to his bed and suggested he use that. He looked embarrassed and said he couldn't manage with his hands bandaged. I told him not to be silly: I'd been married five years and nothing he had could come as a surprise to me.

I couldn't have been more wrong. Having confidently overridden his objections and pulled down his bedclothes, I was amazed – and curious – to see the biggest, fattest penis I had ever seen poking through the slit in his pyjamas. Amazed because of its size, but curious too because, unlike my husband who was circumcised, he was equipped with an impressively long foreskin with a protruding underlip at the opening at its tip. I couldn't help it, I just stood and stared at this fine fat cylinder of swelling flesh, and while I watched, it reached further and further down his leg as it lengthened.

But then, recalling the job in hand, so to speak, I hastily grabbed the bottle and stuffed his stiffening penis into the neck, unable to think of anything suitable to say. Unfortunately, I hadn't reckoned on how rigid his enormous erection could be, so I was absolutely gobsmacked when I saw the bottle, admittedly made of plastic, rise up from between his thighs and wobble about ridiculously over his erection. I couldn't help it, I sat there killing myself with laughter while he stared at me reproachfully with a red face. I managed to collect myself and asked him what he was waiting for, whereupon he told me that he couldn't pass a drop while erect. He also said he was now fairly desperate. I didn't know what to do. I couldn't just cover him up again with that great bottle wagging about on his willy, and it wouldn't subside while it was in my full view.

As I stood there choking back the giggles, I gradually came to the realisation that the only way to make his cock relax enough to let him relieve his desperate need was to give him a quick come. I felt awful about doing such a thing to my best friend's husband, but what else could I do? I was also feeling quite a thrill of excitement at the sight of such a big sexy penis, and the prospect of handling it turned me on even more.

I pulled the bottle off with a plop and, warning him not to breathe a word to Jan, seized his big willy in my hand and started wanking the loose cover of



skin backwards and forwards over his knob, marvelling at the abundance of it in comparison with my husband's taut and skinless penis.

He watched pop-eyed as I milked away at it, occasionally pulling the skin right down to reveal the shiny purple policeman's helmet, until eventually he came with a roar of achievement, spurting his essence clear across the room.

Minutes later, his willy subsided to its original size, and I once again threaded it into the neck of the bottle. Soon after, he managed a quick spurt of pee, but what I hadn't realised was that his inch and a half of foreskin had got folded up and was trapped by the bottle neck facing the wrong way. Consequently, his urine built up inside his foreskin until the pressure overcame the resistance – it emerged straight back out of the bottle and wet his stomach and thighs. What a cock-up! Frantically I whipped the bottle off, and as I laid his foreskin straight in the neck, he cut loose with a powerful jet, nearly filling the bottle.

I had to dry Simon's pyjamas, which were soaked, and when Jan returned, I thought I'd better explain how they got wet, but without mentioning how I'd dealt with his erection. She merely laughed and said his foreskin was a bit long – perhaps she would have to fix up for him to be circumcised. "No fear!", he said vehemently. "Only joking", she laughed, and patted his penis affectionately.

P.S. A bloke at work who I am friendly with, gets *Acorn* – I think it's great.

*Cynthia G.*

## **Circumcision Relief**

### **From UPI Health Notes**

Circumcision doesn't have to hurt. An anesthetic nerve block of the dorsal penile nerve is a safe and effective way to alleviate a male infant's pain during circumcision according to Minnesota physicians. In a study of 1,022 infants circumcised using the nerve block only twelve had complications: eleven had small bruises and one patient bled at the injection site. This study should assuage the 1989 concerns of the American Academy of Pediatrics, which acknowledged that the nerve block could alleviate pain but questioned its safety.

*Lisa Seachrist – UPI Science Writer*

## Re: Observations by Anon

I am not so sure that I agree with Anon's thoughts (1/96) that the five-inchers and less may be 'the non-randy types who are unconcerned about sex'. I'm not over-endowed myself and I have always expressed a very strong sexual preference for small cocked guys. I've believed this to be mainly a personal matter based on the fact that I feel less intimidated when faced, often at eye-level, depending on the activity involved, with a small, rather than a monster, dick.

I'm beginning to wonder, though, whether my preference may be because the smaller guys are actually more randy, rather than less so, due to their determination to prove that size really doesn't matter, and they can put up a performance which equals, or even exceeds, that of the big boys. Of course, by choice, I have more small partners than big ones, so I can't make a fully critical comparison. However, I am sure that in the sauna I go to, the smaller guys are a pretty horny lot!...and there are plenty of them.

*Ray Hamble*

## My Circumcision — 1 Year On

My circumcision a year ago was the subject of an article in *Acorn* 5/95. That article was written just over a month after the operation and so I thought readers might be interested in an update now that a whole year has passed.

When I went back to work one week after the operation I had slight discomfort, having been resting for the previous week. However I was nearly healed by the end of that week and the discomfort just faded away.

The scar line is about  $\frac{1}{4}$  way back down the shaft from the glans, leaving the maximum amount of inner skin and taking off the maximum amount of outer skin. It is comfortably tight when erect but still fairly loose whilst flaccid.

My glans is fairly sensitive so it does not take long for an ejaculation to happen, whereas it took longer before I was circumcised.

When I look back at being circumcised I am glad that I was done, especially since I work in a hot environment and the weather last summer was exceptionally hot. I found it much more comfortable without my foreskin than other summers with it.

The video which we made of the operation is now available (see advert in *Acorn* 2/96). I am sorry that it took so long to be edited due to a combination of personal circumstances for each of us involved.

*K.H. – London*

## An Unnatural Drawback — And Some Questions

You are right, David. The foreskin should be left well alone until the boy is 4-5 years old as its development continues after birth in most cases, not being readily retractable for several years. I was told that my mother had struggled unceasingly to retract my foreskin from birth onwards. Though my penis bled, that did not ease her fervour at bath time. “It had to be kept clean”, she insisted, a chronic smegmaphobe.

Preputial retraction is only 4% in newborns, rising to about 20% at six months. Even by a year or two old, only half the foreskins are retractable, and some not fully so. A good 20% remain tight or unretractable into late infancy and early childhood.

The fanatical seeking out of smegma in intimate, tiny folds seems futile before 5-6 years of age. Perhaps that maternal abuse is psychological relief from the possible harmful effect of smegma on the cervix ... a kind of generation gap revenge on the male! Smegma was found in a Danish survey to be present in only 1% of 6-9 year olds, rising to 2% at 10-11, 6% at 12-13 and 8% with 14-17 year olds. Even 92% of adolescents were found smegma free when examined.

If any glans should be scarred, mine should. Closely examined the dorsal aspect is uniformly striated when flaccid, this lessening on the frenal aspect to silky smooth where the frenulum was once situated. From what I can remember my glans surface looked no different from so many others paraded in stumpy nakedness during school showers. The real variation lay in the circumcision scars themselves, from pre clamp and Plastibell freehand surgery!

The blunt probe used before circumcision (and to facilitate retraction) when carefully applied eases the layers apart without inflicting injury to the glans. Without full retraction after a dorsal slit of about 1cm, neat modern methods of circumcision would not be possible using clamps or bells. That way those requiring circumcision would be ‘beautifully circumcised’ rather than hacked about. As Shakespeare put it: “There’s a divinity that shapes our ends, rough hew them how we may.”

Whilst writing the above, I have been doing some further thinking. I have always wondered what it feels like to possess and handle a complete penis, especially when urinating, retracting or masturbating. In common with roundheads shorn early in life, and having never consciously experienced a preputial presence, I seek answers from those permitted to retain their foreskin.

1. Are involuntary sliding movements of foreskin both to and fro pleasurable, even to the point of distraction?
2. What does it feel like to manually retract a foreskin? Is the feeling more intense when done by another?

3. How does the exposed glans react to exposure to our movement, handling, washing and showering?
4. During urinating is the preputial sac and glans stimulated by the warmth and flow? How does it feel?
5. Is the inner surface of the foreskin more sensitive than the outside, and does the sensitivity vary in places?
6. Is the moist inner surface of the foreskin as sensitive as the moist surface of the glans, excepting the frenal area?
7. Is masturbation more foreskin or glans orientated?

Would anyone wish to sacrifice the answers to the seven questions for a dry, relatively insensitive glans and prominent scar. Answers to me c/o *Acorn* or for publication as I'm sure some roundheads would like to know what they're missing. Perhaps there's an eighth question. 'What are the disadvantages of having a foreskin?' (from a possessor's point of view.)

*Anthony – North Devon*

## Re: Questions — 2/96

**I**n reply to CW – Wales's letter about ejaculation, the usual volume of ejaculate is 3 - 5ml. This normally contains anywhere between 150 million and 300 million sperm cells. Even this vast number occupy only about 5% of the total amount of fluid. The rest is made up mainly by the liquid produced by the prostate gland with perhaps 5% or less being made by the so-called Cowpers Glands in the urethra.

The amount of spunk produced will increase only very slightly after a period of abstinence but can fall off dramatically if a second (and any subsequent) orgasm is induced within a short time of the first. The phrase 'short time' in this context can vary from person to person and even in the same person from day to day. Sometimes recovery between one orgasm and the next can be as quick as 15 - 20 minutes though, especially in older people, it can be 15 - 20 hours or even longer.

Some men produce considerably more than the average amount of semen. I have seen as much as 15ml at a single ejaculation and the massage afforded to the prostate gland during anal fingering or fucking can increase this still further. On the other hand the volume tends to decline as age advances. Usually a prostate operation dramatically reduces the amount of semen but this may be less marked nowadays because often it is only necessary to partially remove the gland using an instrument passed along the penis. Vasectomy does not visibly affect the amount of spunk produced.

Impotence (the inability to get an erection) doesn't necessarily prevent either orgasm or ejaculation but the 'squirting force' is reduced in such circumstances. The power behind the squirt and the number of squirts per orgasm depend upon the strength of the muscles of ejaculation and can vary considerably from individual to individual though I doubt that anyone has precise percentage figures in direct response to your original questioner. As with volume, age also affects the squirting force. As a youngster I could lie on my back in bed and easily hit the bedhead behind me. Nowadays, at 63, I'm lucky if I reach my nipples.

And finally, a very personal question of my own. I am a sexual 'oralist' and am not averse to swallowing my own semen. I know this practice is not all that uncommon but I should be interested to learn of the experience of others in this respect. The more outspoken may have their own tales to tell on the subject but it would make an interesting count if all members were prepared to send an anonymous slip of paper saying simply 'Yes' or 'No' with regard to their own indulgence to David Acorn at the usual address.

Ray Hamble

## Circumcision Made Easy

### Malaysian Product Promises Easier Circumcision

The *Tara KLamp*, invented by Malaysian doctor Gurcharan Singh, uses a bloodless and less painful 'clamp and cut' technique that allows the patient to go back to work or school after surgery, if he so desires.

He can wear the device under his pants if he wishes, for up to four days, and due to the *KLamp*'s 'total occlusion' technique, the patient is also not restricted from bathing or any other activities – well, most other – since the wound is blocked out from the environment.

For doctors, the *Tara KLamp* promises a faster turnaround time and, say its distributors, prevents cross-infection.

"The main advantage is that patients now don't have to wait for the long holidays to get circumcised – they only need a long weekend," said Erwin Soo, senior manager (wholesale division) of Apex Pharmacy International Pte Ltd, which is marketing the *KLamp* in Singapore.

Dr Singh, in his early 40s, left his practice a few years ago to start his own company called Taramedic, which develops medical products.

The idea for the *KLamp* was developed "a long time ago", said Mr Soo, but the product only hit the market after it won the bronze award at Mindex, Malaysia's annual medical products exhibition earlier this year.

The *Tara KLamp*, which has been fully approved in Malaysia, is now used in hospitals and private clinics. Sales in Malaysia have since crossed 1,000 units and the aim in Singapore, for a start, is to achieve a penetration of 60 per cent of the 3,500 to 5,000 circumcisions performed among the Muslim community each year.

The *Tara KLamp* comes in a pre-sterilised kit complete with the device and special surgical blade. Sizes range from 'infant' to 'adult', specifically. Each *KLamp* costs from \$23 to \$26, depending on the size.

*BT Online News – Southeast Asia 13/12/1995*  
*Collected from the Internet by V.Q. – London*

## **Re: It's Never Too Late**

I refer to my story published under my pseudonym 'J.C. – Ayrshire' on page 6 in Issue 2/96 and have been asked if I also penned 'Learning' by J.C. on Page 9.

This has possibly caused some confusion as the themes could be taken as contradictory. If this generates any correspondence, perhaps you could mention in the next issue that there are two J.C.'s.

*J.C. – Ayrshire*

## **The Plastibell Technique**

Just so that all, who are unaware of just how a circ is done using the Plastibell, have the facts, I post the instructions below: in broad terms those for the Gomco clamp are the same except that in step 8 the clamp is applied rather than a ligature. It is not a 'minor snip'; see notes at end.

1. Stretch the preputial opening.
2. Break preputial adhesions\* with a probe or closed forceps.
3. Make a small dorsal slit of 0.5 to 1.0 cm in the prepuce. Keep the initial slit short; it can always be extended. To minimize bleeding crush the line of incision with artery forceps for one minute. Take particular care not to place forceps or scissors in the urethral meatus. Before cutting or crushing, lift the prepuce from the glans and visualize the meatus.
4. Separate the ends of the slit with a pair of artery forceps to reveal the glans. if necessary, extend the cut to expose the coronal sulcus.
5. Free any remaining adhesions\* and lay the prepuce back (inside out) to expose the entire glans.

6. Slip the Plastibell of appropriate size over the glans as far as the coronal sulcus. It should fit over the glans easily; too small a bell may injure the glans.
7. Place the prepuce over the bell to hold it in place.
8. Tie the ligature as firmly as possible around the prepuce on the ridge of the bell; oozing will occur if the ligature is loose.
9. After one or two minutes to allow for crush, trim off the prepuce at the distal edge of the ligature using a knife or scissors. Trim as much tissue as possible to reduce the amount of necrotic tissue and the possibility of infection.
10. Snap off the handle of the bell, leaving the bell and ligature in place. You should be able to see an unobstructed urethral meatus.
11. No dressing is necessary; the baby may be bathed normally; the rim of tissue will become necrotic (dead) and separate with the bell in 5 to 10 days.
12. Occasionally, oedema will trap the plastic ring on the shaft of the penis. In this case it's usually necessary to cut off the ring, using a guide and ring cutter, although application of ice will sometime reduce oedema enough to remove the ring.

Author's Notes: \* This is a misnomer for the synchechial membrane which bonds the inner surface of the neonate foreskin to the underlying glans penis and which is normal and natural in newborns.

Note: Circumcision is almost always performed without anesthesia. Steps 1, 2, 3, 4, 5, 8, and 9 would be intensely painful. Neonates have fully functioning pain pathways. Circumcision causes severe and persistent pain.

*Chris Price (cprice@cix.compulink.co.uk)  
from Internet Newsgroup misc.kids.health*

## More Words

I've smiled to see one or two correspondents have taken the word I coined earlier: 'circumcisee' into their terms of reference to describe a snipcock.

Although a roundhead, I do have a small amount of pliable skin left. However, there is absolutely nothing 'fore' about it, because it is very permanently back behind the corona, which represents its unscalable northern boundary.

How about the word 'aftskin' for this?

*G.D.*

## A Muslim's Response

Now, I would like to take issue with Horace Mann of I.M.A.C. Press on two points that he made in his letter in *Acorn* 1/96. The first one is he says that 70% of all circumcised males in the world are Muslims, that isn't at all true, there are 1.2 billion Muslims in the world today of which roughly half (600,000,000) are male, and around 90% to 95% of them are circumcised that is 540,000,000 to 570,000,000. The male population of the USA is around 120,000,000 of which roughly 70% that is 84,000,000 are circumcised. Mr Mann is, I think, forgetting about the Ethiopians who are Coptic Christians and are circumcised, then there are the very large number of African tribes who still practice circumcision, and even the tribespeople who live in the cities practice, their numbers are in the millions, and of course you have the 16,000,000 Jews in the world; 8,000,000 are males and all from the age of 8 days upwards are circumcised, so I cannot possibly see that 70% of all circumcised males in the world today are Muslim, of which I am one.

The second point I'd like to take issue with is to inform Mr Mann that circumcision **is** very much a religious requirement and if he had some knowledge of the Sunnah, he wouldn't have made that statement. The part of the Sunnah that covers circumcision is called **Fiqh** and Fiqh covers a very wide area within Islam other than circumcision and I'd also like to inform Mr Mann that circumcision can be carried out at any age and not between the ages of 2 and 17. I have never heard of Muslim boys aged 17 being circumcised, except perhaps amongst certain Marsh Arab tribes in Southern Iraq. Islam also recognises female circumcision and according to the Sunnah, only the clitoral foreskin should be circumcised, but unfortunately in Sudan and Somalia they go much further; they cut away the entire clitoris, labia majora and labia minora, leaving absolutely nothing and many girls have died in dreadful pain and in extreme agony – the removal of everything is more to do with African culture and not Islam. It is also a Basic Human Right to practice Religious rites and uphold circumcision which is a part of Islam and Judaism and not forgetting the Coptic Christians and Tribal peoples wherever they live. You are not the only one Mr Mann that totally supports Basic Human Rights, we the circumcised feel it is also our right as well to circumcise be they Muslim, Jew, Coptic, Tribal or whatever, in a nutshell, Live and Let Live.

You will be pleased to know Mr Mann that my youngest brother and his wife live in the USA, Illinois to be exact, and they have two sons both born there and my two nephews are intact. Their ages are 13 and 11 this year (1966) but they aren't Muslims though, their religion is Roman Catholic as I was before I became a Muslim in 1965, at the age of 18, when I embraced Islam in Glasgow (Scotland) the city of my birth. Furthermore I was circumcised in 1948 aged 1 year on medical grounds and on medical grounds circumcision **is** still required, and medical grounds for circumcision is also a Basic Human Right. I have another two nephews, again on my side of the family, and they are also intact, their ages this year will be 26 and 24, plus another 2 on my



wife's side of the family (aged 18 and 17) again intact, so if any one or more of the six wish to be circumcised all I have to say to Mr Mann is it is their **Basic Human Right**, I rest my case in favour of circumcision and long may it live. After having said all that, personally it doesn't matter to me one way or another if another male is circumcised or not except if he is a convert to Islam then I expect him to get circumcised as soon as possible and live according to the Sunnah of which, as I said earlier, circumcision is a part.

I wish I.M.A.C. all the best, but I would like to say one more thing if I may to I.M.A.C. that is to **Live and Let Live** and respect and recognise that if someone wishes to be circumcised then it is his Basic Human Right; and to seek more knowledge on the religious reasons that support, back and practice circumcision, and with knowledge comes understanding and above all tolerance.

God Bless.

*Yahya Ahmed*

## Circumcise Adopted Son?

**Question:** My wife and I have a son, 5, who was circumcised at birth. We've recently adopted another boy, who is 4, who is not circumcised. Should we have this boy circumcised to be like his brother, or should we just let it be? My wife and I feel strongly that we should have him circumcised, but we'd like another opinion.

**Answer:** We referred your question to Consulting Editor child psychiatrist Leslie S. Linet, M.D. who has a clinical practice in Brooklyn, N.Y. Dr. Linet responds as follows:

I'd suggest you have a frank talk with your adopted son, and be guided by his wishes in this matter.

I assume that if your son is circumcised, you are circumcised as well, and I appreciate your empathy with the adopted son who you think might feel uneasy about the difference between himself and his new brother and father.

### He May Feel Rejected

But your deciding for him that he should be circumcised is very paternalistic. If you impose this surgery on him without his consent, he may feel it as rejection and punishment. His position in your family is not firmly established, and he's apt to misinterpret your concern for his feelings.

Find out if your adopted son actually wants to be like his brother and father in this respect. Have an honest discussion in which you explain to him exactly what the surgery entails. Give him ample opportunity to ask questions.

## Have Several Discussions

Don't rush this decision – there's no urgency about it.

Have several discussions about circumcision. This allows you to double-check that the child understands as fully as possible. Surgery to the penis, especially for a young child, can be very threatening. You may find that he has all kinds of fears and fantasies about it.

I'd recommend that you have a pediatrician talk to the child to make sure he understands what circumcision entails. The pediatrician might also be able to ascertain whether the child really wants the procedure, or is simply going along with it in order to please you, and actually has great anxiety about it.

*From Compuserve's Sex Forum*

## Misery

I estimate that I have lost 25 sq. ins. of skin from my adult size penis and, following a recent operation in an attempt to repair the hamfisted result of my original circumcision, I retain approximately 10% of my frenulum, and the sensory nerves on the underside of my penis have gone also.

I need constant stimulation to retain an erection as the skin is distributed in such a way that the messages I receive from my penis are such that it feels flaccid except when I can see it and match the sensation to the reality. It feels as though the glans is at rightangles to the shaft, and the underside hardly exists. My scrotum hangs from halfway down the shaft except when tight from stimulation when my testicles are forced inside me by the contracting skin, and the remaining shaft skin is pulled very tight.

I only experience pleasure with lots of lubricant, oil or vaseline. KY dries very quickly, and is often painful as a result. Even with the right level of lubricant the progress to orgasm involves a complicated system of squeezing and manipulation of the skin, so that I have to teach my sexual partner (if I can summon up the courage, as I find it very embarrassing) that simple up and down stroking can make me lose my erection, as it is so unstimulating. Men with foreskins or more simple circumcisions lose patience.

I have always felt uglified and consequently unattractive. Afraid of intimacy because of the difficulty of my penile response and appearance. Intercourse involves painful friction if it is prolonged, even with lubrication, as the shaft skin is effectively moving sideways rather than up and down, which it is not designed for.

I was the only guy in my class at school who was circumcised. I used to look with longing and envy at boys who had proper penises – beautiful, natural,

and with unimaginable sensations that I will never ever experience – even properly circumcised ones.

Mum and Dad agreed to this. I realised when I was five that they had sanctioned the operation and I was unable to trust them ever after. I rage internally at least once an hour every day of my waking life and sometimes consider suicide to combat the constant agony of how things might have been and how things actually are.

I try very hard to love what I have left, but I'm aware that I avoid intimacy with others, and am furious that what should represent and be the most intimate aspect of my maleness should have been devastated and ravaged without my permission, which I would never have given and would have killed to avoid, as it was completely unnecessary. (Masturbation is tricky as pleasure can quickly change to anger.)

Only tightly circumcised guys know what to do with my penis and I resent this – I am fearful and feel less sexual than men with foreskins, even if they are skinny or small, as they at least have their foreskins. Even most wheelchair-bound invalids have their complete penises – I don't and never will have.

The thing that makes me male and which motivates my life is ugly and malfunctioning, and so easily undermines my confidence at every turn. I even have scars and desensitised areas on my glans.

I am fascinated by pornography and spend hours scrutinising American magazines looking for guys who have less skin than me. They are few and far between, and I get strangely turned on by circumcised men. I get very jealous and feel inadequate if they have generous amounts of skin left.

I love to play with foreskinned guys and am astounded by how much skin there is on an untouched penis – and I love to trace the veins. At the same time I am slightly contemptuous of the way uncut guys come so easily. They seem so matter-of-fact about it too and are strangely unadventurous about masturbation techniques. This is probably enough for now – so many contradictions.

*A.J. – Oxford*

## **Wishes For A Speedy Recovery**

I'm sure that all readers will wish to join Brian and myself in wishing David a speedy recovery from his back problems.

We are happy to have been able to step in and put this issue together for you, but please excuse any lack of balance in these difficult circumstances.

*Vernon – London*

## Circumcision: What Do Women Prefer?

**Question:** I'm a 20-year-old circumcised male. I know there's some controversy about circumcision, but I don't want to get into that. I just want to know whether most women prefer circumcised (I hope) or uncircumcised penises.

**Answer:** You're lucky. Research suggests that most women prefer circumcised penises.

So concluded researchers at the University of Iowa after surveying 269 women who had recently delivered healthy boys. Fully 89% of the infants were circumcised. Previous studies have shown that mothers more than fathers usually determine whether or not to have their sons circumcised.

The researchers found that mothers are likely to have their sons circumcised because they prefer their own sex partners to have a circumcised penis.

Says primary author and principal investigator Associate Professor Marvel Williamson of the University of Iowa College of Nursing: "Female cultural preferences for penile circumcision in sexual partners widely influence American mothers' decisions on infant male circumcision."

### Preferred For Sexual Activity

The researchers believe that their study "clearly supports the hypothesis that American women prefer circumcision for sexual reasons."

"Visual appeal and sexual hygiene were predominant reasons for favoring circumcised partners," says Williamson, "but tactile, naturalness, and other sense-related factors were reasons for the women's attitudes."

The researchers found that:

Between 71% and 83% of the women in the study prefer a circumcised penis for various sexual activities. Even among women who had sexual experience only with uncircumcised partners, only half preferred uncircumcised penises.

71% prefer a circumcised penis for sexual intercourse.

76% find the visual appearance of a circumcised penis more appealing.

75% prefer to manually stimulate a circumcised penis.

83% prefer a penis to be circumcised for fellatio.

92% believe a circumcised penis stays cleaner.

90% say a circumcised penis looks sexier.

85% say a circumcised penis feels nicer to the touch.

77% say a penis looks more natural when it is circumcised.

55% say a circumcised penis smells more pleasant.

*From Compuserve's Sex Forum*

# ACORN

Issue  
No 4 1996  
Editor  
David Acorn

## Editorial

I'm thankful to say that at last I'm away from the horizontal position and can sit, walk and stand again. I have to say thank you to all the members who sent me their commiserations and good wishes. You're really a good bunch. It's a pleasure to sit down in front of the computer and get to work on another *Acorn*.

I get asked by so many new members about the starting of *Acorn*, so I'll have a shot at it.

An offshoot of *Forum* magazine was, and still is, a sexual contact system called The Forum Society, headquarters in Cardiff. As well as singles and couples advertising, there are also groups with specialist interests. A man, I believe he came from Essex, advertised to start a group interested in circumcision. Before he could get it off the ground he found for some reason that he couldn't carry on. So Tony, from Lancashire, who is now our President, decided he could take it on. Those of us who joined from the outset can tell you that the first edition of the newsletter was virtually a leaflet. We grew from there, but as we grew it was obvious that members couldn't write in to

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:-

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SOMERSET, BS23 1DJ

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

Cardiff and then have their letters sent on again, envelope out of envelope, paying double postage. So we took out the P.O. Box of our own here in Weston. He never said anything but it was obvious that, as numbers grew, Tony was struggling to do it all himself. Then his job took him to Norway, so Brian and I volunteered to take it over, me doing the editing and he doing the distribution. Then, Vernon, who is a computer wizard, volunteered to put the magazine into the snappy format it is today, with a little help from Mr Graphic Designer. There are about six of the founder members still in. And there you have it.

*David Acorn*

## Early Days

I would like to start by saying how much I've enjoyed reading the newsletter. There are many points I would like to raise or comment on, but perhaps it would be appropriate as a new member to start by telling of how my early interest first developed.

Even as a very young boy I can remember being fascinated by my friends' penises, believing initially that everyone was either born with or without a foreskin (I believe on rare occasions, cases have been recorded where boys have been born without a foreskin – perhaps some readers may know about this). All war games that we engaged in inevitably ended with my friends being 'shot' in the penis, requiring a thorough examination and, as the majority were uncircumcised, retracting their foreskins for a detailed inspection. We also indulged in regular mutual masturbation sessions. I was sent away to boarding school at 8 years of age, which provided me with ample opportunity to pursue my fascination with penises. My particular favourite pastime was trying to guess who were cavaliers and who were roundheads, and then engineering an opportunity to discover whether I was correct or not. Furthermore, if they were uncircumcised, was any part of their glans penis exposed? We were provided with a list of all boys in the school each term and, by using my own code, I recorded against each name what kind of cock they had and, if uncircumcised, whether or not I had managed to glimpse part or all of their cock head. There were a number of occasions when boys left at the end of one term as cavaliers and re-appeared the next as roundheads. This would lead to discreet inquiries on my part to ascertain the reason for their circumcision.

We had a pair of Arab brothers in my boarding house, and I was amazed to discover that they had both been partially circumcised with approximately half of the glans exposed. On reaching puberty, the natural growth of their penises was such that the remaining foreskin no longer covered any part of the glans, and they thus acquired the usual circumcision appearance. I wonder if anyone knows whether this type of partial circumcision is commonplace in the Arab world (or in any other societies for that matter).

Do any other members know anything about a phenomenon I have seen described as 'Auto-Circumcision'? This apparently describes the situation where a person is born with a short foreskin which, on reaching puberty, retracts fully, thereby effecting an automatic circumcision. I read somewhere that Masters and Johnson conducted a survey, one finding of which showed that, amongst 21 year-old uncircumcised males, approximately 10% possessed foreskins which no longer covered any part of their glans. Evidently, by 70 years of age, this incidence had increased to 33%. Perhaps other members have access to more detail on this subject.

As a regular sports player over many years, I have often showered with numerous other men, and was interested by the observations of 'Anon' in 1/96. I keep my foreskin retracted most of the time and always whilst showering, ensuring that I expose the shaft behind the head, when washing, to ensure absolute cleanliness. It amazes me, however, how many uncircumcised men do not retract their foreskins at all when showering, and often those who do, do so in a rather furtive or secretive manner which, it seems to me, tends to draw attention to what they are trying to do. I have yet to see a fully exposed glans which was not an object to be admired. I am certainly proud of mine and believe it is not something to be hidden away, but to be enjoyed. There have been occasions when I have entered a shower or sauna with my foreskin forward, given those present time to register the fact that I am uncircumcised, slipped my foreskin back unobtrusively, and turned back to general gaze. Doing this has produced some most enjoyable reactions from others, and I have also found that it has often acted as an encouragement to others to follow suit and pull their own foreskins back.

I am sure that some members would say, "Why not be circumcised, and then your glans will be exposed continually?" I have given the matter serious consideration but have decided, on balance, that I would rather remain in possession of my foreskin. I derive great enjoyment in pulling back my foreskin, to show anyone who is interested, the size, shape, and colour of the glans; particularly if their appetite has been whetted by a general impression, first, of what its appearance is likely to be, having seen it covered by my foreskin initially. I also get great pleasure from seeing others pull their foreskins back in similar circumstances.

I would certainly be quite happy if I were circumcised. I believe there is no finer sight than that of a proud glans penis exposed in all its glory! Indeed, there have been a number of occasions when people, on seeing my penis for the first time, have been fooled into thinking that I had been circumcised, and were only convinced otherwise when I allowed them to push my foreskin forward.

I think you can gather from this brief essay, how much pleasure I get from being able to use these variations that having a foreskin allows me.

*D.T. – North West*

## The Cure

Having just joined *Acorn* and reading the back issue of 1995 with interest, I find it an excellent magazine. I'm sure I will learn a lot from it.

My first recollection of anything about my own penis was at school, being examined by a lady doctor. After dropping my pants, she pulled my foreskin back. This made me shout as it had not been done before. I remember she said something like "Oh, boys!" Later of course I found there was a lot of pleasure to be had from sliding the skin up and down.

In my twenties, I started to have soreness behind the foreskin which got worse as time went on. I had a lady friend for about ten years, but after sex my penis was very sore and the frenulum had torn. I bathed it every day and eventually visited the doctor, which was a little embarrassing, and he gave me some tablets. By now the foreskin was very tight and pulled back behind the glans, so, at the age of 45 I considered circumcision. I'd seen an ad by a London clinic. Going to the appointment I was very nervous. The doctor asked me why I wanted the operation and told me how it would be after a few weeks later.

After healing, I was a little disappointed, the scar was not too neat, but everything worked well, the soreness had gone and the glans spread out more without the restriction.

In my case, circumcision cured my problem and I wished I'd had it done before.

*B.N. – West Midlands*

## Not So Happy

My marriage broke down 30 years ago when I was 50. I started to do my own thing, but my foreskin became tight. I needed to have it seen to but I was scared to see a doctor, but it got so bad that I had to go. The young doctor (RAF) who inspected me took one look and went redder than a beetroot. I still don't know why.

Anyway, I had the operation. The surgeon was very good and left me with as much skin as he could. Things then weren't too bad, but after 6 years I had a rough time as my urethra closed up. I was operated on to enlarge it, but at the same time they took the remains of my foreskin away as well.

Now it has never hardened off and when I get hot and sweaty it's very sore, so I have to be very careful and dress so that the knob doesn't rub on my clothing. I keep myself clean and wash every time I pass water, drying myself well. If I try to masturbate I have more soreness; creams and powder only a bit of a help.



I would be most grateful for any advice anyone can give me, please. I've suffered for so long.

A.S. – Hereford

## I Love It This Way

I am a new *Acorn* member and have just worked my way through a dozen back issues. Apart from the obvious focus on circumcision, two other issues arising which caught my attention were depilation and nudity. Perhaps I can give some background. I am 46, athletic, average-to-well-endowed, and have been circumcised for 10 years. My wife is 38, tall, blonde, and immaculately shaven. We have been members of sun clubs for around 15 years.

My interest in male circumcision and female depilation was, I think, triggered in my mid twenties by a photo in *Health and Efficiency*. It showed an attractive couple emerging from the sea on a naturist beach. He was well-endowed, not aroused, but nevertheless strikingly circumcised with a large and prominently exposed glans. His partner was very attractive with her pubic area revealingly shaven. To me, the pose was a fascinating combination of naturalness combined with challenging sexual display.

It was as if the male were saying, "I know everyone's attention will be drawn to my glans and I enjoy showing it off. Providing I do so on a naturist beach, not erect, nobody can criticise me just because I happen to be circumcised." It was as if the female were saying, "I have made a deliberate decision to shave, knowing full well that it will invite attention. But nobody can prove this."

I never showed the photograph to my wife but I was able – after some difficulty – to persuade her to shave. For me it was a mega turn-on, and this in turn has made her happy to continue to do so ever since. She uses a hand razor, with plenty of foam, every three or four days to prevent (itchy) stubble.

A little later we got into naturism, firstly through 'free' beaches, and then through swimming sessions at municipal clubs before finally joining a series of sun clubs. We both enjoy sport, swimming and the open air, and I got (and continue to get) an immense kick out of watching her athletic, shaven figure on the tennis court, sunbathing, or in the pool. She is often asked to pose, and occasionally does so, for naturist publications – and more often for me.

At the same time, however, I was still fascinated by the idea of circumcision and wishing I could be in a naturist environment able to display a permanently exposed glans. I did not confide this to my wife.

About 10 years ago, however, I had two 6-week postings to Saudi Arabia on unaccompanied status. No alcohol, no sex, no nudity, not even cinemas. Ironically, however, I realised I was surrounded by millions of circumcised males! With time on my hands, and a night time imagination running riot, I

began to make discreet inquiries. It seemed to me that the two most important considerations were, firstly, to avoid a general anaesthetic and, secondly, to find a surgeon who was really expert. Eventually, I came across a clinic which included circumcision in its specialities, including adult converts to Islam.

The surgeon was a Saudi, a practising Muslim, and a member of Saudi Arabia's dominant, and fundamentalist, Wahhabi sect. He had a London qualification and performed up to a dozen adult circumcisions a week, all under local anaesthetic. He impressed me at our first meeting and explained, with the aid of diagrams, that his standard technique involved radical removal of the foreskin and frenulum, to leave just enough loose skin to allow for erection.

I made a second appointment to see him, timed to coincide with my next visit to Saudi. In the meantime, I did not confide my intentions to my wife, but laid the ground by saying I had experienced some trouble with sand under my foreskin (though I was living in a modern, tarmacadamed city) and the hot climate. Whenever my resolution to go ahead wavered, I told myself, "The opportunity is too good to miss. You have the excuse, (sand and sun), an expert practitioner, and three or four weeks of no sex doesn't matter unaccompanied in Saudi." I will not describe the actual operation or its immediate after-effects because your readers will be familiar with them.

From the moment I left the clinic, however, I had the most fantastically exciting sensation of being permanently and irreversibly cut. This was followed by an agonising/ecstatic feeling as the stitches struggled to contain the morning erections.

When it had completely healed, in about four weeks, I was able to make a full assessment. When limp and cold, the whole of the glans is permanently exposed, with an almost imperceptible gathering of slack skin behind the glans. When I'm erect, I have a tingling, straining sensation with the penis bending upwards. There is very little free play, and for masturbation a lubricant such as vaseline is helpful. Sexual intercourse is simply fantastic!

When I returned to UK and my wife saw me for the first time she was at once horrified/astounded/sympathetic and fascinated. When we had intercourse for the first time we both found the combination of a taut, bent, bone dry penis entering a smoothly shaven, naturally lubricated vagina to be sensational. I'm sure that, in this context, the removal of the frenulum is a plus.

It still is, 10 years later. So is the pleasure of displaying an exposed glans with a shaven vagina on the beaches and in the sun clubs.

In the light of my own experience, I would offer several comments: Firstly, I have never regretted it. Secondly, I love the feeling of being permanently and conspicuously (in nature groups at least) marked. Thirdly, it is indisputably more hygienic. Fourthly, for me, it does make masturbation more difficult (is there some truth in the Victorian idea?), but it compensates by providing prolonged staying power in intercourse.

Finally, do any *Acorn* members share my fantasy of a nude swimming/sauna meeting, strictly limited to circumcised males? It would start with a line up/inspection to ensure that only cut members (i.e. no rolled back foreskins!) were present. There would be no sexual activity, but everyone would be free to stare and admire. Possibly a group photo? Only if participants were happy with this. I would welcome correspondence, either through *Acorn's* columns, or through its good offices.

*J.F. – London*

## **Answer to Anthony's Questions 3/96**

First of all I should say that all foreskins aren't the same, and don't act the same. The perfect foreskin, by which I mean the centre point of all the varieties, could be described when flaccid, as not too loose and not too tight, is as long or slightly longer than the tip of the glans but doesn't close up at the end, so that peeing isn't interfered with. When erect it disappears completely, or nearly so, leaving a slack shaft skin, acting like a circumcised penis for intercourse but, with the harsher treatment of masturbation, can be brought back over the glans by pulling at the root.

There is a scale of difference, starting at one end where the foreskin is so short as to be indistinguishable from a circumcision, and at the other end where the foreskin is much longer than the tip of the glans, closes up to a bud at the end causing it to be tightish on retraction.

By far the majority of foreskins are as the perfect or slightly one side or the other of the perfect, doing the jobs I would think they were designed for: protecting the glans through the wear and tear of life, exposing the glans for intercourse, keeping the glans moist ready for intercourse, yet not getting in the way of peeing.

Now for the answers, although, as shown above, I can only answer for myself:

1. Any involuntary movement of the foreskin is very pleasurable, it doesn't happen often enough for me, and hardly ever to the point of distraction. Having a slightly loose foreskin the frenulum pulls it forward again in most cases. Of course, with tighter foreskins there is no involuntary movement at all, one of the differences mentioned.
2. Manually retracting the foreskin is the most delicious part of having a foreskin. From the glans being dry, it takes about half an hour for the foreskin to make it moist, and it is when it is moist that it is most delicious. The moistness creates a sort of drag as the foreskin is retracted and the drag is felt most as the inner foreskin tries to leave the rim of the glans. Doing this dries the glans quickly, so after about ten strokes the feeling is nowhere near as intense. Funnily enough, using another type of lubricant

never seems the same, unless I've never found the one with the right viscosity. The second part of the question is answered by saying that I've never stopped anyone from doing it.

3. The newly exposed glans reacts marvellously to these actions most when they are of a different temperature to the glans. A draught of cold air – wonderful; a cold hand – smashing; washing with either hot or cold water – lovely; whereas a powerful showerhead at about 9 inches, hot or cold – heaven! The glans reacts for some reason by swelling!
4. I can't answer this one because only someone with a long closed foreskin knows, and they are few and far between. I expect that the next Questionnaire for a survey, which will be out very shortly, will show that most foreskinned men retract their foreskins to pee.
5. Both inner and outer foreskins are both very sensitive so they must be packed with nerve endings. They are quite different, being made of different materials, the inner not being able to be stretched at all, unlike the outer. It may be different between men, but I would say that my outer foreskin gives more all round pleasure, inasmuch as it loves a whisper of a touch and yet enjoys harsh treatment such as being chewed. The inner is more to do with the glans as above.
6. The sensation is so locked together that it would be difficult to differentiate between them.
7. I know you've been a member, Anthony, since the outset of *Acorn*, so if you go back to the sixth (F) edition in 1988 you'll read of an experiment by a man who first isolated his glans and then his foreskin to discover which gave him the best sensation to orgasm. He had a problem with the glans only, as he had to lubricate it and found that after orgasm he wasn't satisfied and had to finish himself off in the traditional manner. With the foreskin only (the glans being under a cardboard tube) he hadn't much problem, although he much preferred using the two together. I haven't tried it but I would imagine that the same would go for me.
8. Your last question about the disadvantages of a foreskin from the possessor's point of view has got me foxed. Maybe other men on the extremes of the 'perfect' hypothesis have them, but the only 'drawback' I can think of is that I've only got one!

A comment that I would like to make while I'm here, is that I may be wrong, but I don't think that there are any sweat glands on the glans or inner foreskin. During the time I've been laid up, the pain at times has caused so much sweating that clothes and bedclothes could be wrung out, and I've lost over half a stone. Gallons have been released through my scrotum, but nothing untoward under my foreskin. I began to wonder about the story of the soldiers in the desert. Was it just the sand that caused all the problems?

I could go on writing about my favourite subject for ever, but I'd better give others a chance.

D.A.

## Impotence Pill

**Report by Lois Rogers – *Sunday Times*, 7th April 1996**

A pill that could invigorate the sex lives of millions of men has entered the final stages of trials, and is being offered to hundreds of British patients.

The drug is aimed primarily at the estimated 10% of the male population who suffer serious problems of impotency, but early tests in healthy volunteers suggest it can also enhance normal erections. It will give men the opportunity to avoid the misery of sexual failure by discreetly swallowing the pill about an hour before intercourse. The only other treatments for impotency currently available involve injections into the sexual organ or the use of a suction pump.

Pfizer, the American drug company developing the pill, has recruited several hundred men from 20 towns in Britain as part of its final worldwide trial before seeking approval to market the formula. Early results from the British patients will be reported at a meeting of the American Neurological Association in Orlando next month. So far, there has been no evidence of problem side effects, and it is believed the drug, called sildenafil, is safe for long-term use.

Ian Osterloh, the Pfizer doctor co-ordinating the European section of the trial, said the drug only worked when men were receiving sexual stimulation; he would not comment on claims that it made normal erections bigger or longer lasting.

"I can say we are cautiously optimistic that this agent will make a major medical need as a new form of treatment for patients with impotence," he said. "It boosts the ability to get an erection in a sexual situation, but I must stress it is still a few years away from being on the market."

The drug was originally investigated as a possible treatment for heart problems. Although it had little effect on the cardiovascular system, male volunteers who took part in early tests reported that it had a pleasing and unexpected side effect. During sexual arousal, nerves in the penis produce increased levels of nitric oxide which stimulates production of another substance called cyclic guanosine monophosphate (cyclic GMP). This leads to the increased blood flow necessary for an erection. The action of cyclic GMP is inhibited by other substances called phosphodiesterases, which cause the

erection to subside. Sildenafil works by temporarily blocking the effect of the inhibiting mechanism.

Most men suffer occasional impotence, and an estimated 5%, including some young adults in their early twenties, are so severely affected that they are never able to have sex. Few discuss it with their GP, and the problem is compounded because many doctors see impotence as psychological, or simply part of the ageing process. Osterloh believes increasing numbers of doctors now believe it is indeed an organic problem.

Women who specialise in relationship counselling believe the male-dominated drugs industry is missing the point, and that impotence is often the result of a poor relationship. Reintroducing the capacity for a man to go through the motions of sex, they say, will not solve the underlying problems. Suzie Hayman, a counsellor for RELATE, the marriage guidance organisation, and author of *The Good Sex Guide 2*, on which a Channel 4 TV series was based, said that too many men regarded sex as a mechanical process: "There are an awful lot of men who are having difficulty with sex and are really desperate, but they are aiming for the wrong thing if they treat it as a mechanical failure."

She was equally scathing about the claims that sildenafil could improve penis size. "A man with these drugs who has no care or skill will have far less of an effect than a man with smaller genitals who knows how to use them. Many men think their equipment has to be the sexual equivalent of a Porsche. Women know that a well-driven Ford Escort is infinitely preferable to a badly driven Porsche.

[So who do we believe? Doctors who say it can be organic, or women who say it's the men's fault. — D.A.]

## Letters For Forwarding

As members know, our membership list is confidential and details are not divulged to anyone except those who need to know in order to run *Acorn* and send you your magazines.

The editor is happy to forward letters to other members provided they are stamped (preferably 1st class to reduce delays).

Please seal your letter in an unaddressed stamped envelope, enclose that and a note of to whom to forward the letter in an envelope addressed to the editor at the PO Box address given on page 1. (Note that the County and Postcode changed recently so please check this issue before sending.)

D.A.

## Comments On My First Ever Issue of *Acorn* (3/96)

First and most important point I would like to make is regarding the item on page 13, 'Circumcise Adopted Son'. Yes, do it as soon as possible.

You may need to talk to him about it to point out all the advantages and soft pedal any disadvantages that may come up. Consideration is given to their adopted son, but none to their own son.

I know a couple with a circumcised son and who adopted another boy who was uncircumcised. The father wanted the adopted son to be circumcised as well, but the mother would not allow it. The father wouldn't take to the adopted boy, and each time they were bathed in the kitchen (they had no bathroom) the father saw the uncircumcised boy and there was always some aggro. The father always favoured his circumcised son but would not consider his uncircumcised adopted son at all. I hope we may know in due course what happened.

Regarding page 2 'Penis Preference'. Yes, I saw the film *It's a Boy*. It seemed to be right that the Jewish father did not want his son circumcised. Some Christian parents don't want to have their sons christened and no one makes a fuss. It is only in the case of something like circumcision that the trouble comes.

Regarding page 9, 'Circumcision Made Easy'. This is something that interests me greatly. There have been numerous gadgets invented over the years. I saw a book of around 1886 which referred to a book of some years earlier which had illustrations of things used for circumcising only.

It is nice to be able to talk/write to someone with similar interests to myself. I lived in a small hamlet where there were three families:- a labourer with three boys and three girls, a farmer with two boys, and myself, the youngest. I used to play with the youngest of the labourer's sons. He taught me to rub my cock, and he would rub his and mine. I always got a sore place on my knob just above the peehole, but he always gave the excuse that it was caused by a spark from our bonfire. He had a tight foreskin, and when he was in the army in Palestine, they all had a medical, and those who were uncircumcised all had the chop. I used to play also with the younger son of the farmer who I taught to wank. He had a tight foreskin so I stretched it for him. He has about 9½" now. This all happened over 50 years ago – nearer 60. The farmer's son asked me why they did that, referring to my circumcision. He had three cousins in South Africa and the second one died from being circumcised.

My great interest is in circumcision and circumcising methods, and the gadgets used in medicine, in religion, and tribal.

D.R. – Cornwall

## Response to David's Question 2/96 — And More

As a new member, I must say I enjoyed the two newsletters. The idea of a question corner appeals. I am no expert, but have pondered on the question, and here put forward a few ideas which may or may not be right.

The scar tissue issue seems to be problematic when there is a foreskin present and covering the glans, and when difficulties arise or worsen, one thing seems to affect the other. As I understand it, the foreskin composition is much like that of the shaft skin, ie, without the layer of fat present elsewhere in the body, and that the skin is super elastic and able to stand a fair bit of punishment in usage. The skin covering the knob is almost paper thin, which you'll know if you have happened to have abraded it yourself. From what I have gathered, it is usually scarring on the foreskin which affects the elasticity or restricts the opening, and this prevents free travel to expose the head, or if the skin does go back, to almost choke the knob like an overtight collar.

I wonder if scarring to the actual glans then is something which is very superficial, quickly heals and, in the absence of depth of tissue, does not give rise to problems later. The foreskin itself is much thicker by comparison and also can be stretched in several directions, which presents far more chances of wounds and scars. I also wonder about the smoothness of the glans and the folded nature of the foreskin in relation, say, to poor hygiene or problems with urine which can lead to rashes or irritations, especially if the skin won't allow washing etc. Some males don't realise the foreskin should retract even with erection, let alone any ideas of maintenance and caring, or even thought of promoting suppleness and elasticity, regular stretching and lengthening... or helping themselves to learn responses, how to desensitise the glans to prolong pleasure etc.

If the foreskin is going to get cut off, then it doesn't matter if what is going gets potentially damaged and which, if left might give rise to scarring etc. Any damage to the glans might be far more superficial and be lost after the op, and not so noticeable either if, as some say, eventually that skin ceases to be so moist and lubricated, it thickens. Or, as is also possible, the exposed glans enlarges or alters shape (such as flaring out more, no longer being restricted by the foreskin), or is differently stimulated post op because of different shaft skin tautness.

I wonder, too, if one problem with an infant having his skin forced back, causing tears, is that when it is returned the two wounds can align, or partially so, and then rejoin if left, the damage being worsened if the forcing process is repeated time and again.

Recently I was reading in a copy of *Forum* on a point being raised about how common it was in first time penetrative sex for a male virgin to suffer a torn frenulum which often followed the foreskin being pushed back by penetration. It seemed to be a case that quite a few males, even though they'd wanked



for years, had not exposed the head, thus not stretched the frenulum. I also wondered if having a short frenulum, or one which is attached more than normal to the back of the glans, has tearing potential. Does the frenulum also separate during growth or puberty? Does the shape of the glans at the back and the amount of frenulum length also have some connection? Perhaps, like me, you have worked out that each glans is individual/a variant on a theme, some having a dip only, some a pronounced cleft (the glans being in two lobes), yet in others is almost continuous. Some have little depth at the back, some turn in neat at the rim, others having a reverse flange; some are almost domes, others flat, pointed – the list is almost endless. I know one male who has had years of intermittent tearing of his frenulum, yet has a super length foreskin which can 'dock' easily another glans even when erect. I also know another who had his frenulum separated to allow his foreskin to expose the head, and his skin now goes fully back more like a severely cut one, and apart from a residual tag on the head with the rest set back on the skin, he is intact.

Perhaps tissue types enter into this as well. I am allegedly hypersensitive and have had a number of skin problems including suspicious cell changes. Yet, until I was 33 I enjoyed a good long and free running foreskin, albeit that my frenulum was a bit short. I had enough foreskin to fully cover the head erect, and sometimes with an erection it stayed covered, but other times it would roll back and, if the frenulum had not bunched the skin at the back I could have had a fully exposed glans. I had no problems whatsoever, was a frequent wanker, and enjoyed relations with partners. Yet suddenly I started having severe irritations, and then over 17 months the foreskin aperture shrunk, became less elastic, and would not retract at all when erect. Finally it was so tight that it bent my cock during erection like a banana, eventually becoming so tight it would not retract when flaccid, and started to impede urine flow. I had always made sure when peeing that I retracted some or all of the skin to get a clear jet, and made sure it stayed dry. Neither I nor anyone else can, or has, explained why I had to be cut. I was told by my GP that I would not like being circumcised even though it was the likeliest cure.

I had the op just a fortnight after seeing the consultant. I was given no details of what to expect and then suffered a series of problems from that day on. The operation went wrong and I ended up with a badly scarred cock which had been made worse through bad suturing techniques, losing most of the stitches, wound infection, and then bad alignment of the open wound. It did not help that the job was roughly done and left sore, exposed tissue where the frenulum had been cut off and altered. For over 6 years I had to put up with a scar line which bled at the slightest touch, and the wound had become a keloid scar which irritated, was inelastic, and was no asset to any form of pleasure. At my insistence, a second consultation was set up with another surgeon to correct this mess, who rated the chances of getting improvement as no better than 50/50. A dermatologist I saw told me that I was hypersensitive

to surgery and prone to scarring. Throughout the 6 years I had continuously used hydrocortisone cream in an attempt to keep the scar supple.

The result of the second operation was being discharged too early and being assaulted by a maladroit nurse who ripped off the dressing, taking some of the stitches with it causing bleeding of the wound. The next day I had to attend the emergency dept. of the local hospital as the wound had opened and the other stitches were coming adrift. I had to wait another week to see the surgeon who applied surgical tape over melanin dressing strips. The wound took 3 months to settle down, but even now 8 years on I still have to use the cream to counter the irritation and fear of hardening.

The original wound left a ragged and raised scar, and also exposed nerve endings on the site of the frenulum which had been cut back, and there was also a noticeable twist in the penile skin to the glans.

After the second operation, my GP noticed some scarring of the meatus which became smaller. I have had to have this opening enlarged, having had a period of 6 months enduring various infections of the urinary system and failed GP attempts at curing them.

Very few people I know understand these problems, nor what is involved in this operation. There is a lot of sniggering and dismissive comment about the suffering, arising from ignorance and the general male inability to be serious about personal matters – which is a great shame all round. Others regard it as trivial, amounting to nothing more than the loss of a little skin, which it is not. I regret not knowing years ago of alternatives rather than an outright operation, such as stretching and freeing the foreskin, or even a dorsal slit. I am sorry that I didn't have someone to talk to at the time or since. I regret having to be circumcised and I still miss my foreskin and the double options being intact had for self pleasuring etc.

*Richard – West Norfolk*

[As everyone knows, it is never my policy to muck about with letters, so I must apologise here for taking excerpts, but the two letters covering this were so long they would have nearly taken up a whole edition, even though I would have liked. — D.A.]

## Seminal Thoughts

The average amount of ejaculate is 3-5cc, though it can be as high as 10cc, and the record at an amazing 15cc.

Semen has a pH of 7.35-7.5, deriving its alkaline nature from Cowper's Gland fluid, with phosphate and bicarbonate components buffering against the acidity of vaginal secretions.

The vigour of spurting must be associated with the degree of vitality, greatest in the young, with the quantity obviously reduced with successive ejaculation per session.

On the *Good Sex Guide - Late*, a retired madam suggested that men could be kept happy by being 'de-spunked' regularly! Complying with this advice, huge volumes would be cumulatively 'notched up', equalling many gallons.

Well, there's a curious balance between men and women... during a lifetime of menstruating, the average woman discharges 24-72 litres of fluid (5-16 gallons), containing 12-14 litres of blood (2.5-3.5 gallons), using 6,000 tampons or towels (costing £912 with VAT of £159.60)

With a man's single daily ejaculation of 3-5cc of semen, it would take a man 22-28 years to volumetrically equal the lifetime menstrual output of a woman. He is exempt of the 40p tax on each single period that a woman has to bear, as well as the inconvenience. If men were taxed at 8p for a daily wank, some would have 'thrown in the towel' long ago. Looking at the adage, 'The best things in life are free', the hand shandy for the randy must be well to the fore whether one is blessed with a fore' or not.

I have made some calculations on circumcision, using Dr Luisa Dillner's figures and data from the *It's a Boy* documentary, together with information already held. My 'breakdown' shows the practice to be on the increase, assisted by ethnic components of the population. There is an annual foreskin toll of 30,000 from a 350,000 male birthrate. The 7% circumcised by age 15 would amount to 24,500 a year, leaving the remainder of adult circumcisions at 5,500 a year.

Ritual circumcision of infants on religious grounds amounts to 10,000 a year, broken down as follows:- 1,700 Jewish circumcisions (by Mohelim); 8,300 Moslem circumcisions.

That ritual circumcision rate of 2.9% is made up of 0.5% Jewish and 2.4% of Moslem. Medical circumcisions therefore amount to 20,000 a year, of which only 1 in 6 is necessary, ie 3,300 or 0.9%. That's within the present infant medical circumcision rate of about 1%. The total circumcision rate for the UK is 30,000 divided by 350,000, or 8.6%.

Circumcision from an overall point of view is on the increase in Britain from the all-time low of recent years. The rally round the scar is five pronged:- Infant

circumcision, medical and elective 1.0%; Boyhood medical circumcision by 15 years 3.1%; Adult circumcision 1.6%; Jewish ritual 0.5%; Moslem ritual 2.4% ---- 8.6%.

It is quite interesting that adult circumcisions are only 19% of the total, with 81% being still undertaken in infancy and boyhood, the majority still without consent, whether informed or not. For some, reluctant roundheadedness will remain a circumcision sore.

*Anthony*

## Counsellors

I quite agree with C.P. – Wiltshire about the programme *It's a Boy*. It was very one-sided. I also endorse his suggestion that there should be a programme, or video, on adult circumcision.

In this age, when there are counsellors for just about everything, perhaps *Acorn* should appoint a counsellor to advise people considering circumcision about all its implications and ramifications, and to allay any worries. Maybe C.P. or Dr Roundhead would consider themselves for such a position.

A question for members to ponder over and write about. Since species evolve and adapt to changing conditions and requirements, why are Jewish boys, who have been circumcised for several thousand years, still born with a foreskin?

*G.C. – Staffs*

[Good counsellors have to be completely impartial in a matter such as this, and I wouldn't think we have many of those. I would hope however, that *Acorn* is, in itself, a counselling service with all the viewpoints that are put forward. — D.A.]

# ACORN

Issue  
Nº 5 1996  
Editor  
David Acorn

## Editorial

As you can imagine I get letters covering the whole spectrum through the pros and antis of circumcision. Generally I don't like the magazine to be too contentious as it does tend to hurt the feelings of one side or the other, but I thought that in this issue I should devote some of the pages to the extreme edges of our subject to show, if nothing else, how high feelings can run. It must be remembered though, that *Acorn* itself is totally impartial, and just a forum for members to express themselves.

The group was started (and stated in the very first newsletter) as "for people interested in foreskins and circumcisions" with the aim of "getting their cock into the best possible shape (for them)". This could mean getting circumcised, having a revision, cutting the frenulum, elongating the foreskin, restoring a foreskin, tattooing, piercing for rings, sub-incision or even splitting the whole penis in two down the middle (I've only seen a picture of that).

So although you might read something confrontational to you, don't take it to heart, it's the

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:-

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PO BOX 113  
WESTON-SUPER-MARE  
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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

author's personal viewpoint. And I would prefer not to get any reactionary letters.

David Acorn

## Open Letter To A.J. (Misery 3/96)

I was saddened to read your letter: your experience and reaction to the hated legacy of infant circumcision so closely reflect my own. The first thing to say is that you are not alone! This may or may not ease the constant awareness and hurt caused by someone who was responsible for protecting you, betrayed that responsibility, and submitted you to a disfiguring operation which caused you to forfeit a whole dimension of sexual experience. It has taken me a lifetime to come to terms with my distress and resentment, and I do hope that my experiences in trying to overcome the problem can be of help to you.

Firstly, if you have not already done so, you should get a copy of *The Joy of Uncircumcising* by Jim Bigelow. In it, he describes the neurosis which perpetuates the outrage of infant circumcision and which, despite heavy inroads, still affects about 60% of new-born boys in the USA. He explains the background outlining the greed on the part of the medical profession, and the misinformation of parents which allows a surgical operation, which cannot be medically justified, to be performed on unconsenting children. He also prints hundreds of letters from men who feel as bad, or in some cases worse, than you do, and who, until recently, had no outlet for their feelings.

He describes the procedure for 'uncircumcising' which involves gentle skin stretching techniques using surgical tape and, in the later stages, specially designed weights. I myself have used similar techniques and have finally achieved a state where I have a natural looking foreskin which only a cock-connoisseur could tell from the real thing – until it is pulled back and the remnants of the dreadful knife-and-fork job perpetrated by the butcher who circumcised me are revealed. Although there is some slight gain in sensitivity, it will never make up for the myriad of nerve endings which they robbed me of when the most sensitive part of my body was sliced off. But at least I have the satisfaction of having thwarted the intention that I should go through life with the mark of their neurosis stamped forever on my body. I live in the hope that, if enough of us do the same thing, the futility of cutting it off in the first place will be brought home to them.

Further solace is to be found in our very own *Acorn*. There are a lot of sympathetic people who will understand your rage and despair and will give you support. Most pro-circumcisionists reserve their zeal for their own bodies, and recognise that it is unacceptable to cause permanent damage to the genitals of young children. With these I have no quarrel. But there are, of course, the hardline few with a crusading mission to circumcise every male child – and who resent what you have to say, since it challenges a cherished

obsession. I find I recognise letters from such people in the first few words and immediately stop reading, since it upsets me terribly to see them advocating a practice which has caused me a lifetime of grief, and which I want stamped out – and will not rest until it is.

You should also contact *NORM UK* which consists of a large and growing number of men – and latterly of women – who feel as you and I do about circumcision, and are determined to do something about it. The first point to make about the organisation is that it has both Jewish and Muslim members, including a Jewish lady doctor who not only refuses to circumcise her own children, but counsels other Jewish mothers about an alternative religious ceremony based on welcoming the child into the world with joy instead of pain. *NORM UK* will give you advice on how to go about foreskin restoration and has a source for a British version of the Penile Uncircumcising Device (PUD) which can restore a semblance of the foreskin in two years if you are lucky – it took me six years with more primitive devices, but it was worth it! Although most *NORM* members are not gay, some are, and the point is made that all are welcome.

Finally, a word or two about the last edition (3/96). I see that electronic mail correspondence is now published and, naturally enough, mostly of American origin. The two letters from *Compuserve's* Sex Forum struck me particularly since they turn naivete into an art form! Firstly, the couple who want to circumcise their adopted son: the advice given is a totally laughable cop-out, and reflects their fear of upsetting one side or the other. How can they expect a boy of four to take a decision which will have far-reaching repercussions for the rest of his life? My view is, keep your neurosis to yourself and leave the poor kid's willy alone, it's not for you to muck about with.

The other letter supposedly answers the question, 'What do women prefer?', and comes to the foregone conclusion that a large majority of American women prefer circumcised penises. The University of Iowa carried out the survey. Since 89% of the women surveyed had circumcised their sons, were they really likely to get a balanced view? Anyway, with 95% of sexually active American males circumcised, most of these women would never even have seen a foreskin, so how can they possibly make informed comparisons? They go on to say that even among women who had only had sexual experience with uncircumcised partners, only half preferred foreskins. Once again, what is the basis for comparison? What can they possibly have known about roundheads? They must have been an insignificant minority anyway.

Such statistics are plainly rubbish, and only the intellectually unsophisticated, or those with closed minds, could fail to recognise them as such. You'd do much better to form your opinion on women's views from reading *Acorn*.

R.B.W.

## And The American Opposite

I am a new member of *Acorn*, am absolutely fascinated by circumcision and want to do all I can to promote the circumcision of all males, universally, for their good health, total sense of self-confidence and feeling of well-being. It is particularly important to bring circumcision back into favour in the U.K. for these reasons, and so that the English-speaking world can be uniform in setting the good example that the rest of the world will one day surely follow. There are ways that man can improve himself and this surely is one. It is not a matter of fashion: circumcision is the oldest surgical operation in the world, it is very widespread, it is coming back into favour in the U.S.A. and Australia after falling off slightly for a short time, and certainly would have become usual procedure in the U.K. for new-borns if a few sensation-seeking doctors had not tried to make a case for it being 'unnecessary' just at the time that the NHS was looking for economic cuts, and the doctors under it for ways to save time and effort while getting their fixed salaries.

We were not cut for 'NO good reason', We were circumcised because of the thoughtfulness and kindness of our parents, be forever assured of that. While we may have felt odd as a roundhead among our cavalier friends of the post-war period, we were able to be proudly different, and can be sure that they were all quietly and enviously admiring our penis, even if they sometimes teased us and pretended otherwise, trying to hide their inferiority complexes they had to live with because their parents had unkindly and, yes, cruelly left them uncircumcised. It is all those of our contemporaries and those born since, who have been left uncircumcised, that we must help get to doctors and get circumcised.

I know how lucky men are to have been circumcised as an infant, because my parents unkindly left me uncircumcised when I was born. From the moment I saw the permanently exposed glans of the penis of a little friend, when aged about four, I felt very inferior. From that day on I dreamed of some day being circumcised when I grew up. All through youth I had to endure the unpleasant smell of smegma under my foreskin, even though I bathed very often, and in my teen years pubic hair would often get caught under the foreskin when it would retract inside my Y-fronts, and then roll forward, trapping and pulling some hairs very painfully. My friends would tease me about my odd skin-covered penis and, as a group, like to challenge me to masturbation 'timing contests' just so they could watch me slide the skin back and forth just a few times, and shoot off in an anti-climax to win the time, when they knew all the while that they were the real winners, as they rubbed and caressed their smooth, stiff, knob-capped members for many, many minutes afterwards, moaning with pleasure until finally, when all were ready, they would almost simultaneously all reach a climax and ejaculate together with loud screams of joy. By that time my penis had wilted and, almost in shame, covered its head with a long fold of foreskin, whereas, after their joyous coming, their penises



all remained fairly large with the knob still proudly standing forth, and all of their members seemingly ready to perform again.

Needless to say, the moment I came of age at eighteen, I went to a doctor and had myself circumcised. Immediately I found the joy and satisfaction that they had known all their lives.

I want to dedicate myself to helping others find this true happiness, if they have not yet been circumcised, and to be working to be sure circumcision of male babies continues and increases from now on.

*D.L. – U.S.A.*

## Ritual Dilemma

I was brought up in a Jewish home and consequently have seen and heard more on the subject of circumcision than most. Although my Mum was an orthodox Jew, my father was a gentile, and consequently she was drummed out of the family when she insisted on marrying him. Nevertheless, she could never forget her roots, and although my father was not circumcised, she insisted on bringing us up in the Jewish tradition, had my brother circumcised, and made us observe the Jewish festivals and the dietary rules of kashrut. Most of our friends were Jewish and we retained our family link with Israel where religious observance is not taken so seriously by the majority of the Sabarim (Sabras) who were born in Israel. In fact we lived there for several years.

When I was about sixteen my Mum left my Dad and returned to her orthodox background. I stayed with Dad whilst Mum took my brother with her into her new home. I later went to college where all my friends, except one Israeli girl, were non-Jews, and, although I continued to avoid breaking the Law wherever possible, without Mum's guidance I felt my Jewish identity waning to some extent.

One day at college, after a strenuous game of tennis, I went off to the changing room and barged in without noticing the temporary 'gents only' sign on the door – because it had fallen off – and was confronted by half a dozen of my male colleagues all in a state of nature, drying themselves vigorously with their towels! I just stood there open-mouthed with embarrassment before collapsing in giggles, whilst all the guys laughed and went on with their ablutions.

Afterwards I was talking to Rachel, my Israeli friend, about it, and she asked me eagerly if they were 'are!' (uncircumcised), since Jewish girls are not encouraged to have dealings with men with foreskins, and tend to be very curious about them. I told her that they all had foreskins which, because their willies had shrunk from the cold and the activity, looked like little skin tassels on the end of their cocks, which amused Rachel tremendously!

After leaving college I started mixing with the Jewish community again and frequently did baby-sitting for some of the families there. This became a regular thing, and eventually I was persuaded to start a 'gan yeladim' (Hebrew kindergarten). I had about a dozen kids to look after, and when a gentile friend asked me to accept her two boys for a couple of days I thought nothing of it. It was mid-summer, and I let the kids play in the paddling pool in their birthday suits. Of course the two gentile boys were uncircumcised and immediately became a source of curiosity because their penises looked so different. Later, two of the children were withdrawn by indignant parents, but the others were OK about it when I explained that it was only for a few days.

When I was at college I had two boyfriends who were both uncircumcised. Later, I had a Jewish boyfriend. I am now married but separated from my Jewish husband and have a gentile lover with a foreskin. With my Jewish blood I am supposed to take the Jewish line on circumcision and the avoidance of relationships with men with foreskins, but at the same time, being only half Jewish, I have the good fortune to be able to keep my options open.

One thing I notice is that Jewish mothers treat circumcision with much more concern than non-Jewish mothers who decide their sons should be circumcised. The reason is that the Jewish mothers are usually present or within earshot when junior gets the chop. They consequently hear, and see the effect it has on the baby, whereas the gentile mum just hands her baby over to the nurse and picks him up later, with only the aftermath to indicate what he's been through, although that can be bad enough – it's always distressing to see a baby in shock. So traumatic do some Jewish women find the whole process that they pray for a girl when they know they are pregnant so as to avoid seeing their offspring go through such an ordeal. I was there when my little brother was circumcised and shall never forget it. As a result, if I ever have a male child, I shall have to face a dreadful dilemma: my Jewish blood indicates that all Jewish boys should be circumcised. My maternal instinct, backed up by my gentile blood, insists that no child of mine shall ever be circumcised. I honestly don't know which way I shall go, but think that my maternal instinct will probably win.

Having experienced sex over a number of years with men with and without foreskins, you probably would like me to state my preference. I will content myself with quoting the words of Moses Maimonides, the great and respected 12th. century philosopher, physician and rabbi who said in connection with the penis and circumcision, "The use of the foreskin to that organ is evident. The bodily injury caused to that organ is exactly that which is desired. There is no doubt that circumcision weakens the power of sexual excitement and sometimes lessens the natural enjoyment. Our sages say distinctly: it is hard for a woman with whom an uncircumcised man has had sexual intercourse to separate from him." Who am I to argue with him?

*Hannah Morris – Cranford*  
*(Comments but no correspondence)*

## Thoughts On Others' Letters

The latest magazine makes interesting reading – particularly the comments of C.P. regarding his circumcision. I can almost feel his elated relief...what an uplifting experience it must have been, to at long last see this redundant appendage, finally severed, wither and die in front of him.

I too stay smooth 'down there', my pubic area having had electrolysis treatment. I look forward to the eventual realisation of a fantasy of 'complete nudity' to some extent, the sheer 'vulnerability' of a bared, 'unprotected' circumcised cockhead is an exciting prospect. Annual progress reports on members' cut cocks (members' members!!!!) sounds like a good idea...K.H. seems to have been cut in the style I visualise for myself, ie. well back from the glans, with minimal loss of 'inner skin'. I wonder just how loose the remaining skin has to be in its flaccid state. I suppose this depends on the individual's erectile size-gain. i.e., if one is fairly large in the soft state, and erection not a great size increase, one could achieve a tighter-skinned flaccid shaft...for me this would be ideal if it were possible.

I must say I feel a little sorry for Anthony (3/96) – sorry he seems to feel so bitter at the loss of his foreskin, and sorry he has never been able to experience owning one. I do, however, also feel (nay, know) it is not the intense sensation he perhaps conceives it to be. Firstly, regarding any involuntary movement (in all things, I can only speak of my personal experience, of course) one has no awareness of it happening at all, tucked away inside one's underpants. On manual retraction, I would say the sensation is one of 'peeling', plus, in this case, there is also the visual impact of gradually exposing the glans – and, yes, by virtue of the circumstances surrounding it, it is more exciting to have someone else do it for you. Basically, unless thoughts are sexually orientated at the time, the glans does not 'react' to washing etc. – especially if you have a bus to catch – unless the water is too hot! Regarding stimulation by urination, in short, the answer is no (you can't piss with a hard-on anyway). And how does it feel? It feels damp – probably due to perspiration and/or residue from the last piss.

Inner surface of the foreskin more sensitive than the outside? Yes – hence, when I get myself cut, I will want to retain as much of the inner foreskin as possible, and lose as much of the outer as is practicable. The inner skin does indeed vary in sensitivity, peaking on the underside at the frenulum, but is not as sensitive as the glans. For me, certainly, masturbation is definitely glans orientated. I see the foreskin really as a means of stimulating the glans. For me, this is more distinctly so, as I prefer to actually hold the foreskin back and stimulate the glans by direct friction – with or without lubrication.

Foreskin disadvantages? Yes, there are some. Some guys' skin fits over the glans so tight they can't pull it back. Or if they do, it nearly strangles the glans – i.e. phimosis...the last drips of urine that leak out under the skin leaving the

glans damp and smelly. Most cut cocks almost invariably looked stripped for action, sexier – and yes, your relatively insensitive glans would be fine by me – making sex last longer, and partners more amenable to oral sex. And the prominent scar – well, to me that's the mark of a real man!!

*Zed*

[The following is a letter from a man who was sent a copy of *Acorn* by a member, not from a member himself.]

### **Another Unhappy One**

**W**hilst I am 'cut' myself, I am only interested in others who are not, but who do not find the fact that I have been clipped an instant turn-off, as I would myself. Frankly, I am one of those who, given the choice between an uncut 7-stone weakling and a gorgeous cut adonis, would have no hesitation in picking the former. I simply find the unaltered version far more sexy and interesting, adding to the standard thick/thin/short/long so many extra permutations of skin length/thickness/tightness/moistness etc. For me, the biggest yawn is the average American porn magazine with the inevitable collection of clipped cocks.

The impression given me by your magazine is that it is primarily for those who are cut, or wish they were, [I often get accused one way or the other! — D.A.] whilst I am exactly the reverse. I agree that there may be a very few instances where circumcision is unavoidable, but from what I read there are other alternatives for solving foreskin problems without immediately resorting to the knife. I suppose it all really comes down to what the guy with the problem would feel happiest with, but I reckon that too many medicos look at it as a knife only solution.

I am certainly glad that circumcision has waned in post-war years. In my youth, and from my sort of class background the ratio of cut/uncut in my experience was 60/40. My greatest anti has always been against the ritual circumcisers. Whilst there might be a slim case for the practice of primitive tribes to use it as a sign of adulthood, I always think that the height of arrogance is typified by the Jews, who, since biblical times, whilst making such a big thing about God's laws, then proceed, within 8 days of birth, to alter God's design of the male form! If men weren't meant to have foreskins they would either have been designed without them, or had them attached in a way that they would fall off at a certain age in the same way that milk teeth do.!

I hope that you don't mind my replying in my own, fairly vigorous point of view!

*George*

## Winges!

I am renewing my subscription reluctantly and under protest, because over the last year or so I have noticed an ever increasing volume of anti-circumcision letters. I joined the Society believing *Acorn*, by its very name, to be a group of like-minded people who believed in the merits of circumcision, and were there to celebrate and propound the visual joy as well as practical benefits of the operation, whether infantile or adult. I am perfectly aware there is a place for the 'other side' as in all viewpoints, but why on earth do we need to hear the whines and winges of men who bemoan their fate. Why do they bother to join a group supposedly in support of the procedure, and anyway, how do they know what they are missing? It seems to me the only people qualified to give a balanced and knowledgeable opinion are those like myself who elected to have it done in adulthood with considerable sexual experience before as well as after (with both men and women), and I can tell you fellows, if you have still got one, get rid of it.

My other bone of contention is with the way women are beginning to dominate the columns, the majority being anti. While they may be on the receiving end, and a once in a while, well thought out, non-emotive opinion might be of interest, what do they know about our bodies. Dicks belong to men, and we know what is best for us, and we can do what we like with them. Women have protested endlessly about their own rights – rights to do what they want with their bodies (e.g. abortion), and it gets up my nose the way they now want to dominate us. Ironically, it is largely the decisions of women over males not in a position to protest, that has given rise to all these men who claim to know they would be better off with their foreskins.

Your member who recommended vitamin E is quite right. I began to use it on my glans (having done so for years on my face) after my op., and it not only keeps it supple and smooth and moist, but has helped reduce wrinkles and lumps left along the scar line.

*R.H. – London*

## Question Corner

I am curious about the reason for the familiar and unique shape of the human glans. I can see the evolutionary sense in having a cushion on the end of the cock, but why this particular rather intricate design? Has anyone any theories? How does it fit into the pattern with other mammals? Are glans and foreskins universal and, if so, what forms do they take?

*T.F.*

[A job here, maybe, for our several doctor members. — *D.A.*]

## Who Wants It!

I was brought up in various rural parts of the country and had never heard of circumcision until I was about twelve when it cropped up in a religious lesson. Judging by the class reaction and the jokes afterwards, nobody else had either, though many in the class were circumcised, including the person who asked the question as I recollect.

Prior to that I had assumed that foreskins were worn 'up' or 'down' as a matter of personal choice, although I could never understand how some got their skin to look so smooth. From about ten or eleven I put it down to a condition (probably as having misread some medical book – which were few and far between in those days) known to me as 'tight-skinned'.

The point being that for as long as I can remember, since about three or four years old, I had always preferred the look and feel of my penis with the foreskin drawn back and, apart from in front of my parents at bathtime or whatever, that's how it remained. On discovery of masturbation and a rudimentary knowledge of sex, the existence of a foreskin became even less logical (to me). My parents were never approachable on sexual matters, so I had to wait until I was twenty-one to get the thing removed. I've not looked back, and even now cannot understand why anyone should want a foreskin or, if they've got one, why they should want to keep it – or for that matter, why some people should get so uptight at the mention of circumcision. I can't think of one good reason for keeping a foreskin, other than personal preference.

*A.K. – Leicester*

## Neonatal Pain

Circumcision causes severe and persistent pain that lasts for at least two hours, but most infants get no pain relievers for the procedure, a study says.

Researchers at Rochester (NY) General Hospital and the University of Rochester said they based their finding on a study of 67 newborns before and after circumcision. Some of the infants in the study were given acetaminophen, but all showed increases in crying and heart and respiratory rates after the procedure.

“One probable explanation for the failure of acetaminophen to control pain in the immediate post operative period, is that the pain of circumcision is too severe”, lasting for at least two hours, the study said. The infants given the pain reliever, however, did show signs of being more comfortable six hours afterwards.

The report said circumcisions are performed on about 86% of newborn American males, but most are done without anaesthesia or pain relievers. “It

is imperative that safe and easily administered methods of anaesthesia and analgesia be found and utilised,” said the study, in the *Journal of the American Academy of Pediatrics*.

*Reuter – Chicago*

Circumcising baby boys may make them more sensitive to pain, Canadian doctors have reported.

Dr Gideon Koren and colleagues at the Hospital for Sick Children in Toronto tested boys who were being vaccinated against diphtheria, whooping cough, tetanus and flu, and analysed their response to the painful jabs. Circumcised boys were found to have significantly longer crying bouts and higher pain scores.

“Neo-natal circumcision may affect pain response several months after the event,” the study said. Other studies have shown that the body “learns” how to feel pain, and Koren said circumcision – often a baby’s first experience of pain – may prime them for future trauma. “Because memory of pain is believed to be important in subsequent pain perception...it is conceivable that pain from circumcision may have long-lasting effects on pain response and/or perception,” he wrote, and “male circumcision is the most common neo-natal surgical procedure. It causes intense pain and measurable changes in behaviour that last up to one day.”

Koren said there seemed to be no other explanation for the different reactions from the infants. They came from diverse backgrounds and were all healthy. “We also looked at cultural background and maternal intervention on pain response, but no significant associations were found.”

*Reuter – London*

## Hairs

I’ve been asked on a few occasions if trapped hairs have ever been a problem. These are generally caused by the penis alternately swelling and shrinking, and happens more often if you own a slack foreskin or a slack circumcision. In my case it generally happens when I’m doing something like straphanging on the London underground. What I do is slowly (quick movements frighten people in enclosed spaces) pull down my zip, take out my penis and free the hairs gently. Then I retract my foreskin to examine whether there are any old hairs clinging to my glans. If anyone gives me more than a passing glance, and these are generally office girls sitting in the seats immediately in front of me, I give them a nice smile before slipping my penis back inside my trousers and doing up my zip. Then everything’s all right with the world again. We all fantasise, don’t we?

*D.A.*

## Television

I was very pleased to see quotes from *Compuserve* and *Internet* sources in *Acorn*. To paraphrase the *X Files*, “the truth is out there”, maybe?

Readers may like to watch *The Good Sex Guide, Late* broadcast by ITV during the early hours of Saturday mornings. The panel, which includes Toyah Willcox and Dr Ian Banks, have discussed foreskins, circumcision, and even the controversial tearing of the frenulum. It is well worth setting up the video to record this informative programme.

I have always advocated circumcision on hygienic, sexual and aesthetic grounds, and have fully enjoyed these advantages for nearly thirty years.

Finally, in view of the difficulty of obtaining a circumcision on the NHS, or privately at a reasonable fee, has the Society compiled a list of medical practitioners sympathetic to its aims and interests.

A.W. – Sussex

[Over the years we have compiled lists of circumcisers. Whether they are still in action we do not know. Unless they advertise it is impossible to ask. We do have one doctor who is very good to us. — D.A.]

## Premature Ejaculation

While there's some speculation that circumcision increases the risk of premature ejaculation, sex researchers Masters and Johnson believe this is “probably not true”.

Two factors, they say, make it unlikely. The first is that the foreskin of the uncircumcised penis retracts when erect. This exposes the glans, much the same way as circumcision does. The second is that researchers have found no difference in the rates of premature ejaculation in circumcised versus uncircumcised men.

Premature ejaculation very rarely results from an organic condition. Masters and Johnson say that, in over 500 men suffering from premature ejaculation, only one had an organic problem that contributed to the dysfunction.

Premature ejaculation often results from faulty conditioning: a man's being introduced to sex in a way that demands quick ejaculation. Sex in the back seat of a car, for example, or in living rooms with parents close by, conditions a man to ejaculate very soon after beginning sex play.

News Item



## Finding Out

**A**t a boys only boarding school in the late 50's and early 60's, there was a great deal of pent-up sexuality and testosterone wanting to get out! I was no exception and, inevitably in such a closed society with constant thoughts of sex, wanking was the favourite pastime. Although I was never to experience a proper 'circle jerk', I did experience mutual wanking with a couple of classmates. The strange thing about this was that there was never any hint of homosexuality – it was purely sexual release and possibly gaining knowledge about each other's bodies.

As a cavalier I was naturally in a minority – at a rough guess, roundheads made up about 75% of the numbers, but I never felt that cavaliers were made fun of, although it did seem that all the successful boys in the school, those who made up the 1st and 2nd rugby and cricket teams etc. seemed to be roundheads! I personally felt an 'outsider' as a cavalier and always wished to be circumcised so that I could be like the others. But here I am at over 50 still sporting a full foreskin, having seriously considered the 'cut' on many occasions, but fearful of the irretrievable nature of it!

My main problem as a cavalier was a tight tapering foreskin which would not retract. When I had a hard-on, just the tip would show, enough for me to shoot, but if the skin was pulled at all, the pain was excruciating. Strangely enough, we never had medical inspections, and I am sure that if this had been the case I would soon have joined the ranks of roundheads. We did occasionally see a cavalier return after the holidays now a roundhead, but I never knew the particular reasons for these circumcisions.

By the time I was 17, I was getting worried about the state of my foreskin, and the urge to explore sex with females was curtailed by knowing that I would have a major problem with my foreskin as I inserted my cock. My dilemma was solved by a roundhead friend. When discussing the problem with him, he said this was ridiculous, and was sure that I could do something about it. So he made me try to pull the skin back, very gradually and with a great deal of pain. I remember we sat in an empty classroom on a Saturday afternoon. Of course, as I manipulated my cock so it got hard, which made the task even more difficult, but I eventually achieved a full retraction and at that moment shot a huge load over the classroom floor! Never having been exposed before, my knob was incredibly tender, but from now on things improved, although it took years for me to lose that tenderness, and even when married a decade later, I had to be careful with premature ejaculation.

I was fortunate in having one roundhead and one cavalier wanking partner at school, so I learned quite a lot about the anatomy of the cock. The roundhead was very cleanly circumcised with no loose skin at all – probably average to large, say 6-7" with low hanging balls. The cavalier was smaller and, at rest, had a short foreskin which covered probably two-thirds of his knob. I was

always conscious (and still am) of my small size – 5" length and about 4.4" girth when hard. However, one friend referred to it as 'a nice handful!' Do I hear the expression 'pencil-dick' being mentioned?

Still, despite its faults, my cock has performed well over the years, and gives me much pleasure when wanking or fucking. Although retaining my foreskin, I do not make use of it sexually – I always wank with the skin fully retracted and direct stimulation onto my knob (I can manage this now without lubrication) – and also in sexual foreplay I prefer the foreskin to be out of the way. I wonder whether this in a way is trying to emulate being a roundhead. But, the one part of the foreskin that is important to me is that 1.5" or so of inner foreskin which is behind the knob in full retraction, and which provides so much sensation. This is the section I would miss if circumcised and probably what makes me hesitate. Having read recently several newspaper and magazine articles about foreskin restoration, it appears that this area is important in regaining extra sensitivity.

A couple of final observations:-

I notice I am sprouting several white pubic hairs now – but only on my balls. This is a worry!

I occasionally notice a cock which has a distinct twist to one side (we used to call this a 'left-hand thread' at school), but I have only ever seen this on a roundhead. Does it also happen to cavaliers, or could it be something to do with the individual circumcision?

I observed recently in a changing room a roundheaded cock with the most incredibly deep rim – it must have been at least ¼" if not ½". Is there anything in the theory that the exposed knob expands more than the one covered by a foreskin?

I have also occasionally noticed cavaliers with apparently very tight foreskins – the outline of the knob is very apparent and the foreskin overhang tapers into a thinnish tassel. I've never been able to ask such guys if they have problems with retraction, and they seem to be prime candidates for circumcision. Does anyone else have any experience or knowledge of this phenomenon?

I wish we guys could be more open about discussing sex, cocks and circumcision without being thought weird. It was good to be able to do so at the first *Acorn* AGM I attended.

*Anon*

## Reply To Questions

**I**n Issue 2/96, David asked about scarring of the glans as a result of freeing the adhesions during an infant circumcision.

I have looked at quite a few circumcised penises in pursuit of my interest in the subject. Neither my own nor any that I have seen are scarred. The anti-circumcision lobby use this as an argument, but it is not born out in practice.

As for parental retraction of an adherent foreskin: in this case there are two surfaces to consider. The inner surface of the foreskin is very delicate and is easily damaged. It is primarily the foreskin which will be scarred if roughly pulled away from the glans in infancy. The scarring of the foreskin will reduce its flexibility so that, even when there are no adhesions, it will not retract over the glans because it has become too tight – thus a true phimosis results and circumcision will have to be performed to correct it. The glans, on the other hand, will remain relatively unaffected.

Whilst it is good advice not to try to retract the foreskin too early, I would seriously question the logic behind making no attempt at all before the child is four years old. Various published surveys show that the majority of adhesions have separated by the time the boy is five years old – but none note whether any attempt was ever made to retract prior to this age. It is only by manipulation of the foreskin by the parents and child that the adhesions are gradually broken down. Furthermore, by the time a child reaches school age, he should be aware of the need to wash every part of his body, including under the foreskin.

Parents should probably leave well alone whilst the boy is still in nappies, simply splashing a little plain water over the covered penis at bathtime. By the time the boy is two or so, the foreskin should be very gently retracted to the point where it naturally stops. The exposed area should be washed and rinsed, and the foreskin allowed to return. Gradually the skin will slip back further and further. The boy will also learn that this area too needs to be washed.

Urologists have repeatedly written that the majority of serious penis problems, which they see, have been preceded by neglect of good hygiene, most often starting in childhood. One survey showed that nearly a quarter of all boys entering a British university had never retracted their foreskins. What an appalling state of affairs! Urologists are almost unanimously in favour of infant circumcision as a preventative measure. Paediatricians, who never see their patients beyond childhood are, however, the ones who advise on circumcision – usually to condemn it!

*Vernon – London*

## A Big Acorn

**H**ave you got a big Acorn? While in London on business recently, I paid a visit to the local Homebase Centre. There, near the checkout till, was this stand displaying big acorns, plus a selection of other fruits. These acorns are about 1.5" in diameter and 2" long – made of solid wood. They are impregnated with perfume/odouriser, and are intended to hang up in the car as an air freshener, this particular 'flavour' being Vanilla Oak.

This product is made by Holt Products Ltd., a common supplier of car accessories, so I suspect it is probably at numerous outlets. The product is correctly called 'fruits of the forest', of which six are available in the range. What better way to advertise your status than by hanging this in your car window or on the end of a keyring – as a bonus it even smells nice. The taste however, in case you were wondering, is dreadful.

*I.W. – Dorset*

## Corrigendum

**T**he gremlins somehow managed to attack the Editorial in Issue 4/96 between proof reading and final print. The damaged sentence (at the top of page 2) should have read:-

...We grew from there, but as we grew it was obvious that members couldn't write in to Cardiff and then have their letters sent on again, envelope out of envelope, paying double postage. So we took out the P.O. Box of our own here in Weston....

*David & Vernon*

# ACORN

Issue  
Nº 6 1996  
Editor  
David Acorn

## Editorial

Got another apology to make. Although 5/96 was finished a few weeks ago, Brian has been so snowed under meeting deadlines at his work, and not getting home till late at nights, the issue had to come out late. At the same time, he tried to organise an *Acorn* meeting in Edinburgh for all the northerners, but the response has been so dismal that he has had to abandon it and start all over again for a meeting in the south. Anyway to all those who wrote in wondering where we'd got to, thank you for all your caring.

In June, one of our members, I know not whom, joined in a discussion on circumcision in the newspaper *Boyz*, writing a letter purporting to come from me, asking all those who wanted to know the pros and cons of circumcision to write to me. Since then I have been inundated with letters, 60 or 70, from young men. I have written to them all, telling them what we are about, but it struck me that we have never had a written treatise on the pros and cons. I wrote a short one out myself, but thought it might be a good idea if everyone mucked in to write a proper one. How about it!

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Printed & Published in England by The Acorn Society  
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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

On the subject of writing, we seem to have got down to a minority of members who are keeping us going. Can I make a plea to the silent majority to take up pen and paper and write anything about the penis and associated subjects that comes into their head. It doesn't have to be long. And to the new members, I know you'll probably think that whatever you write has been written before, but no two people get the same slant on a subject, and in any case, a little repeating only shows the interest in the subject. Our lifeblood is your letters, your opinions and your experiences.

I have had a few letters from members who have written to other members and either not had a reply or been sent their letter back with no covering note. I can only think that a spouse or someone else saw the letter first and dealt with it, as I'm sure all our members are polite enough to respond.

There have also been some requests by members to know if they could get in contact with near neighbours. I would suggest that, if that is your wish, you write two copies of a short letter, giving such information as your age, your sexual status (so as not to cause any embarrassment), how you stand on the circumcision debate, and any other interest you may have on associated subjects, plus what you yourself expect from the recipient. It might help if you put in a note for me as well, stating if you have a preference for someone of a certain age or circumcision status, etc. Send the letters to me and I will try to tie you up. If you can put your telephone number or address in the letters it would speed things up, otherwise the first correspondence can come through me. I must add though, that in this case, if you don't receive a reply don't be disheartened, just remember it is unsolicited.

*D.A.*

## **One Of The Original**

I am just writing to say that I am one of the 'original six' and to thank you and your committee for all that you do to produce such an excellent newsletter, which I'm sure is read, and is of interest, to many who are not even members. I have kept all the newsletters and they make most informative reading, going back some eight or nine years.

I was interested in your remarks regarding the sweat glands under the foreskin. I had always thought that the rim of the glans, in particular, was liberally supplied with sebaceous (Tyson) glands, whose secretions form the main component of smegma, and which can be a nuisance, causing irritation and soreness (balanitis) to the inner surface of the foreskin. Hot climates do seem to aggravate the condition, hence the recommendation for circumcision for those who experience trouble. It would be interesting to hear from anyone who has further comments on this matter.

*Bill – Surrey*

## Where To Shove It In

Contributors' accounts of their wanking techniques are fascinating. And how about the related subject of 'things I have stuck my cock into?' I can recall when young, the urge to have my cock gripped – obviously quite a natural instinct. The problem was to find something the right size. I don't think texture came into it at that stage. I think a milk bottle was quite exciting – at one stage in my development I could get in when soft, then as I swelled the neck would grip me, quite painfully in fact. But it was only a partial grip, not along the length of the shaft. Then there were the cardboard tubes inside toilet rolls – about the right length, but too loose I remember.

Portnoy's raw meat didn't occur to me, but there was an embarrassing incident when I finally found an opportunity to put one bright idea into practice: the earth (I feel somewhat uncomfortable to use its common maternal title – the incestuous implications!) I had hit on this as potentially mouldable to my size and shape, and hopefully thereby supplying that need for all-round grip. I'd had the idea for some time, and one day about the age of thirteen, walking through a wood and feeling randy, as was not unusual, I found a patch of mud the right texture and set about first boring a hole with a stick, working it to what seemed to be the right size and smoothness. Then I had to pull down my trousers, lie on top of it, get my stiff cock into it, mould the mud tight around it, and try in effect to fuck the earth.

I can still recall the rather disappointing coldness and clamminess when, horror, I heard steps coming along the path, from which I would be visible. I stumbled to my feet, pulling up my clothes and facing away, made out that I was pissing, while I 'adjusted my clothing' and tried to tread the hole out of recognition. Then I turned to speak to the neighbour, very awkward and probably looking very guilty. I still wonder if he caught on – he was probably pretty amused.

I never tried the earth again, nor have I any experience with some of the other devices one hears about – vacuum cleaners, suckling calves (though I used to feed them sucking on my fingers in a bucket – rather erotic!), chickens. Can any other readers report on suchlike, or other childhood (or adult) inspirations?

Another vivid recollection. How good it felt when I finally got into a woman – how it felt so 'made for the job': gripping all over, warm, soft. The feeling of 'This is what I've been looking for!'

*T.F.*

## Learning The Hard Way

I am a confirmed Francophile and have a French girlfriend. It is no secret that the French are not circumcision-minded: foreskins are the norm and are expected to be present. The French edition of *Marie Clare* for women ran an article on the penis a couple of years ago and declared that the thought of having their offspring circumcised like the Americans do would never enter the mind of the average French mother. Consequently they can expect virtually all the average French males to be uncircumcised. Since, for a very good reason, the subject of foreskins (and circumcision) is often on my mind, as I describe below, I find there is no wavelength even to discuss the subject with French people, who regard interest in the subject almost as evidence of a character defect.

I recently read a French erotic classic called *Les Pisseuses*, (a light-hearted description of teenage girls in France) by 'Dorothee R...', in which a young man describes an episode when he was ten: "– my sister Catherine showed me her bottom, then took down her knickers, laid back across the bed, lifted her skirts, opened her legs, and introduced me to the reason why they called her mademoiselle! At twelve, Cathy possessed a most appetizing vulva, long and narrow, formed with two big fleshy lips, prominent, bulging, deeply notched, but still deprived of hair.

Then commenced, over several weeks, the apprenticeship of our senses and bodies. The following year, a girl older than my sister explained to her the mysteries of life, she even came to visit us a couple of times. She rubbed herself off in front of us, rubbed my sister and then turned her attention to me. She had no problem in pulling my foreskin back and to masturbate me: when I was young, mother had instructed me in the way of cleaning myself; for the first time, with her long slender fingers, she had pulled the foreskin back off my glans. But if I did have a prick which was already thick and hard during my erections, I still wasn't able to ejaculate yet. This depraved young lady disappeared from our world since mother found her too forward for her taste. Cathy and I resumed our little games."

If only my mother had taken the same trouble with me as that French woman did with her son! My problem is that I don't get enough friction to achieve orgasm from even the most energetic workout, and I have to ask my girlfriend to finish me off by hand long after she has finished. The difficulty is that, even though I pull my foreskin right back before I slip it to her, it flips forward again after the first couple of strokes and stays there, completely shielding my knob from the sensation it needs. A friend at work told me that 'La Fiorentina' would help, but never got round to explaining how.

The thing is that I've always had a long tight foreskin which completely covers the knob even with a full hard-on. My mother, unlike the French lady, firmly believed in leaving foreskins for nature to take care of, and



consequently it wasn't until I was nine that I saw my knob uncovered for the first time. This came about when my parents took a young Australian girl as an au pair, mainly to babysit for me and my sister when they went out. She was very outspoken, and the first time she saw me in the bath she expressed shocked disapproval that I still had a foreskin, virtually suggesting that Mum was somehow neglectful, since she had not had me circumcised. Mum just laughed and said that such notions were out of date: no kids got circumcised these days.

The au pair then took it upon herself to teach me genital hygiene. She seemed fascinated by my foreskin, having never seen one before. The first evening my parents went out, she made me undo my flies and produce my cock, and under the curious gaze of my sister, proceeded to examine this long sprig of unfamiliar flesh.

Under such attention I naturally enough rose to a stiff erection. Although impressed, she seemed surprised to see that my knob remained totally covered, and was horrified when I told her that I had never yet pulled my foreskin back. She accused me of being dirty and immediately took steps to 'rectify' the situation. Ignoring my protests, and watched with intense curiosity by my sister, she painstakingly stretched the skin back over my knob until it clipped into the groove behind – and there it was – my raw little knob, soaking wet, and feeling cold for the first time ever. With my sister following eagerly behind, I was led firmly by my erect prong into the bathroom "to have the filthy thing washed"!

The au pair liberally soaped her right hand and, wrapping it around my engorged penis, started rubbing it hard back and forth over the exposed glans, and the wet folds of skin trapped behind it, with a brisk wanking motion. I nearly took off at this rough treatment of my sensitive knob, but soon found myself swooning with delight at having my erect penis masturbated, and by a girl at that! I soon shuddered to a dry climax, whereupon she rehooded my deflated willy and tucked it back into my trousers. She and my sister were all flushed, and I realised afterwards that they had enjoyed the exercise nearly as much as I had. This 'cleansing' operation became a near nightly occurrence.

The result is that now I'm a hopeless wanker, and because my glans has become desensitised by so much direct friction, I am unable to achieve orgasm from the gentle friction of my girlfriend's vagina when muted through the intervening layer of foreskin.

There is absolutely no question of circumcision, since my girlfriend takes the traditional French view of it and, although I'm interested in the subject, it doesn't seem a good idea from what I've read about it. Does anyone have any bright ideas? Or can anyone tell me who 'La Fiorentina' is, and how she could help me perhaps.

*T.H.*

## The Kindest Cut Of All

**Circumcision for all ages as Russian Jewish immigrants exercise their rites.**

**By Raphael Sugarman**

**Published in *Urban Gazette* (New York, November 1992)**

“This will feel just like a little mosquito bite,” says Abrom Romichon, double edged scalpel in hand, as he prepares to circumcise young Boris Belfer.

Belfer wears a wan grin. “I have never had a mosquito bite in that area,” he says.

Belfer, 20, always knew that moving to America from Russia would mean new experiences. A second language. Freedom of expression. The challenge of life in New York City. A ritual circumcision. More than 75,000 Russian Jews have moved to New York in the last ten years – many of them settling in Brooklyn’s Brighton Beach – with more than 65,000 of them having arrived since 1989 alone. And for many, undergoing a ritual circumcision, or ‘bris’, is not only a necessary rite of Judaism, but a celebration of religious freedom in the U.S.

“Such a thing was not possible in our country,” says Boris’s mother. Religious rituals like circumcision were illegal in the old Soviet Union, and punishment could be severe.

Assisting Russian immigrants with circumcisions has long been the calling of a Brooklyn group called ‘Friends of Refugees of Eastern Europe’, or FREE. Founded in 1969 by Rabbi Hershel Okunov and his brother Meir, immigrants themselves, FREE has coordinated circumcisions for nearly 10,000 males. While at least half were between the ages of 10 and 20, many who have undergone the procedure were in their 30s and 40s and even older.

“My Rabbi told me that it might be dangerous for me to have this done at my age,” says 62-year-old Talman Kopelevitch. “But I was in the Russian Army and I was not scared. I feel much more clean physically and spiritually.”

Romichon, the ritual surgeon or ‘mohel’, estimates that he performs about 14 circumcisions a week at Brooklyn’s Interfaith Hospital. He used to award each patient a silver cup, but stopped when his list of patients reached into thousands.

The mohel is assisted by a ‘sandek’, or godfather, who performs the liturgical part of the ceremony, offering wine. Nearby is Aaron Pasternak, the coordinator of FREE’s circumcision programme, who was a chemist in Russia and chief of a military factory that built missiles. He has turned down lucrative job offers in the U.S. because, he says, “I believe in God, and this is a better job for someone who believes in God.”

Also near is Dr. Sung Kim, a urologist who supervises the procedure. "Circumcising an adult is not terribly more complicated than an infant," he says, "though an adult may require more stitches."

Boris Belfer's circumcision takes only an instant. He, who now adopts the Hebrew name, Berel, for Bear, looks down sheepishly as he is stitched and bandaged.

"Mazel tov," everyone cries as the godfather plants a kiss on his flushed cheek. "Before this I thought that I would never go to a synagogue, that I was not worthy," he said, "Now I can go."

FREE, which is affiliated with the Lubavitcher Hasidic group, also helps newly arrived residents find housing and employment, runs an accredited high school and summer camp, and organises social and educational programmes.

*Sent by Bil Brierley*

### **Answer To Anthony (3/96)**

- 1** Any kind of sliding movement of the foreskin has always been pleasurable to me. I think that many intact readers will confirm that merely retracting the foreskin is sometimes enough to produce an erection.
2. What does it feel like to retract? I can only equate it to baring my soul. Lytton Strachey found Jews aggressive because, to him, circumcision suggested an 'unsheathed sword.' If someone else pushes back my foreskin, the feeling is more intense because it usually prefaces oral sex.
3. Because it's not often exposed, the glans is very sensitive. If merely retracting the foreskin doesn't produce an erection, washing almost certainly will. Friction from, say, a towel can be painful.
4. Because I have been trying to loosen my foreskin, I retract it before urination. I believe many men have done this from boyhood. Apart from anything else, it helps aiming. If there is piss on the floor all around the toilet bowl, a man with an unretracted foreskin is most likely to blame.
5. Until recently I haven't been able to masturbate with my foreskin retracted. To me, masturbation has consisted specifically of rubbing the foreskin to and fro over the glans.
6. There seems to me now, there are no disadvantages to having a foreskin. There are disadvantages to having a tight foreskin, but that's another matter!

*Gary – London*

## Creation According To Ancient Egypt

Recently, there was a documentary on TV regarding the source of human creation as believed by a religion in Ancient Egypt.

Throughout time there were different gods worshipped in Egypt, each starting generally in smallish communities and spreading wide or disappearing after a few centuries. In all cases a temple was built to the god.

In the 1800's, Victorian archaeologists discovered a huge temple to one of these gods, in fact three temples in one. No facts were published on this temple because of the nature of the belief of the worshippers. Wall drawings in the temple showed that the God originally came up as a head out of the sea. He then fashioned his body to his own liking, turning out to be the human form as we know it. The drawings then show that he put the knob of his long penis in his mouth and masturbated until he filled his mouth with semen, swallowed it and regurgitated it as people. He later transferred some of this process to the women he created. Every morning the priests of the temple went into an inner sanctum and masturbated in his honour, and it seemed that masturbation by everyone was a high social and religious act, although nothing was said in the programme about the difference between solo and mutual.

Centuries later, when Christianity was riding high in the world, the Christians found the temple. In their ascetic disapproval of all pleasures of the flesh, they chipped off most of the penises in the wall drawings (those that were left seemed to still have their foreskins, so it must have been really ancient), and presumably let the desert consume the temple.

So when the Victorians found it again, they couldn't very well tell anyone at home as the national prudishness couldn't tolerate such a lump of history. Full marks for the TV company who broadcast the story, although I can't see it as bringing the greatest international pastime into the open.

D.A.

## As Puppy Dogs' Tails

**A medical article in *The Times*, by Dr Thomas Stuttford**

For at least a hundred years many breeds of working dogs have had their tails docked. The Royal College of Veterinary Surgeons has in recent years decided that tail docking is unnatural and an abuse of the puppy.

Doctors never like to be eclipsed by vets and so they have been having their own ethical discussions on a mutilating operation of infancy. The standards committee of the General Medical Council, the governing body of the medical profession, discussed the morality of cutting the foreskin off baby boys.

Circumcision is to some doctors every bit as much an outrage as docking puppy tails is to some vets. Boys occasionally may bleed, and in some unfortunate cases become infected.

The members of the G.M.C. debated the problem at length, and reached no conclusion. Further discussion with interested groups will take place.

Rather than improve the standards of circumcision so that the occasional baby boy does not bleed, or if he does, there is somebody there to arrest the haemorrhage, and to make certain that infection does not occur, many paediatricians have advocated that circumcision should be abandoned altogether, unless there is an obvious medical condition that it would rectify. The difficulty is that, whereas paediatricians see baby boys when they have only one use for the penis – to help them to urinate efficiently – other doctors later look after the man when the penis has a sexual function. One of the only three pieces of original research in which I have been involved was in evaluating the merits of circumcision.

For the survey, we questioned prostitutes who attended a busy genito-urinary clinic about the relative merits of sexual intercourse with circumcised and uncircumcised men.

Nobody would claim the survey was statistically sound, but the results were striking. More than 90% of the women, who were chosen as their views on the pleasures of sex were unclouded by emotion, and their experience wide-ranging, thought that sex with circumcised men was more pleasurable.

There is evidence from Australia and Kenya, countries where circumcision is related neither to social nor income group, that circumcised males suffer less from all genito-urinary infections, including HIV. Whereas doubt is now cast on statistics that circumcision is associated with a lower incidence of cervical cancer in their partners, figures show it is related to a reduced likelihood of developing cancer of the penis and a disabling skin condition, balanitis xerotica obliterans (bxx).

I do not suppose a week went past in the busy genito-urinary clinic I attended in which I did not see a case of bxx, and hence a man who wished that he had been circumcised in childhood.

*Sent in by several members.*

## **A Letter In Reply To The Above Article**

**D**ear Dr Stuttaford,

Thank you very much indeed for your article on male circumcision. Almost all other pieces written in the press on this subject are so anti, it is refreshing to have the pro points put so gently and so well. I hope this note gives you some

comfort for your bravery in expressing your positive convictions against some of the shrill letters which may reach you from the other side of the divide.

Perhaps through your contacts in the medical profession, you might pass on the message from my generation, born in the middle of this century when neonatal circumcision was widely practiced. It is to say that the great majority of us are well pleased with the hygienic, health and sexual benefits that this operation has given us. This is no lone voice; I have canvassed many friends and read surveys which confirm it. Our main frustration is that, due to changing and prevailing fashion, we have been prevented from passing on these perceived advantages to our sons! Many will say that our GPs placed every obstacle in the way of our request or inquiry.

Of course there are a few dissenting voices from our company as statistically you might expect. These are largely due to botched and mutilating surgery or poor parental counselling. Unfortunately, doctors have tended to regard circumcision with some contempt, as a trivial operation to be delegated to the junior and the inexperienced. In consequence, the results have not always been of a standard that the patient has every right to expect. To its owner, the penis is as much a vital organ as the eye, brain or heart, and is worthy of care and competence, both to avoid complications and achieve a good cosmetic result. Much of the criticism which is levelled at circumcision should be an indictment of the operator, not the procedure.

A large ambition of medicine in modern times has been aimed at prevention. Hence we are advised to modify our diets and our lifestyles (but not our penis) to avoid trouble ahead. At-risk groups for some cancers are continually being identified and are advised to undergo preventive surgery, even to the extent of mastectomy! Isn't it strange that in the singular of male circumcision the medical profession turns proven practice upside down? Moreover, we are not offered the choice as many other patients are in elective surgery when doctors feel the responsibility of decision is too great for a professional. There is a very good case for a clear document setting out the pros and cons of circumcision. This could be included in all maternity packs and parents left to decide. If they wish to have their son circumcised then this should be respected and the operation carried out with care and competence on request. We are, after all, allowed to take many other decisions on behalf of our children which have more far-reaching consequences in shaping their lives.

It was good to know from your report that the General Medical Council Committee have as yet reached no conclusion. I note they are to enter further consultations with interested groups. Doubtless these will be ethnic and religious communities where circumcision is upheld as part of their religion and culture. I think it is important that the larger group to which I belong, who have no other label than their conviction in the value of an age old procedure and their wish to see it carried out competently, should also be heard. Perhaps you may find a way of advancing awareness of this to your

colleagues in Council and the wider public through your journalism, which I always follow and appreciate.

G.D.

## The Good Sex Guide – Late, Discussion

In a recent edition of *The Good Sex Guide – Late*, the team spent about ten minutes discussing circumcision. The host, Toyah Wilcox, kicked off by posing the question – Does having a foreskin give you more sexual sensation and make you a better lover? She went on to say that in the U.S. more than 80% of Americans are circumcised, but that Americans are increasingly feeling incomplete and want their foreskins back. Footage was then shown of an American, assisted by his wife, fitting a weighted foreskin stretcher to his circumcised penis with surgical tape.

Toyah then turned to the programme's resident doctor, Ian Banks, who described the operation and then referred to the film, saying that the fact that the procedure took from two to six years before anything remotely resembling a proper foreskin was achieved showed the depth of feeling and the degree of importance it held for those who didn't like being circumcised. This was to the shame of the medical profession who had a lot to answer for, since there were no good reasons for performing the operation, only excuses. The vast majority of problems arising disappear of their own accord in time.

Toyah then said that she had received lots of letters from men worried about how women react to circumcision, and was there a difference sexually; would they be missing something? Ian replied that common sense dictates that if you cut off a sensitive structure loaded with nerve endings, there was bound to be a degradation in feeling, but those circumcised in infancy would have nothing to compare it with, so wouldn't know what they were missing.

Toyah then turned to the other team member, Suzi Hayman, and asked her what women thought about circumcised penises and foreskins. Suzi gave the diplomatic answer that women would usually stand up for the sort of penis sported by the guy they were sleeping with at the time. Whilst some thought that the circumcised penis looked 'prettier' and appeared cleaner – giving rise to the hygiene myth – women with uncircumcised partners found the foreskin much more fun to masturbate, and thought the foreskin 'prettier', with the frilly bit at the tip being particularly attractive.

Ian Banks then spoke again about the dedication needed for stretching the penile skin to form a foreskin, and said that skin grafts did not work and usually looked awful. Toyah picked this point up and said she had received a sad letter from a man circumcised as a baby, who was done so badly he needed a skin graft. Now he was grown up he was aware that his penis was totally disfigured and wanted to know if another operation would help. Suzi

said he should go to his doctor – procedures had improved over the years. She said that there were really deep feelings involved for so many men who feel mutilated by the operation, castrated even, and were aware that something precious had been taken away from them by their parents and the medical profession.

Ian Banks then mentioned paraphimosis, and explained the procedure for reducing it by squeezing until the foreskin popped forward again, whereupon Toyah said that some of her teenage boyfriends had been circumcised because of a torn frenulum. Ian said that it was a minor problem and that circumcision need not have been carried out. Suzi intervened, suggesting that boys and girls should curb their natural enthusiasm in handling the penis and use a lubricant to avoid tearing the frenulum. She then closed the discussion by saying, with conviction, that the body should be left as nature designed it.

I go into the detail of this extract because it indicates how much the message conveyed by NORM UK is getting through. After our joint letter was published in the *British Medical Journal* deploring circumcision and the damage it causes, of which I was proud to be a signatory, the reaction from the media and public at large has been intense. Several young people's magazines have published articles supporting our (NORM's) point of view (*Marie Clare*, *Cosmopolitan* and others are said to be in the pipeline), and there have been a number of articles in the national press, some mentioned in *Acorn*, not to mention reports on radio and TV.

Now, finally, a serious national tabloid is offering to publish a full page spread on the problems caused by circumcision, giving case histories of victims and their wives, on condition of finding someone prepared to come up front and be photographed for the article. Herein lies the problem. The main reason NORM did not exist decades ago is the very private nature of the distress felt by men circumcised in infancy, and the shame they feel in admitting their state to others or even discussing it. Consequently we are having a problem finding someone courageous enough to stand up and make his feelings public. Would any of our (*Acorn's*) disgruntled circumcisees be prepared to have a go? If so, please waste no time but get in touch with David Smith, NORM UK, PO Box 71, Stone, Staffs. ST15 0SF.

R.B.W.

## I Like 'Em Cut

A friend of mine has shown me *Acorn*, which I must say is most professionally reproduced. It was Issue 3/96. For what it is worth I offer some observations, but please do not identify me in any way. Nor do I want any correspondence with men. Okay?



In answer to your question, "What do women prefer?", may I, as an Englishwoman, say a circumcised penis, unquestionably. It is both aesthetically and physically more pleasing. But there is another matter. I remember in my teens it used to be said that a boy/man who was circumcised was far more virile, and that he had been 'done' to stop him masturbating. Of course, that's rather extreme, but I would have thought that it reduces the opportunity. From my point of view I can confirm the American research on every point: indeed, there is no way I would fellate an uncircumcised man. Absolutely no way! A friend of mine who is what might be described as a 'professional therapist' sees all shapes and sizes, and takes a similar view. As soon as she sees an uncircumcised penis the condom goes on immediately. And that used to happen before there was ever a risk of AIDS. Condoms were de rigueur for foreskins but, because she had her own protection, not required for muscles that were cleancut. Indeed, she actually enjoyed some of her clients in the latter category.

If Princess Di refused to allow her sons to be circumcised, all I can say is that it just goes to prove what a stupid woman she is.

*Mrs X.*

## Soreskin

### From *Forum* magazine, Vol 28/11: Adviser Queries.

**Q:** As an older reader, I would have liked to have been circumcised earlier in life, but really there was no medical reason for it. However, I am finding now that when I masturbate, which I still do fairly frequently, the piece of skin which attaches the underside of the shaft to the glans gets rather sore, as I have a tendency to pull back fairly vigorously.

I've been wondering if it would be advisable to slit through this piece of skin to allow easier retraction of the shaft and relieve the soreness.

Your experienced advice and the best method of carrying it out (or not) would be much appreciated.

**A:** The piece of skin you refer to is the frenulum and it contains a small artery called the frenal artery. Although this artery will vary in size, if cut it can bleed in a very troublesome manner and may need ligation or cauterisation in order to control it. The scar left may remain tender and weak, and show a tendency to split after vigorous intercourse.

It happens on occasions that this slip of skin is so short and tight on erection that intercourse is painful and the frenulum is torn – and once torn, the tendency will be for recurrence. In this case, division of this may be needed, and sometimes the skin can be divided, leaving the artery intact. Nevertheless, the problems of the weak and tender scar remain.

As in any surgical procedure, the possible end result must be weighed against the reason for any operation being performed – there should be compelling reasons for any operation and the benefits expected must seem to outweigh any possible disadvantages. On balance, I would say that it would be better to try to be less vigorous in your manipulations, and use liberal amounts of some lubricating cream, such as KY Jelly, body lotion or any suitable face cream, for three months and see how you get on. I would not be in a hurry to proceed to surgery.

*Richard*

## Question Corner (1)

Still talking about the frenulum. This must be the point where the artery going through the penis turns into the returning veins. Having indulged in a heavy amount of self-inspection, I notice that as soon as the major vein leaves the frenulum it divides into four or five still largish veins, one of which turns a right angle going around the tip of the foreskin before turning another right angle to go down the length of the shaft, on the top side, to the root. This vein is always obvious if you look at pictures of a penis with a foreskin, but is missing in the circumcised. The other veins coming from the frenulum artery also move around the foreskin, joining each other at times like country lanes, before journeying down to the root.

So, during circumcision all these veins are severed, and in some cases the frenulum artery itself. The inner foreskin is also covered in a myriad of tiny veins, red this time, not blue. Obviously, circumcision does nothing to impede the flow of blood around the area, but why should they be there in the first place if they can be done without?

*D.A.*

## Question Corner (2)

Recently, in the local library, I leafed through a book entitled, *The Bible: Myth and Medicine* by Margaret Lloyd Davies and T.A. Lloyd Davies. In a section on circumcision, it states that, traditionally, “circumcision was performed by banging the foreskin between two sharp stones (usually of flint)” There is a reference to Joshua 5:2. I have never heard of this method before. I had always assumed that flint knives had sharp edges and that the foreskin was cut off. Banging between two stones seems a highly inefficient and painful method since, surely, it would just leave a mess of mutilated skin. Can anyone throw a light on this?

In the same section of the book, there is reference to soldiers in the Gulf War requiring circumcision because of balanitis caused by sand. I have seen similar references to circumcision being necessary for soldiers serving in the

African Campaign during the Second World War. Are these stories merely anecdotal, apocryphal, or is there any published evidence/references to this actually taking place?

*Ivan Goodhart*

## Restoration

As I said in newsletter 7/95, I am very happy with my restored foreskin, achieved entirely by stretching. There is only one thing that is missing, and that is a tight ring of skin at the tip, which would presumably require minor surgery, though I am not sure what benefits it would give me.

It has been said in your columns that the purpose of the frenulum is 'to flip the foreskin back in place'. But it seems to me that the tight ring at the tip of the foreskin is:-

- a) to hold it back behind the glans when wanted.
- b) to flip it forward when not wanted.

Any comments please.

*I.D. – Herts*

[You're quite right. The tight ring will do that, but only if your foreskin is tightish at the tip. You would then think that a loose foreskin would move back and forward with no motive, but it doesn't, so it has to be the frenulum that pulls it forward, unless, of course it is the sheer bulk of foreskin behind the glans which forces itself over. Any other comments. — D.A.]

## Prisoners Circumcised In The Madras War of 1780

Raleigh Trevelyan's family was linked by marriage with the Macaulays. Both families were actively involved in the British administration of India for more than two centuries. Raleigh spent his early years there before attending the famous public school at Winchester, and later developed a career as an author and publisher. His book, *The Golden Oriole* (New York, Viking Penguin, 1987) is the tale of his Indian travels, motivated by the wish to visit the places associated with his distinguished relatives. The story is interspersed with accounts of the leading parts they played in the historical events of India.

One relative, Colin Macaulay, was born in 1760 and enlisted in 1777. In the very junior rank of ensign he served in the Madras army in 1780, when the Indian ruler Hyder Ali, furious at a breach of faith by the British, launched the Second Madras War, ably assisted by his son Tipu. The small British garrisons were rapidly overwhelmed and those not killed in the attack were

imprisoned in dungeons at Seringpatam. In March 1781 all officers were put in heavy irons, chained together in pairs. Trevelyan (p.352-3) writes that many of the prisoners had “been forcefully converted to the Moslem faith, involving circumcision. As time went on, more circumcisions took place, the youngest and handsomest soldiers usually being chosen.”

Reading the diary of one of Colin’s companions, Thomson, one is surprised by the number of European boys who were brought in. Some were drummer boys, but others came from ships. On December 11th 1782, forty-seven seamen were mentioned as having arrived, sixteen of them not more than twelve or thirteen, all being immediately circumcised.

At my public school in the 1940’s, to see anybody uncircumcised at the swimming pool, where we bathed naked, was a matter of curiosity. In the eighteenth century, the “vile” practice of circumcision was regarded, according to Thomson’s diary, as something that “every Christian of the universe abhors”. A captive sergeant, writing to Captain Lucas, told how he and some other soldiers had been dragged out, stripped and shaved all over, then left lying in a state of “cruel uncertainty”. At last they had been given doses of the drug majum, and a dark-skinned surgeon had come in to do the deed, while some ‘caffres’, presumably rough workmen, held them down. The drug had “wrought differently”, some men becoming insensible, others not at all. The eventual pain in any case was dreadful. They had remained “under cure” for a month, and afterwards had been compelled to give drill instruction to Tipu’s battalion of captured Carnatic boys. A silver pearl was put in the right ear as a badge of servitude. Sometimes Colin and the rest would see the European boys on a roof-top: the boys would make signals, and “in floods of tears” remove their turbans.

At the end of March 1784, the prisoners were told that peace had been made. The irons were knocked off, and Colin and other captives went home on leave. Tipu secretly kept about a hundred men and boys in his service, but by 1796 only nineteen had survived, the rest having perished through “ill-usage”. Those nineteen had been trained to sing and dance, but were put to death in case they would be discovered. The (presumably) circumcised Colin was promoted to Captain in 1796, and continued to serve in the army as private secretary to General Harris, the Commander-in-chief. He was promoted to general and retired in 1828. By 1833, he was MP for Saltash and died in Clifton aged 76. W.Thomson’s two volumes of diaries were published as *Memoirs of the Late War in Asia* (London 1838).

Tony Acorn

# ACORN

Issue  
No 7 1996  
Editor  
David Acorn

## Editorial

Not much to say this time. By the time you get this edition the meeting in High Wycombe will be over. I know from the names who are coming that I will be making new friends as quite a few have never attended a meeting before.

For the benefit of the new members: we have an ongoing item called Contact Corner. If you wish to get into correspondence with other members, just write an ad, putting down what you're interested in and what you expect from others. Post through me and see what happens.

Again, for the new members. I have many of them write or call me asking for an interpretation of the correct names for items of the male genitalia. You'll find this on the last page. I would just like to say here, that if there is anything you don't understand with our subject, or have any other queries, please don't hesitate to ask.

*David*

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Printed & Published in England by The Acorn Society  
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## Correspondence

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## Reply To 'Finding Out' — 5/96

I am now 76 years of age and have lived with a fairly tight foreskin which tapers to a long end. My foreskin does not roll back when I get erect, although I regularly retract the skin for penile hygiene and for other sexual reasons if I so choose. My father was a Jewish GP, my mother a Christian, and I was brought up in the evangelical religion. I never received any sexual enlightenment from my parents. My foreskin was never retracted. I was never told to wash under there. Even after I had full sexual intercourse my foreskin was not retracted, although I guess my glans would project from the foreskin while in the vagina.

At some time, when I was having regular and frequent intercourse, I developed a terrible infection caused by the accumulated smegma. A specialist doctor was the first to pull my foreskin back. I was taken aback and enormously surprised. I vividly remember the disgust of the doctor at what he had found. I was treated with a silver-containing ointment and given a cleaning solution, and have kept clean ever since.

I have always been very sexually active and being lucky in having found an equally sex-orientated wife. We normally had intercourse 10 to 12 times a week, now having fallen back to 2 to 3 times a week. I enter the vagina normally with the foreskin not retracted, but I am certain it does retract inside the vagina, although when pulling full back during thrusting so as to leave and re-enter the vagina, my foreskin slips back on again. I feel uncomfortable with a naked glans, and only enter the vagina with a retracted foreskin on rare occasions. If I use plenty of lubricant on my penis, I can enter and thrust with the foreskin always covering my glans. My wife takes great delight when I pleasure her clitoris with my foreskin, and much of our foreplay activity is with my erect penis sliding along the inner vaginal lips, meeting the clit. I usually hold down my foreskin to pass over her clit, thus pleasuring myself and her simultaneously. My most intense pleasures all come from the foreskin. The foreskin loses some of its sensitivity after it is first retracted. In oral sex my foreskin remains forward, by my choice, though for variety I occasionally bare my glans.

I cannot imagine how my first girlfriend could stand being near to what must have been a very smelly organ, and kiss and suck it. However, this she did. Much later I had the chance to ask her how she could have done this. She was a virgin until we made love and didn't know better, she told me, and, "I used to wash it with my saliva." Now, there was love indeed!

In conclusion. Although my foreskin was, and still is, tight, it is retractable. My first retraction occurred comparatively late in my love life, and it did hurt, although only momentarily, but not after that. We are, of course, all different, and there are of course plenty of cases of phimosis which do need circumcision.

The condition the writer also describes, bending of the penis, is, of course, the well-known Peryones Disease and to my knowledge can occur to both roundheads and cavaliers, but seems to occur more frequently with roundheads.

*J.T.D.*

## My Penis

May I offer to those interested a few observations based on my own circumcised penis?

The remaining skin on the upper side is of exact length to fit the erect penis when at right-angles to the body. On the underside there is three inches from the glans to the scrotal skin. Thus, if fingers are placed at the intersection of the penis with the pubic bone, the skin of the upper side of the penis is taut and no movement possible. This, however, does not mean that the shaft is covered by a drum taut piece of skin. It is possible to pull the shaft skin 3" to 4" away from the body at the root of the penis (giving a bell tent effect). This effect is greatest with the penis pointing towards the navel, and non-existent pointing below horizontal. On the underside the scrotum could be connected to the glans and there still be some spare movement. All this allows adequate mobile skin for draining urine and masturbation, particularly by a woman. Anybody considering circumcision and expecting a drum-tight effect, be warned; it would be that radical the penis would need almost complete flaying, and a very stiff erection. However, you still lose a piece of skin, by my reckoning, about the size of half a page of *Acorn* – can't be bad.

And on the point concerning sensitivity of the glans (which is only as sensitive as the sole of the foot anyway), if circumcised, it is certainly less sensitive to light touch. But all the nerve endings are still there, and moisture seems to soften and re-sensitise the glans, as during intercourse, fellatio, or particularly, your missus giving you a slow, soapy one in the bath! The tugging effect of the shaft skin on the glans is also very pleasant, and many masturbation techniques don't even employ glans contact at all, yet lead to exotic orgasms. This is speculative as I've never seen it on any diagrams, but it's always seemed to me that there is an orgasmic centre like a little clitoris buried somewhere towards the centre and rear of the glans somewhere below the coronal ridge, and can be stimulated with downward and forward pressure by the thumb in the coronal groove, top centre of the penis. My ex-wife was a master of this, using circular movements of the thumb in a thumb and three-finger, push-pull, claw-like grip just behind the coronal ridge, palm over glans, leading to exquisite orgasms with minimal movement or effort.

Lastly, concerning D.A.'s question "Does the glans sweat?" Yes, I think it does, or something very similar. If the glans is placed in contact with a plastic sheet, such as the plastic sleeve one might find on a paperback book, it very

quickly becomes moist from some secretion which dries to a rather nice glaze. It also tans readily in the sun – odd, surely for an ‘internal’ organ.

Question:-

Is a small glans more sensitive than a large one? Does everybody have the same number of nerve endings, or are they on a number/area basis?

A.K.

## My Circumcision

Circumcision was totally new and unknown to me until about the age of 12 or 13, and even then I didn't fully know what it was.

I think I discovered it by accident when I was walking along my local beach (which is probably how I discovered naturism as well!), when I came across a naked man sunbathing, and who appeared to be asleep. Believe it or not, I actually went back to have another look, and I think from then on I was taking a closer look at other boys' and men's willies.

A few times I would try to keep my foreskin pulled back, which I found a quite pleasant sensation, even if one effect of doing this was that I would start dribbling. After a while my foreskin just seemed to do as it pleased, and with it being so long I was surprised it stayed back as long as it did.

When I left school I started to write to several people all over the country, both male and female, but the females never wrote for long and they didn't seem to want to write about much, anyway. My naturist interest was now starting to grow and so did my group of naturist friends, the majority of whom were male, and several of them just happened to be circumcised.

At the same time I was visiting the beach whenever I could, and always preferred to walk up to what I called the 'quiet end' as I wasn't too keen on big crowds or noisy families. Even then it took quite a while and some coaching for me to strip off fully and let others see my foreskin was pulled back.

Anyway, I started asking a few questions with friends who were circumcised, and even wrote a few letters to various magazines asking if they could help. I think it was in 1989 when I managed to get the address of a clinic in London who did the operation for about £150 as an outpatient, after being advised that it was unlikely that I could get it done on the NHS unless I had a very good reason.

I wrote off, asking every question I could think of, and telling them what I wanted. They weren't too bad at giving advice and about a year later, when I was 25, I made an appointment and sent a deposit, which was a lot for me then.



I took a day off work and went down by bus on my own, telling no-one I was being circumcised, which I now think was quite brave of me as I didn't really know London, or know what I would feel like after the op. Anyway, when I got there I had a chat with the surgeon as to what I wanted and what he was going to do. He gave me one of those silly back-to-front gowns and told me to strip off my shoes, trousers and knickers, then go into the operating room.

Once in, he told me to lay on the operating table on my back and just relax. As I did so the nurse came over and pulled up my gown to shave me, but made a comment when she was pleasantly surprised to find that my willy was already clean-shaven (but that's another story). The surgeon then gave me several injections around the base of my willy to numb the area, and this I must admit was the most painful part of the operation, especially as I don't like needles. But it wasn't long before my willy was totally numb and I couldn't feel a thing.

Next, my willy was cleaned with a surgical solution and marked out for the op., then some sheeting put around to protect my clothing from any unwanted mess etc. At this point I wasn't going to watch any more, but can honestly say I didn't feel a thing but can just about remember a slight smell of burning as blood vessels were sealed, and then some pulling on my willy as he stitched it up. Lots of bandages went on, leaving just the smallest of holes for me to wee through.

When I got dressed I had some trouble getting my knickers on fully as there was so much bandaging, the size of the bulge being quite noticeable, even impressing me, but I knew it wasn't all mine.

After I'd dressed, the nurse came out to check the dressing and even added some more where the blood was starting to seep through. She advised me to wear some plastic pants for the next few weeks to save any blood staining my trousers, and then gave me a prescription for painkillers, antibiotics and some cleansing solution to wash my willy with. I was also given two A4 typed sheets of what I should and should not do, what to expect, and an emergency telephone number should there be any problems.

Once back home I was back at work the next day as if nothing had happened, and luckily my overalls covered the tell-tale bulge in my trousers, but it was a week before I took the first bandages off and had a much wanted bath. I must admit my willy didn't look a pretty sight, almost like a burnt sausage, and quite tender when the water touched it for the first time. It was also about twice as thick as usual (which would impress I'm sure). After this bath I put new bandages on, which wasn't the easiest thing to do, and from then on the bandages got smaller over the next few months as I washed my willy more and more and it started getting back to its normal size. After about six weeks the stitches started to dissolve, which I was glad of as they were starting to annoy me.

I went to stay with a naturist friend at about the tenth week, not expecting any naturist activity, especially as I was still using bandages on my willy, it being a little delicate. Anyway, it turned out that a few friends had been invited round for a small naturist social, some of whom I knew and some I didn't. I explained to my friend and showed him my bandaged willy, which he was pleasantly surprised about, and told me not to worry as no one would mind or expect an explanation as they would probably guess anyway. One or two of them already had an idea that I was thinking about a circumcision, and it turned out that they were all impressed that I had gone ahead with it and couldn't wait to see the unveiling.

When I did get rid of the bandages completely the sensation on my glans was quite overwhelming, and it wasn't long before I started dribbling. Even now, some years later, I'm having similar feelings when the underside of my willy rubs against something, and one friend has started putting tissues down when I visit.

On the whole I'm glad I had it done. I'm only sorry that I didn't have it done earlier as I would have liked my shaft skin to have been tighter, which seems is best if it's done much earlier. What has surprised me a little is the number of friends, even close relatives, who saw me nude before I was circumcised, have seen me since, but have never mentioned anything about my circumcision. Mind you, I'm lucky that I managed to get some nude photos of before I was circumcised, and some after as well!

*R.L. – Notts.*

## Politically Correct

I have been an interested reader of *Acorn* for a few years now and there is one aspect that has never been covered, the association of circumcision with political views. It used to be true that circumcision was a class thing and therefore Tory men were much more likely to have been circumcised than Socialist men, but I've a feeling that these days, things could be slightly different. Since your organisation preserves anonymity anyway, why not ask your members to give their political leanings when they declare their penile preferences, just to see? You would also need to get their religious persuasion so that Jews and Muslims could be disregarded, since they are 'captive' roundheads, so to speak.

I was brought up in a wealthy family back in the fifties and, as a girl, all the males I knew, including my brothers and schoolfriends were circumcised. My first realisation that there was an alternative version occurred when I was 10. Four of us, two boys and two girls, used to play tennis on an old secluded court behind our house. After a couple of games one day, my friend, who was considered to be a fearless 'tomboy' and tried to live up to it, said she needed a wee but couldn't be bothered to walk round to the house. So

she dropped her knickers and peed at the side of the court in full view of us all! The boys were shocked to the core at first, much to our amusement, but then decided they couldn't be outdone by a girl, so both got their cocks out and peed too. It was then that I saw my first foreskin because only one of the boys had been circumcised, the other peeing from a long hose of skin at the end of his knob. We soon found much more exciting things to do than playing tennis, and after an exploratory spell of mutual comparison, we graduated to touching and feeling, where I discovered the dynamics of the uncircumcised penis with the very noticeable difference in handling characteristics. Although we all eventually managed to give each other orgasms, we never actually tried intercourse. It was, nevertheless, the most stimulating sexual episode I can remember.

Thereafter, most of my boyfriends were circumcised, and it wasn't till I went to college and was able to get away from my background that I first experienced full sex with uncircumcised men. At the same time I was going through an 'equality' episode and felt considerable satisfaction in getting away from my privileged lifestyle and bucking the system, but I don't remember being all that interested in the difference between the peeled and unpeeled versions of the penis – mainly because differences are not apparent in the sex act when both are in action mode with all the covers off, although wanking is a different matter, of course.

My first husband, who was a member of my social circle, was circumcised. He was a dead loss as a lover, although I doubt if his circumcision had much to do with it – he was just plain selfish when it came to sex and often left me high, dry and gasping. He seemed to get little stimulation from normal sex, and often pulled out and used his hand to come, just when I was getting seriously orgasmic. Eventually I divorced him and five years ago married my present husband who has a long and tight foreskin.

Like me, he came from a wealthy background, but, unlike me, he was brought up in what is now known as a 'champagne Socialist' family. His parents were well-off with a posh house in Hampstead, but both were ardent left-wingers, much interested in peace movements and rights demonstrations. When my husband was born in a local hospital, the nurse came to see his mum and said the doctor had asked her to fetch the baby for his 'little op'. Apparently it was standard practice in that hospital to circumcise all babies in the fee-paying ward, and if any mum objected, the doctor sweet-talked her into having it done, so that virtually all the infants of the better-off had their wicks trimmed.

Anyway, when she heard what they wanted to do she went off her trolley and said that if the doctor tried to circumcise her son she'd take a pair of boltcroppers to his cock! So junior went home with a pristine penis and his mum in a state of righteous satisfaction that her son was not going to be identified with the despised upper class from which she sprung.

Eventually my husband joined the army and went to the military college at Sandhurst, much to his mother's annoyance – she wanted him to be an actor or playwright. He had previously gone to a fee-paying school, of course, and was aware that he was in a minority, since a lot of boys in those days were circumcised, but it never troubled him. In fact he found it rather an asset in the dormitory after lights out when the boys took up 'wanking stations' with a partner for mutual masturbation. He was apparently always in demand, presumably because of curiosity about, and possibly envy of, his foreskin and the ease of manipulating it.

He also tells of amusing episodes at Sandhurst. In particular, junior cadets' gymnastics, where some 200 cadets were paraded in the nude for the compulsory shower afterwards. He was interested to see that a good half of the cadets in his company were uncircumcised. The overseas cadets were interesting because the Moslems were very unhappy about undressing before others, but the Hindus and Buddhists couldn't care less. He thought that the difference in attitude was because the Moslems were sensitive about their circumcised penises, whereas the Hindus and Buddhists were all uncircumcised. He had the feeling that the roundheads were much more shy about their cocks than the cavaliers. He said it was the most hilarious thing to see 200 young men charging around the gym with their cocks and bollocks flopping about all over the place, and the variety in size and appearance would keep one of your statisticians happy for a month – I'd loved to have seen it! One interesting point was the fact that most cadets destined for Highland regiments were uncircumcised because 'a Jewish cock doesn't look right under a kilt'.

I enjoy having my husband's foreskin to play with and now look on it as a luxury, although previously I wouldn't have been so appreciative. However, his foreskin is very tight, and in fact, so tight that he cannot under normal circumstances uncover more than the very tip of his glans. He says his mother was unconcerned about it as a child, and anyway, he's not aware of any problems with it. He has no trouble at all in performing the sex act to his entire satisfaction – and mine. He suffers no pain on insertion and I love the feel of his skin moving inside me. In masturbation too, he has no problems. His skin is long enough for me to work it the whole length of his penis, and he loves it when I do so. He reckons on keeping it clean by urinating into the skin and forcing it out in a rush, and in the bath he can get hot water inside it by pulling his skin forward and pulling the opening apart with both hands. Neither of us have any plans to alter the situation – I can't imagine sex could be any better than it is already.

I thought you might be interested in circumcision attitudes in that centre of upper class privilege, Eton college. A survey entitled *Evaluation of the Routine Examination of 13-year-old Public School Pupils*, done by Dr. J.H. Briscoe in 1978, shows that 48% of the boys born between 1953 and 1965 had been circumcised. If you deduct the high proportion of boys from rich Jewish and

Arab families you get a clear picture that a majority of the upper strata of British society had forsaken circumcision by then. Now that Princess Di has set her own trend in this matter by preserving the Princes' foreskins, you can be pretty sure that the vast majority of the upper classes have followed suit and stopped circumcising their kids. Comments anybody?

*Cynthia Armstrong – Finchley*

[It might be of interest to members to see some of the tables in the above mentioned survey. Note circumcision as an illness. — D.A.]

#### **Incidence of Past Illnesses**

	%		%		%
Chickenpox .....	92	Asthma .....	7.3	Infective Hepatitis ....	0.7
Measles .....	78	Appendicectomy ...	7.0	Rheumatic Fever .....	0.4
Mumps .....	58	All Allergies .....	6.3	Urticaria .....	0.4
Rubella .....	55	Eczema .....	5.8	Aspirin Allergy .....	0.4
Circumcision .....	48	Fracture .....	4.9	Acute Nephritis .....	0.3
Tonsillectomy .....	36	Chest Infection ....	3.7	Psychiatric Illness ....	0.3
Refractive Error ....	18	Herniorrhaphy .....	3.3	Diabetes Mellitis .....	0.2
Whooping Cough ...	17	Penicillin Allergy ...	2.9	Congenital Heart	
Dental Plate .....	15	Orchidopexy .....	1.9	Disease .....	0.1
Otitis Media .....	14	Glandular Fever ...	1.7	Torsion of Testicle ....	0.1
Hay Fever .....	12	Squint Op. ....	1.5	Poliomyelitis .....	0.1
Broken Incisor .....	9.1	Scarlet fever .....	1.2	Diphtheria .....	0.1

#### **Incidence of Conditions Requiring Investigation or Treatment**

	%
Warts (including verrucae) ...	4.3
Obesity .....	3.7
Refractive Error .....	3.1
Eczema .....	2.4
Phimosis .....	2.0
Poor Posture .....	1.0
Stutter .....	1.0
Asthma .....	0.9
Undescended Testicle .....	0.9
Enuresis .....	0.8
Urticaria .....	0.5
Dental Caries .....	0.2
Glycosuria .....	0.1
Congenital Heart Disease ....	0.1

## Smooth And Cut

As many *Acorn* readers will know from my past correspondence and articles, I am not only very proud to be circumcised (from birth) but also a completely dedicated total 'smoothie' for life. In a nude environment I have an incredible feeling of openness, hiding absolutely nothing at all.

With this all in mind (it seldom is out of my mind, often highlighted by appreciative comments being made to me in naturist environments such as clubs and saunas), I inevitably found interest in the letter in Issue 4/96 from J.F. – London, where he expresses largely like-minded thoughts.

Although J.F. has experienced the joys of being circumcised for only about a quarter of his life, he completely endorses views I have always held that to be circumcised is more hygienic, provides better staying power during intercourse, and is aesthetically so pleasing – especially so when nude with others – as well as having various other well-documented advantages.

Like J.F., I am married and, together with my wife, am a keen naturist and freely admit that to be circumcised in a situation where everyone is naked gives one an incredible feeling of openness amongst others. But to be *totally* open and exposed at his naturist club, J.F. really must, like his wife, try shaving (at least pubically) as well! I have been pubically shaved for some 20 years now and totally shaven (except my head) for about 7 years and, with my excellently crafted circumcision (thanks, Doc!), I appear in naturist environments totally open and *barer than nude* – incidentally the title of the journal of *The Smoothie Club* to which I have belonged for some years. Furthermore, I can assure J.F., from my own experiences, that to be circumcised, smooth, and have a partner who is smooth also heightens the intimacy of sex a thousandfold. This is so for both oral sex – whether heterosexual or gay (no nasty hairs plus totally clean fully exposed knob) as well as during full penetrative hetero intercourse which is magnificent!

Like J.F. I often fantasise about meeting a collection of circumcised guys – even more so if they are shaved as well – perhaps in a sauna or in the privacy of a building where such social nudity would be acceptable for an evening. But why not go the whole hog? The erect penis is so much more interesting to see and perhaps best for J.F.'s group photo, though his essential line-up and inspection would obviously be better carried out on the flaccid organs to stop any foreskins infiltrating! Which other *Acorns* would be interested?

I have written separately to J.F. endorsing his views and showing my keenness to be involved in any meetings he may care to organise. My comments in this article are naturally in no way to be considered insulting to my many friends who still choose to remain intact and/or hirsute!

J.H. – Middx.

## Counsellors

In response to the short item from G.C. – Staffs (4/96), there seems to be a need for some kind of personal counselling about penile matters, including circumcision and its effects. While I agree wholeheartedly with David that counsellors must be impartial, this is difficult to guarantee in many areas of counselling. People, being people, are not perfect and do have their own bias and hang-ups, even if well-hidden and controlled. This applies even to counsellors; professional training does serve to make one more aware of potential personal bias and how best to deal with it, but no counsellor is perfect and many are far from this ideal.

I do feel that *Acorn* could offer more than an indirect approach to counselling through its pages. As a young man I had a very big hang-up about my status as a circumcised male; it caused me many mental agonies for many years. It was only in my middle thirties that I began to realise the true source of my sexual and penile concerns, narrowing it down to the fact that I had been circumcised as an infant and never told about it by my parents. Some personal counselling from someone who could understand would have saved me untold mental misery and uncertainty about my sexuality. I am certain I am not alone, and the contents of your pages indicates that there are many who could benefit from personal correspondence with another who would understand and help bring about a wider and more balanced view of a person's concerns or problems. I particularly note the number of men who feel that they would prefer to be circumcised, but are unsure about actually going ahead. Equally, there are those who have been cut, either through choice or before they were old enough to be aware, who experience psychological, sexual or physical problems because of their circumcision or the finished result being far from acceptable.

While the newsletter and the contact service does offer some help, there does appear to be a valid need for something more in the area of personal support and discussion. I use these terms in preference to actual counselling. While being a roundhead or cavalier may naturally lead any man to some preference for or against the cut for many different reasons, there are many well balanced males who have no major bias one way or the other. As a roundhead, happy to be so, I equally understand a man who should be deciding to keep his foreskin as I do someone who has a preference and makes a fully informed decision to be cut. There is a great support and confidence to be gained from being able to discuss these matters openly with an understanding friend who is willing and able to listen and draw out the deeper concerns that may be under the surface. There have been a number of men who have had themselves cut, only to find out too late that it was not the right solution for their problem; there was a deeper agenda which caused them to think that they should be cut, when the real problem was nothing to do with a foreskin, or lack of it, at all!

Let's consider this issue very carefully. Of course we don't want members persuading every cavalier they ought to be cut, and equally we don't want the opposite view forced that roundheads have lost something vital to their pleasure and performance. However, there are some well-balanced individuals among our membership who I believe could give timely support and confidence to those who are, for various reasons, concerned about their penis, its looks, performance, or have difficulties of emotional or physical origin.

What do other members think? Do any members, or others, have problems they cannot raise outside of *Acorn* circles, and feel unable to raise them publicly through the pages of the magazine?

*Bob – Midlands*

[I'm afraid I have to admit to doing something of this sort already. If I feel a new member has a problem I generally start a correspondence or telephone communication with him, and try to help. Some of these I have passed on to Vernon who acts as our circumcision operation agent. We also have members who, after reading a letter in the magazine from someone who appears distressed, write to him to see if they can help. Still, something official wouldn't come amiss. — D.A.]

## My Surgical Experiences

I first had a circumcision performed at the ripe old age of thirty. Two reasons being, firstly cosmetic as I had a long foreskin and have always preferred the 'neatness' of the roundhead. Also I was taking high doses of antibiotics as acne therapy and was consequently plagued by attacks of thrush! As I was told the surgery was simple and likely to be problem free, I was admitted to a private hospital for a routine circumcision.

However, on discharge, I formed a haematoma, my eighteen stitches burst and I needed further urgent corrective surgery which resulted in more tissue being removed. Again I was told not to worry as 50% of men have the op, and in some societies it is regarded as universal. Furthermore, I was told the eventual cosmetic result would be eminently acceptable and there would be no loss of sensation or major scarring. However, approximately one week after my remedial surgery, I developed further complications, ie. a grossly infected circumcision scar, a urethral discharge, swollen testicles and, most distressing of all, prolonged priapism, which could only be resolved with frequent excruciatingly hot baths. The urologist was concerned (not to mention embarrassed), and treated the infections with the local application of betadine paint which stung somewhat. He also managed to manipulate the shaft in such a way that the penis temporarily detumesced (again, uncomfortably embarrassing) I then had to massage Heparinoid cream into the body of the organ to reduce swelling.



One month later, when I saw the original Consultant Surgeon, the infection had largely cleared up, leaving only small ulcerated areas, and there was some partial detumescence. I was advised to wait some six months before seeking further treatment, eg. the direct injection of a steroid into the keloid scar, which is very painful. My GP's opinion was that there 'was a very radical circumcision performed that exposed the entire glans penis as far as the sulcus'. In the months (and years) that followed, the remaining tissues contracted and the scar became more pronounced, which led to a diminution of pleasure and frequent tearing of the skin.

Finally, some three years after my abortive operation, I was referred privately to a Harley Street specialist (this time a Cosmetic Surgeon, not a urologist) who said it would be possible to graft an area of skin to repair the denuded area. He said the scrotal sac could be used on non-hairy men with pendulous scrotums, though, since I was hairy and dark, and had a 'tight' sac (his words) he would have to use a strip of skin from my hip or other non hair-bearing site.

The restorative surgery was performed at the Cromwell Hospital and took several hours. It cost £6,500 which my insurance paid, and resulted in me spending one week as an in-patient. The term skin-graft is a misnomer, skin patch being more accurate to describe the final effect. Cosmetically, the appearance post operatively can be bizarre, though my results were reasonable, and there can be a permanent loss of sensitivity. A large graft is prepared leaving an eight-inch scar in the donor site, but a sensitive and clever surgeon can site this in the inner thigh area where the scar will be masked, or at least indistinguishable from an appendix wound. Strong analgesia, antibiotics, sedatives and potent beta blockers are necessary to control infections and suppress the more vigorous erections. They have little effect. My doctor referred to me as 'Mr Dickie', and was of the opinion that I could ejaculate vigorously within minutes of coming round from the anaesthetic!! He also seemed to think that my normal position was upright.

In short, the surgery isn't to be taken lightly, and there are many pros and cons involved. I can refer anyone who is interested to the Plastic Surgeon in question if they like, as he performs about six of these operations a year, and is therefore one of the few practitioners who can adequately do so. Other post-operative results I have seen have been very good.

*K.G. – London*

## **What I've Missed**

One of the things which those circumcised against their will, ie. in infancy, wonder about most is what it is like to have a foreskin. Until now that has not been possible, but at last – in issue 4/96 – we have a letter from someone with the ability and articulacy to spell out in graphical terms what

his experience of life with a foreskin amounts to. I am referring of course to David's excellent letter answering Anthony's wistful questions on the subject in 3/96.

So now at last I have a yardstick by which to measure what I see as my deprivation (and what some others see only as unjustified whinging). Firstly, I found your vivid description of how pleasurable any involuntary movement of the foreskin is, most instructive, since such pleasure is denied to me, despite the fact that I now have a manufactured foreskin. The reason for this is a total lack of sensitivity in the glans, loss of the sensitive inner mucous membrane, and an opening much slacker than that of a normal foreskin. So I'm afraid the restored foreskin cannot measure up to the natural article.

The second point, about how the most delicious part of having a foreskin is retracting it when it is moist underneath, will make discontented circumcisees green with envy! The effect of drag as the foreskin is pulled back and the intense feelings this generates is something they can only dream about.

The next point about the newly exposed glans being marvellously sensitive to temperature is something else which is unimaginable to a lifelong roundhead. I dimly remember as a child the unpleasant shock of hot water on my poor denuded glans when I took a bath. But numbness set in years ago and I'm not even aware of it nowadays. The experience of arousal from a powerful shower jet is sadly not an option since it does not happen.

Urination with a foreskin was always a matter of fascination for me as a kid, since the cavaliers could do so many exciting things denied to me – like playing balloons and winning the longest range competition through the added pressure created by the elastic skin reasserting itself afterwards.

The comment about the inner and outer foreskin being packed with nerve endings, and consequently very sensitive, brings home to your unhappy circumcisee that his distress is not just imaginary, or something to be shrugged off by 'pulling yourself together'.

The final point in this illuminating letter is the most telling of all. The answer to the question about the disadvantages of a foreskin from the possessor's point of view has the writer foxed, since the only drawback he can think of is that he only has one!

My only criticism of this informative and interesting letter is that D.A. didn't get his lady friend to add a few words of her own on the subject. I've been hoping for some time that she would expand on her valuable contribution, so well expressed a couple of years ago. [Sorry, the lady went and married, her husband not allowing me access! — D.A.]

I know that not every cavalier's experience is the same, but this puts into perspective those who yap on about how much everyone would benefit from being done, without exception being made for those who don't, or might not want it. In this connection, David, I have to mention the letter in 5/96 from

our new American member D.L. It is always illuminating to get a view from the other side of the pond, and so far, unless I'm mistaken, every American contribution published has been expressed in forthright terms which brook no argument. Even the one letter from the States in favour of foreskins (from IMAC) was worded so strongly that I, of all people, found it O.T.T.! But to return to D.L.'s letter, I can't help wondering if he was taking the piss. His loving description of his deeply-envied schoolfellows' transports of joy as they pulled their sawn-off and exquisitely deadened equipment to fulfilment was difficult to take seriously. The question arises. If D.L.'s ancestors had stayed in Europe instead of migrating to the States, would he still feel the same way? Of course not! The whole thing comes down to peer pressure, and he should be asking himself if it's always right to follow the herd, especially in contravention of current medical opinion. He should, instead, consider the original reasons for its adoption there: puritan punishment of sin and a 'sinful' part of the body, neurotic (and insulting) fear of 'lack of hygiene', and then sheer greed on the part of the richest doctors in the world.

Finally, a word of warning to those who write in claiming that circumcision has improved their love lives. Make the most of it while it lasts! If my experience is anything to go by, your skinless sausage will gradually lose sensitivity as you get older, finishing up with the texture and responsiveness of your average parsnip. But if that's what you want, good luck to you.

*R.B.W.*

## **The Love Of Circumcision**

**T**here is a basic true Psychology of Circumcision that we, who have been circumcised, fully understand and can explain quite simply to those who haven't.

All men have an innate feeling that the glans of their penis should be permanently exposed, and most are therefore fascinated by circumcision, which is the way to accomplish this. With circumcision, your glans is permanently exposed for you to see and enjoy, and for others to see when you are before them naked. Your circumcised penis attests to the fact that you are a member of a special initiated group. Your glans is exposed because you have undergone a wonderful ritual called circumcision. The most masculine part of your body, your glans, is not hidden. Your masculinity is laid bare, thereby expressed; and you have a bond with all other circumcised men, a subtle, but deep, bond which exists between males who know each other to be circumcised.

*D.L. – New Hampshire*

## Amendment To Letter In 4/96, Page 11

Thank you for publishing my letter in the magazine. I now have reservations on the first paragraph re the circumcision of the four-year-old adopted boy. We were not told a lot about the case, only that the five-year-old had been circumcised at birth. I say this in spite of what I said later in my letter.

*D.R. – Cornwall*

### Male Genitalia Nomenclature

Penis	Cock
Testes	Balls
Testicles	Balls
Scrotum	Ballbag
Glans	Knob
Prepuce	Foreskin
Meatus	Pee Hole
Frenulum	Strip of skin under the knob
Corona	Rim round the rear of the knob
Sulcus	Valley directly behind the knob
Raphe	Marked line running from the anus, through the centre of the scrotum and up the underside of the penis
Urethra	Tube through the penis for peeing
Sub-incision	Cutting through the underside of the penis lengthwise through to the urethra
Bifurcation	Cutting the whole of the penis vertically, lengthwise. (sometimes called butterflying)
P.A. (Prince Albert)	Inserting a ring through the meatus and coming out through the frenulum
Priapism	A hard-on that won't go down
Tumescence	Engorging of blood into the penis
Detumescence	Subsiding from the swollen state

There's much more, but that's about all the usual ones.

*D.A.*

# ACORN

Issue  
Nº 8 1996  
Editor  
David Acorn

## Editorial

Another year is coming to an end as we enter our tenth year, and I still marvel that we are here. But this year has seen more new members than any other year and the interest of our longer standing members doesn't seem to wane. It must be a really powerful obsession we all have.

Looking back, we seem to have had more problems than before. My first illness since 1967 laid me low for all those weeks, Brian has had more than his share of viruses, 'flus etc., and Vernon retired to find himself busier than he was before. Let's hope next year will be much smoother.

The meeting at High Wycombe was great. First-rate hotel and organisation, thanks to Brian. He and I went to great pains to try to match up room-mates in ages and what we knew of their interests etc. We couldn't be sure we'd got it all right but I think it worked as no complaints have been forthcoming. For the first time since the first meeting there were more newcomers (17) than 'old-hands' (13) present. At the beginning the amount of trepidation by the newcomers was marked, asking many questions on what was going to happen and what

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Printed & Published in England by The Acorn Society  
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was expected of them, but they soon found that they were among a bunch of like-minded friends who they could talk to openly. Some obviously thought that the weekend passed too quickly, and I was one of them. I must thank everyone for the friendliness and the care regarding my health shown to me, and am only sorry that there wasn't time to talk longer to everyone.

With this issue will come the annual subscription forms. The sub remains the same at £10 and we hope that everyone will stay with us. As each of you resubscribes, I will be sending the in-depth questionnaire out, and hope that you will assiduously (there's a nice word) fill it in and return (all anonymously).

You may like to know that we have members in the following countries:- Australia, Austria, Canada, Finland, France, Holland, Indonesia, Ireland, Norway, Spain, Tenerife, and America. We send them all greetings and would ask if they would keep us acquainted with circumcision/foreskin trends, history etc in their respective countries.

The team wish you all a very Merry Xmas and a prosperous New Year.

*David Acorn*

## Rites And Wrongs

1 There was a small typographical error in Hannah Morris's intensely fascinating letter in which her Israeli friend asked if male colleagues were "are!". The question may have been indelicate for a young Jewess, but hardly an exclamation!! The Hebrew for unclean is 'Arel', with the collective noun 'Arelim' for the uncircumcised. (The Arab equivalent 'Aghral' for uncircumcised, and 'Aif', shame, conferred on an adult Moslem remaining intact, is comparable to the uncleanness of the state of Judaism).

It is quite amazing that Jewish ladies eagerly prize the 'forbidden fruit' of foreskin knowledge and experience. (No wonder Arel Flynn was so popular!!!)

2) Ivan Goodhart was right to question circumcision in biblical times by banging between two sharp stones. (Ouch!!) The charbuth zurim (Hebrew for stone knife) used by Moses' wife, Zipporah, on her son, must have been sufficiently painful used on its own (Exodus 4/25). Joshua used the flint instrument on the children of Israelites around Mount Sinai (Joshua 5/7). The instrument was more of a tearing than a cutting one, so the 'Ismol', iron blade, was later substituted for it, and even today the steel knife is whetted on both sides to a regulation based on an interpretation of Psalm 149.6.

Acorn members would certainly be amused by a gem of Arabic folklore; Abraham was supposed to have circumcised his son with an axe, and was rebuked by an angel for his haste!! That certainly adds punch to Hannah Morris's mention of Junior getting 'the chop'.

3) In 'The Kindest Cut of All', there was mention of a Sandek present during adult circumcision ceremonies on Jewish Russian immigrants at Brooklyn, even if only for the liturgical part. In the infant operation, the Sandek (godfather) restrains the baby in his lap with the legs spread apart, bent at the knees, and flexed outwards. The godmother (Sandakit) passes the infant over for circumcision, as the mother is ritually unclean for 40 days after the boy's birth. The mohel (circumciser) is a Hebrew archaic word meaning father-in-law (father-in-law!)

Many will be amused that in-laws and godparents originate from ritual infant circumcision. Perhaps that might promote the C of E (circumcision of Englishmen)!

4) My reading has unearthed curious Arabic words related to circumcision. First, 'Hatana', the Arabic for nuptials, is actually a blend of 'to marry', 'father-in-law' and 'circumcise'. From Hatana comes:- 'Khatan' – son-in-law, with 'Khitan' – male circumcision, 'Khatana' – daughter-in-law, with 'khafd' – female circumcision.

Circumcised parts, both male and female (Al Khita Nani), have to come together for sexual intercourse to have taken place. This has a bearing on fast breaking! Glans insertion is no misdemeanour provided the scar remains outside. Should the penis go in as far as the circumcision scar or farther, the fast is broken. (This could add fresh insight to 'scar crossed lovers! and the offence of circum-sinning.)

Because male circumcision in Islam involves less foreskin removal than in Judaism (which is decidedly less vigorous than the surgical methods used in the U.K.), the site of the scar on the erect penis is midway down the shaft. This would permit the sensuous, impulsive, Musselman to introduce up to half his penis without breaking the fast of Ramadam in daylight! (Night-time intercourse is allowed during Ramadam, as it is during the Jewish Sabbath.)

*Anthony*

## **An Opinion From Macrobiotics**

**F**or someone who has been interested in Macrobiotics, it is obvious that it is the theory of the yin and the yang, the Chinese philosophy which explains basically, circumcision.

The flag of South Korea is the symbols of the yin and the yang. Yang is the penetrating, and yin the receiving. Yang is the physical strength and longevity, while yin is the growth and intelligence.

An important point is that one cannot exist without the other, and that nothing is yin or yang in itself. Anything is more yin or more yang than

something else, and the wise man is supposed to be the perfect association of them both.

So, in the diet, what is said to be yang is what gives strength and longevity, and what is yin is what makes children grow and gives intelligence.

But there is, too, what the Chinese call old yang and old yin. They could be said to be bad yang and bad yin. It is not exactly that but it helps the understanding. It is what happens when one principle arrives at the excess of its nature and begins to have some of the characteristics of the other.

So, for the diet, what is animal is yang and what is vegetable is yin. Macrobiotics advise eating mostly complete cereals because they are the most yin in the vegetable kingdom, and the more well balanced. So brown cereals are young yang and meat, especially cooked, is old yang. Cereals give more longevity than meat.

Globally, too, yang drives to violence and at the limit, to violent death. At the extreme to a child, idiocy. While too yin drives to weakness, and all the bad mixings of the both to all the illnesses.

Once I read in Mishio Kushi that too yang hate hairs. When they see cats in the street they shave them – and it was the revelation. I am not at that point, but I hate hairs touching my skin where there are no hairs – my ears for example. And it was exactly the same for my foreskin touching my knob. And I realised at once that circumcision was typically something of the shepherds of hot and dry countries. Nearly only an animal diet – milk, cheese and meat – hot yang, dry yang. No primitive population of cold or temperate countries ever circumcised, but was very common in all hot countries. Also, more in the dry ones than in the wet ones (less fruits and salads). And more amongst the shepherds than amongst others. And at the origins, Jews and Arabs were primitive shepherd populations living in hot dry countries. And it must be pointed out that the main place of excision is central Africa, which is the hottest place in the world, and dry.

Kushi believes that most of the bad problems of our society – drugs, violence, and so on – come especially from eating too many animal products like milk, cheese, butter, fish, eggs and meat, cooked and salty, which makes them more yang. The Japanese usually eat fish raw for avoiding too yang.

Well, here is, I believe, the problem. A too yang diet makes contact with the foreskin unpleasant. As much for the man himself as well as his partner, man or woman. And that unpleasantness is a warning of danger of bad luck. And so people by intuition feel attracted by circumcision; that it would reduce a feeling of danger. And so people feel more pleasure being circumcised or with circumcised men. Anxiety obviously reduces the pleasure, even unconsciously.



But on the other hand, I have reason to believe that circumcision reduces the energy of the man. It can be a lesser bad, but it would be better to eat less animal products.

Compared to men, women are yin by nature, physically weaker, but more intelligent (I sometimes doubt this but it is the theory). So most women will prefer a man with a foreskin and only a few women, with much yang, will prefer a circumcised man. While the proportion of men attracted by circumcision will be greater.

Astrology says the same thing in another way. Mars is the planet of strength, efficiency and energy. But if too strong, it drives to physical accidents, wounds in war, car crashes, and so on. And at the limit – violent death. And the foreskin is an organ receiver of the energy of Mars, so cutting it reduces the energy of Mars. So if Mars was too strong at your birth, it can reduce the danger of accidents, but it reduces the global energy.

Globally, young yang drives towards energy as a rule, while old yang drives towards violence, conflicts and violent death.

Here's what I believe. Let us imagine that a man naturally, can have 100 in intensity in sexual pleasure. With a too yang diet he will fall to 30. Getting circumcised, he will get 60. But by being circumcised, he will never reach 100 any more. Therefore, is not circumcision better or not outside of the diet.

*Our French Correspondent*

## **My Interest In Circumcision**

I can date my interest in circumcision back to the academic year 1977-78, when I was a boy of 10 at prep school. The school had religious inclinations and we were given a very thorough introduction to the Bible by a spinster lady. Plodding through the Old Testament, we came to an episode known as 'the circumcision at GilGal', when all the Hebrews born while Moses was leading them around the desert for 40 years were cut en masse. The spinster lady was prepared to teach us about this obscure period, but refused to explain what circumcision was, and said that we had to ask our fathers. I just looked in the glossary in the back of the Bible and realised I couldn't ask my father about that, and set about finding out more from other books.

There wasn't much nudity at that school, although I knew that some boys had different-looking willies, but later that year I went to a different school as a boarder, where things were very different. Here, we had to take our baths in two tubs in the middle of the communal bathroom, with no form of privacy whatsoever. A matron stood by and kept her beady eye on everything. On getting into the bath, one had to stand up, scrub your legs, then ask permission to sit down. So for a short time everyone else got a full frontal. Although most boys were uncut, there were several Muslims, and at least one

Jew, sporting circumcised cocks, in addition to a few English boys and the Hong Kong Chinese contingent. Interestingly, most of the English circumcisees were from army families. I don't recall that anyone ever commented on their appearance; it was common enough to be unremarkable, but on one occasion I recall being asked whether I was a roundhead or cavalier by a couple of the roundheads. Ever since, I wished I'd joined in that conversation.

In my class were thirty boys, five of whom were cut: I could recount their names immediately. One Muslim, one Chinese and three English non-Jews. Again, it was never commented on. Glimpses in the showers after games filled me with curiosity, and I began retracting my foreskin in private, with occasional panics when it wouldn't return afterwards.

Progressing up the years in public school, I found that I had more privacy, and in the fourth year (c.1982) I decided to try the experiment of keeping my foreskin permanently rolled back to pretend that I was cut, much preferring the appearance of the exposed glans to a wrinkly bit of foreskin. It has been kept that way ever since, although it gets plenty of exercise back and forth each night. I find that retraction is permanent if I wear briefs, but that the wretched ugly foreskin slips forward if I wear boxers.

This alone is enough to convince me that I want to be circumcised, a conviction that has now lasted over ten years, although finances and opportunity have never coincided. I have thought about doing it myself, but couldn't, and I might have had it done when I was in Africa were it not for the fear of horrible infection. So I buy a copy of *Playgirl* most months and envy the Americans their cut cocks. Once, in an embarrassed hurry, I got an Englishwomens' magazine and was horrified to find nothing but foreskins!

Although there is always the slight doubt as to whether it will really be what I want, I know that one day I'll get myself cut, sooner, rather than later, I hope. I would welcome any comments – I was going to say tips – from other members, recently cut as adults. Especially on how much skin should be taken off, and recommendations of reliable surgeons in the south of England.

*Mike*

[All our information so far has been that the Chinese, like the Japanese, do not generally circumcise, but ensure that from babyhood the foreskin is kept retracted so that in adulthood they appear to be circumcised. Can you remember, Mike, whether there was much skin bunching behind the glans? – D.A.]

## Question Corner

**I**n Issue 1/96, page 6, an item culled from the Internet by V.Q., contains the sentence, "I also frequently see ads in magazines (not dirty) about rings you put around the penis for a few months to make it look better by permanently

keeping the foreskin retracted.” Bud Berkeley also mentions these rings (or similar) in one of his books.

I would like to know what these rings are like, how they can be obtained and the cost. Can anyone help?

*E.S. – Greater Manchester*

## **Support the Cut**

Over the last year I have read the magazine with interest, but can I now make a plea for a more positive response supporting the benefits and pleasures of being circumcised.

I admit to having a vested interest – I was clipped as an infant and am very happy with what I have – and it is very unlikely that it could be changed, so why not be happy with what you have. Surely it is more important to have a happy sex life than to constantly worry about what might have been – look forward, not backward. Having a satisfactory sexual experience depends on many more things than the shape of your penis. Does the absence of a foreskin really make that much difference, or is it used as an excuse to cover up other sexual problems.

Having been gay since my early teens, and now in my 50's, I have obviously seen many penises, all shapes and sizes, and have never found that a foreskin or its absence made any difference to sexual performance or pleasure. So much appears to be in the mind, not in the real action.

I am always interested in learning more about the history, rituals and people's experiences of circumcision. I will be happy to correspond with any members who are interested. Size, shape or sexuality do not really matter as long as there is a detailed interest in “man's best friend”.

*S.S. – Teddington*

## **Circumcision — A Prospective Owner's Guide**

In reply to your inquiry regarding your interest in circumcision, there are several 'pros' and 'cons' you should consider for a state that rarely occurs naturally. The circumcised state is a minority condition, with the UK rate currently about 9%. Most circumcisions are performed in infancy and boyhood, with 81% of circumcisions by 15 years of age, adult operations amounting to only 19%, with a longer healing time of 2-3 weeks and associated discomfiture. The overwhelming majority of those agreeing to or electing circumcision are satisfied with their new status, as indeed are many circumcised in infancy without their consent for whatever reason. Despite majority contentedness, there is a small minority unhappy at an unnatural state considered unsightly, mutilating and possibly sexually and psychologically disabling. Should you

still wish to consider circumcision as a personal preference, and not as a medical necessity, the following should be weighed carefully:-

#### Advantages of Circumcision.

1. With the glans cover removed, there is nowhere for smegma to collect, so the penis is permanently cleaner, with hygiene made simple and easy.
2. The glans surface will change from the original mucous membrane to a condition similar to other surface skin, and be less prone to genital herpes, thrush, warts and other venereal conditions.
3. Permanently bared, the glans will become plumper from the near bullet shape to the familiar fireman's helmet shape of the circumcised. Even flaccid, the penis takes on the form of an uncircumcised erection, available for sex.
4. The dry, clean surface of the glans will give the owner confidence, and be appreciated by ladies, especially for fellatio. (Some women find foreskins sticky, smelly turnoffs.)
5. For the macho man, circumcision renders the penis more virile, even threatening. For the exhibitionist, as the ultimate nudity. Virility can be enhanced by a Prince Albert piercing always on view with the penis.
6. Urination is simplified with a stronger, more accurately aimed stream, and no dripping onto underclothing afterwards. (From the preputial sac.)
7. Reduced sensitivity prolongs intercourse, with the larger glans providing more intense vaginal stimulation.
8. Circumcision has a social significance, originating as a tribal mark in antiquity. It has been popular with the British Royal Family, upper classes, and nudists for decades, and is currently favoured by gays.

#### Disadvantages of Circumcision.

1. Circumcision is not without risk. Complications like uneven skin removal, haemorrhage, and infection can occur. The final effect can occasionally be unsightly, with twisting to one side, painful erection, and even surgically created phimosis.
2. With lost cover and protection, the glans is susceptible to cold conditions (in winter and swimming), sunburn, harmful substances and abrasion (rubbing). (On a personal basis, on harmful substances, I used to quote, as an industrial chemist, that you washed your hands *before* going to the toilet. Many chemicals are toxic by skin absorption. I found rubbing quite an irritant, especially when the glans sulcus caught in the Y-front opening, leaving the glans trapped outside, rubbed by trouser material with each step. In public there was no chance for relief for considerable endless minutes and hundreds of steps.)

3. Reduced surface sensitivity reduces potential pleasure significantly, added to by the loss of highly sensitive foreskin inner membranes.
4. Masturbation requires more forceful handling, and restricted movement necessitates a change in technique. Lubrication may be necessary to avoid chafing of the scar line or glans rim. (Even Jewesses have preferred foreskins for handling!)
5. Should glans thickness be excessive, intercourse for the woman could be painful; not helped by its dryness and the lack of loose, lubricated folds of foreskin that would reduce friction.
6. The stark uncompromising appearance of the flaccid circumcised penis is often considered stumpy and unnatural. It is instantly identified in showers, changing rooms, urinals, and medical inspections, and even through sheer bathing costumes (when the plump glans has become excessively ridged). Circumcision can produce times of intense embarrassment socially and sexually where foreskins are the norm in a predominately uncircumcised population. The foreskinned penis is more aesthetic, as evidenced by its monopoyn depiction in art.
7. Circumcision is irreversible. Any dissatisfaction cannot be put right by other than rudimentary restoration, taking great effort over several years. Some glans cover, but no properly functioning, fully sensitised prepuce, can be artificially reproduced. Even in the simplest Jewish procedure, a second stage of the operation was introduced as early as 140AD to prevent future attempts at glans coverage by Jews!
8. Being in a physically marked minority, the circumcised person is subject to jibes and ridicule, contemptuous use of the term 'roundhead', ethnic quips and other forms of contempt. Circumcision without religion, or necessity, could prove psychologically harmful to a sensitive person.

Having balanced the 'pros' and 'cons' of being circumcised, and are still in favour of the operation, you should remember it is your penis, and that any cutting would be on your instruction. Do you want to be clean-cut, American style ... tight as a drum, with no residual foreskin; a Gomco clamp method would give a neat result. If sensitivity is important, then all the inner membrane of the foreskin could be retained. Should access to the glans be the aim, a partial circumcision would leave most of the glans covered, and the circumcised state not apparent.

*Anthony*

## Same Subject — Australian Thesis

**I**n the latest Issue you ask for articles about the pros and cons of circumcision. It happened that I had already written such a piece (for a local baby magazine) which they don't seem to have published (at any rate they hadn't

paid me), so I thought I'd send it over to you. It's written from an Australian perspective, of course, but I imagine it would still be of interest.

"Congratulations – it's a boy!"

Now comes the question you may have been expecting – or dreading: should he be circumcised? Here in Australia, twenty years ago you would have been encouraged to say yes; ten years ago you'd have been encouraged to say no. Five years ago you wouldn't even have been asked, but now *The Question* is being asked again. What should you decide?

Sadly, most of the information (or misinformation) you'll see comes from those with heavy axes to grind. On one side a group called NOCIRC (at least they make their intentions clear) puts out propaganda calling it a mutilation. On the other, various less organised, but more mainstream, campaigners make out that it is as essential as vaccination. Neither is true.

There are medical benefits from circumcision. Circumcision at an early age prevents cancer of the penis. This cancer is uncommon, but generally fatal. Treatment means amputation of all or most of the penis, which is not very pleasant. In Australia, about one uncircumcised man in 1,500 will contract cancer of the penis, generally in later life. Uncircumcised men and boys are much more liable to urinary tract infections. These infections usually just need a course of antibiotics, but they can sometimes have serious consequences. Infections of the head of the penis – medically called balanitis – don't occur in circumcised boys. 10-15% of uncircumcised boys will suffer from these infections, which are uncomfortable but not life threatening. Some individuals are more susceptible to them than others, and even if you decided against circumcision when your boy was born it's worth reconsidering the question if he gets these infections often.

The foreskin of a newborn baby generally cannot be retracted. This is normal, but if it persists beyond the age of four or five it is called phimosis, and a secretion called smegma starts to accumulate under the skin, causing irritation and an unpleasant smell (from a bacterium which infects it). If phimosis continues into his teenage years it will not help his sex life. Around 10% of uncircumcised boys are likely to have this problem (though the figure is higher in some Asian countries). More serious is the case of a tight foreskin which is pulled back and cannot be got forward again (paraphimosis). This is a medical emergency and failure to seek prompt attention can have serious consequences, such as loss of the head of the penis.

These are the only medical problems which are definitely prevented by circumcision. Most other claims, such as the idea that circumcised men are less liable to STD's, belong to the world of fairytale. A few – such as the question of cancer of the cervix (in the wife) and susceptibility to AIDS – must still be regarded as neither proven nor disproven.

What are the medical disadvantages? There is one problem which only affects circumcised babies – ulceration of the meatus (the hole at the end of

the penis). This is not common, and requires no more treatment than a mild ointment, but left untreated can lead to narrowing of the opening. Even so, this is rarely sufficient to cause trouble; surgical rectification (a tiny cut) is simple but not often necessary.

This, though, is only part of the story – there are also hazards of the operation itself. The major risks – death, or serious damage to the penis – are very low indeed. Your baby is much more likely to die from a urinary tract infection resulting from being uncircumcised than he is to die from the operation. If you include the risk of cancer in later life, circumcision is hundreds of times safer than having a foreskin. However, the risk either way is very low. It is not comparable to the risks your baby faces if you don't have him immunised against the common infectious diseases.

The risk of less serious complications – haemorrhages, infections etc., is higher, though still lower than the risk of urinary tract infections in uncircumcised babies. But the most common risk is that you (or your son) won't be happy with the end result. In my survey (of which more in a minute) quite a few men and women mentioned minor problems with their own, their lover's, or their son's circumcision. These were either cosmetic defects, such as an uneven cut, unduly prominent scar, or complaints about the style of circumcision (usually not enough skin removed, but occasionally the opposite).

I carried out this survey a few years ago, with the help of Australian *Forum* magazine and the Family Planning Association. Its aim was to find out the things about circumcision that medical researchers have mostly ignored – how people feel about it, and how it affects their sex life. It found that, if anything, circumcised men and their partners enjoy better sex than uncircumcised. A foreskin was more likely to be a hindrance than a help to a happy sex life. Circumcision didn't make the penis less sensitive, but neither did it reduce the likelihood of premature ejaculation. So you will not be doing any harm to your baby's future sex life by having him circumcised. Equally, provided he is able to retract his foreskin in due course, you won't be doing his sex life any harm by leaving it there. If he isn't able to retract his foreskin – and about one boy in ten will have this problem – he will have to be circumcised in any case. (There are alternatives, but they are generally less successful – worth considering only if you have a deep-rooted objection to circumcision.)

Which brings us to the question, "Should you leave it till later?" Many parents are now taking this line, and as a result many school-age boys are being done. The advantage is that you only need do it if it's necessary, and that the boy can understand what is to be done and why, and contribute his own opinion. The disadvantage is that complications such as bleeding and infection are about ten times more common when circumcision is carried out on older children.

Whichever choice you make, there is a chance that your son will wish you had done the opposite. This is inevitable, but the survey shows that

circumcised men were generally happier with their lot than uncircumcised men. In other words, Australian men prefer to be circumcised. However, you can't put a foreskin back, but a man who is unhappy about having one can have it removed. Even so, it is not always easy for a worried teenager to go to his parents or a doctor and say, "I want to be circumcised". The survey brought me several letters from people who desperately wanted to have it done but didn't have the nerve to ask. If you intend your son to choose for himself, make sure he knows the choice is available.

There is no single answer. Circumcision is not something that has to be done for the health and well-being of your baby, but it will be beneficial to his health and well-being. It is easier now than later – but it can be done later, and it can't be undone. If you do have it done, there is the possibility that you – and he – may not be happy with the result. Which way you choose will depend on which factors are more important to you. You do have the choice! Nobody has the right to forbid a minor procedure which will improve your son's chance of survival to a healthy adulthood. Equally, nobody should force you to cut off his foreskin if you want it left – it is a natural part of the body, and the risks aren't all that great.

*J.B. – Australia*

## **View From Canada**

As a recent subscriber, I can report that your issues have been very interesting so far. I am very interested in the viewpoints of people in other countries. Over the past couple of years, I have undertaken an extensive research project on circumcision, and most of my material has been raised from Canadian and American sources.

From what I have found, the circumcision rate here is still very high, even with insurance companies no longer covering the cost. There is still a very strong push from the medical profession for routine circumcision. There are several methods used here: Gomco clamp, Plastibell, Freehand method, Mogen clamp. The Mogen clamp has recently been touted as the quickest and easiest method. Also recently, some professionals suggest the freehand method should be used more often.

Recent radio and television shows on circumcision have seen hosts and callers pro the cut. Magazines who have polled women readers also found that the cut penis was a positive preference. One magazine ran a feature article on the uncut version. Reader reply mail again was mostly pro the cut.

Of great interest here is the scar left behind – it is found quite erotic by some; is it light or dark; how far up the shaft is it; symmetrical or not? Many see it as a form of body art which is beautiful, as is the fully exposed glans.

I would really appreciate hearing from other readers so I can further my research on the topic, with views and facts/stories from other countries.



Personal views, medical procedures used with end results – and male/female preferences and why. Perhaps correspondence can be sent to me via *Acorn*. I can certainly supply additional information for future issues.

By the way – what is the meaning of ‘cavalier/roundhead’, and where did they originate. These terms are not used here at all (slang here is cut/uncut).

*R.Y. – Canada*

[May I start the ball rolling a little. In the west where you come from circumcision is the norm and has been for years, but in the east the French Canadians and the ex-British Island Colonies predominantly favour foreskins. Is there a culture battle over this? We would love to hear more about the circumcision culture, and if you'd like to ask any specific questions, I know that you'd get plenty of response. The cavalier/roundhead slang comes from our last civil war in which King Charles' men wore frilly feathers in their hats, and Oliver Cromwell's men wore round steel helmets. The likeness of these to our cut and uncut states brought about the simile. – *D.A.*]

## Reply To T.H. 6/96

What an incredibly lucky fellow to have had his foreskin retracted for the first time in such an erotic way. I was not so lucky, being taken to the family doctor on numerous (or so it seems) occasions at, I suppose, around the age of 5. He used to retract it, somewhat painfully, and send me on my way with some gauze between the glans and foreskin which my father used to remove later – the gauze, that is!

Eventually my foreskin settled down, but after puberty became very long and loose, overhanging the tip of the glans by a good inch or so when erect. I can sympathise with T.H. because, in my case, when having intercourse, my foreskin would stay still inside the vagina and my glans would move within my foreskin – not too bad for me but not too good for my wife. I assume that T.H.'s predicament is similar.

We found that several things were possible:-

1. One of us hold my foreskin back while having intercourse – uncomfortable and not really practical.
2. Sticking or tying back my foreskin – it worked but not really practical again.
3. Circumcision

Eventually, we opted for 3; at the age of 26, and frankly we have never regretted it. The surgeon did a very good freehand job and, although the remaining inner skin varies in length slightly, the skin remains neatly behind

the glans when flaccid, and taut when erect. I have a small amount of frenulum which I would not be without.

I know from the letters in *Acorn* that circumcision does not suit everyone, but if T.H. is unhappy with his present state then he should seriously consider it. If he could prove to his French girlfriend the benefits from the enlarged glans, corona, and consequent improved stimulation of her vagina, then he might well overcome her prejudices.

J.R.

## Frenulum Thoughts

Presumably, the intention behind the design of the penis was that the foreskin was provided to protect the sensitive glans, which, by the same token, could be exposed when required for action. In order to ensure that the protective foreskin returned to cover the glans once its required function was fulfilled, the frenulum was created to pull the foreskin forward again. It does not appear, to me at least, to serve any other purpose.

I have carried out some experiments on my own cock to try and give some idea of what difference it would make if my frenulum were no longer attached. With a full erection, and foreskin retracted as far as possible, the tension on my frenulum is clearly apparent, and on release my foreskin immediately begins to return to rest at the rim of my glans. However, if, instead, I press the tip of my glans downwards, thereby relieving the tension on my frenulum, my foreskin is then quite happy to remain where it is, without moving forward towards the glans. I wonder if any members have any direct experience of an uncircumcised penis with detached frenulum, and what difference the detachment has made?

I was fascinated to read about I.D.'s restored foreskin and would like to ask one or two questions about it. Has he managed to achieve that slightly adhesive quality which exists between the underside of the foreskin and the glans? I occasionally use a technique to tuck part of my foreskin back under itself, which obviously has the effect of exposing a greater amount of my glans, and what little part of it is still covered is in direct contact with the outer surface of my foreskin. I have found that no matter how long I leave it like that, the same adhesive-type quality is never achieved, presumably because of the different nature of the skin on the outer surface of the foreskin – and I wonder whether this is a problem with a restored foreskin?

As he presumably doesn't possess a frenulum to do the job for him, does he experience problems in keeping his foreskin forward or, if he lifts it into an upright position, does his foreskin simply fall backwards with the effect of gravity? Similarly, is he still able to achieve the same circumcised appearance

as previously, or has the stretching affected the elasticity of his foreskin so that it simply falls forward again?

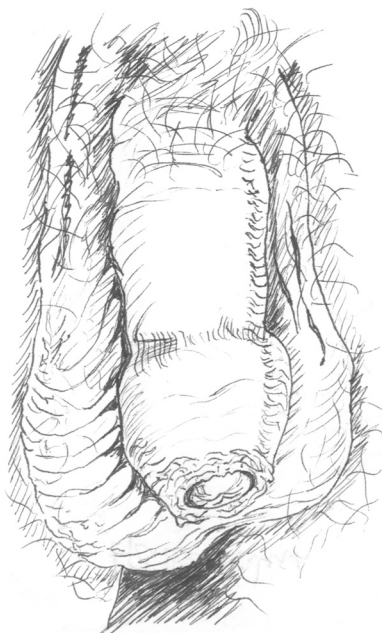
Finally, has he noticed any change in the texture and sensitivity of his glans as a result of the protection it is now getting?

*D.T. – North-West*

## Line Drawings

Requests are always coming in for pictures and drawings. I've explained previously how difficult it is to transpose pictures, especially coloured ones, into our format. A member sent me in a couple of pages from the magazine *Arena* covering a debate on circumcision. Two whole pages, one each, was given to two photographs of penises, one natural and one circumcised. I asked a lady friend of mine to make two line drawings of the photographs and these are the results. I liked the photographs because they seemed to me to be typical of each type in repose, the ruckle of skin in the sulcus of the circumcised and the foreskin not quite covering the whole of the glans.

*D.A.*



## Comments On Last Issue (6/96)

Regarding the last newsletter, I should be delighted to receive any letters to initiate correspondence: it would be nice to get to know some of our members. In view of your comments about letters being sent back, I am a little chary about initiating correspondence in case they fall into unwelcome hands.

On page 2, one of the originals, Bill, remarks on the sebaceous glands. I have always made a point of looking for these when examining a penis. My findings are that when circumcision is done at birth, these are very atrophied and hardly visible compared to an uncircumcised penis. On mine, cut as an adult, and only completely exposed since my radical cut some 15 years ago, I still have the knobbly remains of the glands. Not as obvious as they were in my uncut days, but still evident.

One suggestion with regard to getting new members. May I suggest you place an advert in *H & E Magazine*. There are a lot of people, both male and female, with an interest (as I know), and I'm sure we could easily double our membership.

On page 13 – the frenulum debate. I suggest you remind members about the letter I sent from Amanda (via *H & E*) in which she snips her boyfriend's frenulum to such good result.

Finally, I am getting sick and tired of these NORM people (R.B.W.) constantly on their soap box. It's about time we who enjoy our cut state should do a bit of tub thumping and get articles printed in such mags as *Cosmopolitan*. It's all too much one-sided.

Bob – Surrey

[I can only print what I am sent. In Issue 4/96, I wrote an article in which I described the delights of a foreskin without once slagging circumcision. Could not some circumcised members do the same regarding their own cocks, as they surely give just as much pleasure in a different way. You might note that in this issue there is a bias towards circumcision, which is how things turned out this time. – D.A.]

# ACORN

Issue  
No 1 1997  
Editor  
David Acorn

## Editorial

**H**ello everybody! We now enter another year – our tenth, and I don't have to ask if any of the enthusiasm for the subject of penises has waned. It seems that once it's in us, generally from boyhood, it stays forever, and, whatever anyone may say, it is generally healthy. My only hope is that everyone can be happy with what they've got, or can change what they don't like, without duress, one way or the other.

At last I feel that the long survey is ready for distribution and it will be going out first to those who have already renewed their subscription. I'd like a 100% take up, which shouldn't be difficult as it will only take a few minutes and can be totally anonymous.

I know I keep repeating this, but we are always requiring material for the newsletter. If everyone made an effort to send in just one piece over the year it would be great. It doesn't have to be long or a masterpiece. Everyone could write something starting with one of these; I noticed the difference first... My first sexual experience... I found out how to

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

masturbate when... My biggest sexual embarrassment was... How I felt about my status when a boy... etc.

As you'll see, we've had a take up again of 'Contact Corner'. Please use it if you wish, and don't be embarrassed to state all your interests, just like the second one in this issue, as members then are left in no doubt about your requirements.

Finally, if you have any problems at all, including lack of self-esteem through the way you view yourself, loneliness, rejection – any of the rough things of life, or anything physical, please let us know. Who knows, we may be able to help and we've masses of support.

*David*

## **Chinese Non-Circumcision**

**A** propos of your claim that the Chinese do not generally circumcise (8/96), I can offer this personal experience. I trained at a gym (and showered) for three years with a Chinese man I assumed was circumcised. One morning I explained to him that I couldn't come to the gym the following day because I was going to a "bris", and explained that this was a Jewish ceremony involving cutting the skin off the end of the boy's penis. I then added, "You must have had the same operation." My friend said that this wasn't the case. He had had a foreskin until puberty, when one night it had retracted of its own accord. His penis, he said, "opened like a flower." It was quite painful for a few days. He added that this happened to most boys of the same age in China.

*Gary – London*

## **Parental Rights – Parental Duties**

**T**here is a very strong suggestion these days, emanating particularly from the NOCIRC camp in America, that parents do not have the right to have their sons circumcised. We even hear of sons threatening to sue their parents for assault in having had the operation performed, although I have yet to hear of such a case being successful. I think therefore that the situation in which the parents of a newborn child find themselves vis-a-vis circumcision bears some analysis.

The first point which should be made about the circumcision decision is that it is a decision for life, whether it is for or against the cut. We often hear that leaving the child intact effectively places choice in the boy's own hands. When he is an adult, he can himself determine whether or not he wishes to be circumcised. I believe that the so-called choice which is being preserved is illusionary. Picture the 18-year-old, newly arrived in adulthood. Are the arguments for or against circumcision put to him? Is there literature available which explains clearly to him the advantages and disadvantages, what the

operation would involve, and how to obtain it? Of course not. And if the 18-year-old, in his wisdom or foolishness, decides he wishes to be circumcised, how should he proceed? He will get little help from his GP unless there are definite medical indications, with no chance of a referral to a consultant or an operation on the NHS. If he is streetwise, persistent and can accumulate a fair sized pot of money, he can go to a private clinic. But how many 18-year-olds have the knowledge and experience, let alone the funds, required to pursue this course? We must face the fact that, although adult circumcision remains a theoretical option, for most it is never a realistic choice. In practice, if a father leaves his son uncircumcised at birth, the son is highly likely to die with foreskin still intact. To circumcise or not to circumcise, either way it is in effect a choice for life.

But suppose that the father is convinced by the arguments in favour of circumcision. Suppose he takes seriously the evidence that urinary tract infection, with consequent kidney damage, is more prevalent in uncircumcised than circumcised boys, evidence which persuaded the American Academy of Pediatrics to revert to advising in favour of circumcision. Suppose the father is persuaded by the prophylactic arguments: that circumcision will prevent phimosis, paraphimosis, balanitis and other diseases of the foreskin which can require surgical intervention in up to 10% of boys and men: that circumcision gives added (but by no means complete) protection against venereal disease and AIDS. Suppose the father thinks that circumcision is an aid to genital hygiene, knowing that the fact that a foreskin is retractable is no guarantee that it will be retracted and cleaned on any regular basis.

If a father is convinced by all these arguments, what is he to do? Wait until his son reaches adulthood and deprive him of the benefits of circumcision for 18 years? Surely, if he believes that he is acting in the best interest of the child, he has a duty to have him circumcised.

In our society, people are often placed in positions of authority which give them the right to influence or direct how others act. In the place of work, the employer determines how the employee shall act during work hours. Police officers have the power to arrest; judges and magistrates the power to imprison; and prison officers the power to confine. In all walks of life, people are daily taking decisions which will affect the lives of many others for better or worse.

This is particularly true of the parent. A parent's responsibility is awesome. For an extended period of time, the child is totally within the parent's sphere of power and influence. Decisions have to be taken daily, hourly, on behalf of that child, when there is no certainty that those decisions will be right. Children are indoctrinated into the religious, cultural and social mores of the parents. If a child is born into the Christian, Jewish or Moslem faith, he may drift into indifference, or atheism; very few will cross the boundary between one religion and another. The education chosen for the child will significantly affect his ways of thinking and his opportunities in later life. The diet chosen,

the environment in which he lives, whether or not his parents smoke, all are likely to have a significant influence on his future and well-being. There are even routine medical decisions to take – to immunise or not, for instance; whether to risk the possibility of damage through inoculation in return for the protection offered against serious disease.

Nevertheless, these responsibilities are borne lightly. People weigh up the pros and cons, take a measured decision and act for what they hope will be the best. There can never be any certainty that a decision will be right; if such certainty existed, no decision would be required. Nor is inaction necessarily a valid option; always to do nothing as a matter of policy is a decision in itself, and will many times bring results infinitely worse than if a positive decision for change had been made. Life is uncertain and full of risk. Most of the time we accept that risk – we still drive cars even though we know the relatively high chance of an accident. We trade that chance against the advantages of speedier and more convenient travel. In medicine, all drugs have side effects for some people. After rigorous trials, a drug is accepted for clinical use, even though it is known that its effect on some patients will be deleterious. And when we are that individual who is affected, we rail against the system, feel ourselves ill-used and demand compensation. Such personal anger is justified, but it is against the fates that we should fulminate, not against those who took decisions in good faith and with the best possible evidence. As humans we crave certainty when there is no such thing.

There is little doubt that the actions of parents have a profound influence on the child, for better or worse. The parents must take these actions and decisions. The child cannot be left uneducated until adulthood to decide for himself the education he wishes to receive. The child cannot be raised in a religious or cultural vacuum. If immunisation is delayed, the protective shield is lost. Mankind depends upon each generation being raised to succeed its parents and to take its responsibilities in turn. The responsibility for raising the next generation has, from time immemorial, been given to the current generation. We, as individuals, may not like what our parents did: “They fuck you up, your mum and dad...”, as Philip Larkin so eloquently put it. But who can doubt that most parents act as responsibly as possible towards their children., caring for, and nurturing them to the best of their ability, accepting as part of that role the necessity to take decisions on behalf of their children, and to act positively for their children whenever such action is required.

In this context, circumcision is just one of many decisions which a father must take on behalf of his son. Society has given him the right to act. It is his duty to take that action in what he deems to be the best interests of his son. If he is convinced of the merits of circumcision, he has the duty to confer those benefits on his son. To do otherwise is to surrender his role, to abnegate his responsibility, to fail to act as a true father.

*I.G. – London*



## Awakening

Being circumcised makes me feel cross, due to the fact that it was an amputation to a part of 'my' body in which I was not able to give my consent. Because of others' fears and concerns I am left un-whole. The procedure is also inhuman towards infants, who greatly feel the pain. I believe being circumcised robs me of a 'fully' intact functional penis.

Foreskins are beautiful! Perhaps those with them feel differently. I believe the foreskin is there for protection, pleasure, sensitivity, lubrication and 'privacy'. A penis with a foreskin is like a beautifully wrapped parcel, and what a wonderful surprise some of the contents can be (as seen from magazines and videos).

I have heard of the success stories of men who have regained their foreskins through devices that 'stretch' the skin back into place over a period of time. As one of my New Year's Resolutions I hope to achieve this also.

Ever since I can remember I have been curious about other men's penises. I was never taught about sex from my parents; never given the 'talk' by my father about what to expect when my body started to change during puberty. When these changes occurred, I felt strange and didn't realise this was normal. I grew up with fears about my body and became very insecure, which I am still trying to overcome.

Growing up in a very large city, one would think that I would have seen 'all kinds of men in the flesh'. I am sort of shy, and embarrass easily. The only way I was able to see what men looked like without their clothes on was by frequenting porn cinemas and buying magazines. Many of these men were 'idealised' and far from what a normal man was said to have looked like.

Last Christmas, I spent time with a friend in London and experienced seeing a real penis other than my own. It was also my first sexual experience and helped to break down many of my fears and misconceptions of how a man's body should or should not look. I enjoyed all aspects of our fortnight and wanted to safely try everything and anything possible. He said it was like opening 'Pandora's Box', and being that he was older, was not up to any of the kinkier things. That first time was very special to me.

Because this was my first sexual experience, it is only fair to claim myself as a bisexual. I say this, not for any fear of being labelled as gay, but more for the fact that all I want is a relationship with a person, either male or female, who is genuine, and would care for me as I would in return. Personally, I would rather find a nice guy, someone with whom I could explore further. I find it sexier to explore and grow with a partner than to have multiple partners. But who am I to say, since I have not really experienced either.

Thank God for the ability to fantasise, and yet it is still quite lonely. I love to masturbate, especially with a good lubricant. I really find it erotic, and love

to feel and see my hand slipping over my shaft and glans. This would be an extraordinary bond with another man, lover, or even several men. Also to learn and see other techniques. Other rubbing techniques excite me also, especially using someone's stationary palm or foot, and not to leave out 'penis'!

I would like to start exposing myself to others – (OK – I'd better start this again). I would like to be more in tune with others who have the same feelings as I do. Having just moved to the Midlands from Scotland, I feel alone and isolated, and hope greatly to find others who are genuine with similar interests. What I really wish is to build further my confidence level, and this would greatly help whilst around those who are understanding.

I hope that I haven't evaded the main topic – that is the last thing I want to do! I just feel that at the moment I have not had enough experiences to say, "I only like..." or "the penises that...", da blah de blah de blah. I feel the rewards are greater once one has seen what is out there, and for the most part, if the penis happens to be big, little, fat, skinny, circumcised or uncircumcised, it doesn't matter. I truly feel all that matters is that it's attached to a genuine guy with a good sense of humour, who is understanding, caring, daring, and who likes to try new things. Am I asking too much?

I have so many other questions and feelings, with great hopes to share them with others in the near future.

*J.P. – Staff's*

## Two Replies To D.T.'s 'Learning the Hard Way' 6/96

**I** am French and I have some reasons to suspect that 'La Florentina' means anal sex.

But outside of that, I believe that you would have to read "Bagwan shree Rajneesh" or "asha Rajneesh", the guru of the Oronge people. Somewhere he explains that you can have more intense sexual pleasure without orgasm. I personally tried it and found it to be true. The first time I fucked, restraining my orgasm, I felt that I was giving up my soul. The second time it was less hard, and the third time it was OK, and I had more pleasure without orgasm.

Some people learn how to do it as above, but some people tend to do it unconsciously. It may not be so in your case, but one never knows, it could be.

But for that one has to know meditation, and the first part of meditation is relaxation, and plenty of doctors could teach you that.

*J-P. – France*

**Y**ou pose a question about what you describe as 'La Fiorentina' and which a friend had mentioned to you but then failed to discuss or detail for your benefit. As soon as I read your letter my memory clogged with something I had read years ago and I actually turned up the book concerned. Alex Comfort, in his book, *Joy of Sex*, page 180 of the updated and extended 1986 print, states this, but under a slightly different title:-

Florentine – Coitus a la Florentine – intercourse with the woman holding the man's penile skin (and foreskin if he has one) forcibly back with finger and thumb at the root of the penis and keeping it stretched back all the time, both in and out. Excellent way of speeding up ejaculation, and greatly boosts intensity of male sensation if you get the tension right.

This I think is the answer to your main question, but if I had the time now I'd say a lot more on it, also how to perfect the technique yourself when alone, and also use it during or after extended intercourse.

You also mention your love of wanking and how you feel you have desensitised yourself. Whilst I am now cut, having had the benefit of an ample foreskin and also shared your loves, I can understand why it is so appealing. I'd merely say here that perhaps you are being unnecessarily hard on yourself, and perhaps in fact you are misunderstanding what is happening and why.

Take this item of advice from Dr Ray Hamble who advises on male problems (and is a member of the Society too), that wanking as much as possible, (and more besides), can't be bad, both with or in the absence of shared sex. In other words it is a form of sex in itself, but has got a bad press by others not sharing enlightenment.

*Richard – West Norfolk*

## Indonesia

### **An item and reply culled from the Internet by Vernon.**

**M**uslim interest springs from working in Indonesia for many years where Muslim circumcision ceremonies are a festive event and very public. The concept of being uncircumcised is unthinkable. While I have observed many of these ceremonies I am interested to learn of other cultures' methods of circumcision. In Indonesia it is done by a member of the mosque using an implement that resembles a pair of scissors, though I have seen it done in villages with the equivalent of a cut-throat razor. Generally the circumcision is done to boys between the ages of 6 and 10.

*John Phillips <antique@gist.net.au>*

**M**ost of the comment you wrote about Indonesian circumcision are right, but as you know, Indonesia has thousands of different cultures, so in some parts the boys are circumcised between the ages of 6 and 10, in others,

before 6, some over 15, etc. but for sure it is very rare to find circumcision performed on the newborn, maybe because it is an initiation and also a mark that we are become true Moslem from now on (like baptism in Christians).

Circumcision in Indonesia has now become more and more popular. Even the non-Moslems (mainly Indonesian-Chinese) are also having circumcision shortly after puberty. They just go to the doctor alone or with friends (no parents) and ask for it.

To be uncircumcised is a bit embarrassing and for sure some of our friends will tease us (during childhood). Even when you grow older they will still ask if you have been done or not, so sometimes you have no choice but to lie or have it done.

Anwar Tedjamulja <anwar@indo.net.id>

## Books

**R**ecommended books to all who are interested in background reading on Acorn-associated matters, particularly from a historical viewpoint.

First, a Victorian classic, *My Secret Life by Walter*. There are three major background points to make about the Victorian times through which Walter lived and fornicated. Firstly, circumcision was unknown, secondly, ladies did not wear knickers, and thirdly, the WC had not been invented!

Walter discovered early in life that he had a tight foreskin. His first recollection at the age of 7 or 8 was of his nursemaid continually playing with his penis and trying to pull his foreskin back when she took it out for him to pee, causing him to feel pain as his prick tip showed. Once she also masturbated herself with his hand as she played with his foreskin.

Later, he and his cousin Fred took a pee against a hedge, and when they compared cocks he found he could pull Fred's foreskin back and forward, but not his own, causing Fred to jeer at him for having a tight skin. The same thing happened at school and he developed an inferiority complex over his foreskin.

Walter then finds that one of the maids does not object to him putting his hand up her skirt and feeling her vulva, and in return she would feel his cock and try to pull his foreskin back, without success. As a result, Walter worried about his foreskin, thinking the maid would think it odd and that he would not be able to have sex.

When eventually he was old enough to seduce a young maidservant, his foreskin got quite sore from her handling of it and from the vigorous act of copulation, so he asked the advice of a chemist who told him he could have a snip (a minor dorsal slit to relieve the restriction) or just leave it – it would

stretch of its own accord. Walter wisely decided to leave it and sure enough it soon started functioning normally. Circumcision was not on the menu in those days.

Walter grew up obsessed with sexuality and, in particular, the size of the male member and the function of the female organ, particularly how women peed. The fact that there were no WC's in those days made it sensible for women to wear no knickers, since it was quite normal for them to pee in the street. Walter tells how he followed three housewives, who had been celebrating, as they went round a back street for a pee, and induced them to let him watch. After offering them half-a-crown apiece they agreed and each lifted her dress and peed in front of him, letting him feel their pussies as they did so, which made it go everywhere. Afterwards, each in turn held his penis, one pulling his foreskin back as he did the same thing. He talks of his amazement at seeing one woman sit on her heels with her long skirt hiked up to her waist, laughing at his confusion as she propelled a cascade of urine six feet out in front of her before it hit the ground.

Later he spends a page or two philosophising about what most turns younger women on sexually, and came to the conclusion that it is the sight of a big pego, and the opportunity of sliding the foreskin back and forward to reveal the knob.

A century later, Walter had a female rival who did her best to follow his example as a sexual athlete, but whereas he claimed to have serviced over a thousand women, she only managed a couple of hundred men. The woman in question, Anais Nin, was a true nymphomaniac who wrote prolifically about her sexual achievements in her diaries, recently published as *Henry and June*. She claims to have slept with five men in one day – and then masturbated afterwards. She said she felt guilty afterwards – about masturbating! Her husband apparently was fairly happy about her sexual activities, providing she avoided confronting him with them. One of her lovers was her own father, Joachin Nin, who apparently abused her sexually as a young girl. But instead of hating him for it, she was grateful to him for introducing her to the world of sex, and it was she who seduced him later on in life. These episode are mentioned in *The Erotic Life of Anais Nin* by Noel Riley Fitch.

The most prominent of her lovers was the notorious American author, Henry Miller, who wrote such classics as *The Tropic of Cancer*, describing his (and her) sexual activities in the grossest of four letter terms: he had an adolescent obsession with “cunt”, which was the only thing about a woman that interested him. He would definitely not be a cult figure in today's feminist environment. This didn't worry Anais at all, who took pleasure in his brutal lovemaking and encouraged him to write “books to be read one-handed”, as she described them. She showed her gratitude to him for giving her sexual fulfilment by picking up all his household bills (courtesy of a rich husband).

Henry Miller described Anais as a foreskin hunter, saying she wore a necklace of imaginary foreskins as an emblem of her conquests. She apparently preferred sleeping with Henry who was uncircumcised to her husband who had the overdeveloped mushroom glans associated with the roundhead, which she found uncomfortable. Henry was quite proud of his foreskin, but, as he describes in his book, he nearly lost it to the urgent persuasion of an American doctor friend. This fellow would not stop hounding him to get rid of it, although there was nothing wrong with it (although it was rather long), ignoring Henry's protests that it gave him no problems. Eventually, despite Henry's reluctance, this doctor tried to force the issue by making an appointment for him at the clinic to be circumcised. (What is it with these guys?) Anyway, Henry suddenly took stock at the last moment, and with Anais's energetic and vocal support, told his ex-friend to piss off, saying he had decided to keep his precious foreskin.

In her diaries, Anais described how she embarrassed a new lover, half her age, she had just met, by pulling the petals of a rosebud back and making – in a public place – suggestive remarks associating her actions to the fact that she intended to pull his foreskin back for him when they got home. As well as being a self-confessed foreskin fancier, she was also hooked on oral sex – both giving and receiving – and said how much she enjoyed drinking sperm.

J.F. – Bedford

[The final book will be in the next issue. — D.A.]

## Another Sort Of Book

**H**ad to write and tell you that I've just bought and read *Circumcision – a Guide to a Decision*. A most interesting little publication.

Initially, it purports to be completely unbiased, setting out the pro's, maybe's and con's in a cogent and easily assimilating fashion, to help one decide – one way or the other. I don't think anyone who wasn't more pro than con would buy it in the first place, and, if you're considering it, you don't really want anyone to say, "No – don't do it". Anyway, by the appendix, the author is declaring himself virtually 100% in favour. So much for unbiased advice! This is not a criticism of the author, or the booklet – it's just that the content, for the most part, is 'A Guide to a Positive Decision'.

One or two points caught my eye in particular. One – the categorical statement circumcision will lead to an increase in glans dimensions (even if one already makes a consistent practice of wearing the skin back???). Also, under 'hygiene', the declaration that 'circumcision renders the penis permanently clean' (with no other attention whatsoever, on circumcision the penis is somehow made magically, permanently clean???)

New to me, but with the right ring of truth about it, is the idea that a long-foreskinned cock is 'infantile', and, 'a failure of normal development' – in nearly half of the male population... This is an interesting selling point for circumcision – hopefully encouraging a guy that he would look more of a man if he had his 'little boy's skin cut away'. To most of us, at least, little boys don't look sexy. Uncut guys do, but only when they have a hard-on. Cut guys virtually all the time. Moral – if you want to look more sexy – which you do, don't you – just eliminate that redundant scrap of skin.

Where you have a medical/religious rite which has been around for in excess of 3,000 years, performed by men, on men, perhaps initially at upper levels of society and its bravest warriors, is such a practice, if it is likely to interfere with sexual performance, going to last that long? I think not. Therefore, it seems that whilst some would say there really is no good reason to get circumcised, if one is so inclined, there is, conversely, no good reason not to be circumcised.

*ZED*

## Sensitivity

One reads so much on the topic of 'sensitivity', or rather 'loss of sensitivity' of the circumcised penis and writers never seem to be able to decide whether there is any loss at all. I would have thought that the obvious thing to do to find out, is to ask anyone circumcised as an adult. I had thought I could have contributed here to what they did not know. However, I was very surprised to read in the introductory letter that membership is about 66% circumcised (mostly as adults). It appears that there is a vast amount who could contribute to the so-called 'loss of sensitivity' debate. I do hope there will be articles in the newsletter by some of them on their reasons for circumcision as an adult.

*J.G. – Australia*

## Comments On Issue 8/96

1 Anthony's "Prospective Owners Guide" quotes a figure of 9% as the UK circumcision rate. This is equivalent to 1 in 11 being circumcised. I don't know where he got this figure from as all the evidence I have seen, including my own observations of men and boys, puts the rate at about 1 in 7, ie around 14%. That clinics are now openly advertising circumcision on peak hour commercial radio seems to indicate that there is a considerable demand which had not hitherto been satisfied. It seems likely that the circumcised proportion will grow in the future rather than diminish further. Any official figures for circumcision rate must greatly understate the facts by 2-3 times, since there are probably more circumcisions performed privately (in clinics,

by mohelim, and in doctors' own surgeries) than are done in NHS hospitals and thus included in official statistics.

2. His reference to circumcision being favoured by gays is irrelevant since gay men are as equally divided on its merits as are heterosexuals. This was obviously intended to be a damnation of circumcision by association.

3. Unless a man is in the habit of ignoring his wife's feelings, and just 'sticking it in' without any form of foreplay, there is going to be little difference in friction, etc. during penetration between circumcised and uncircumcised. During erection, the average foreskin retracts to be fully behind the coronal rim of the glans. Foreplay will almost always result in the glans and inner foreskin being dried out considerably from the damp state they were in before erection. Lubrication is primarily provided by the female herself, with a contribution from the man's pre-cum.

If, on the other hand, the foreskin is so long and tight that it has not retracted at full erection, then it will be most likely that the penis will be inserted into the vagina with the foreskin still over the glans. There will be no contribution to lubrication from the outer skin of the foreskin. A number of wives of uncircumcised men with long foreskins, have complained that their partner's foreskin simply sticks to the walls of the vagina and he virtually masturbates himself inside the foreskin without giving her much pleasure.

4. Although I am a member of the circumcised minority, I have never been the subject of adverse comments about my circumcised state, and neither has any other circumcised male I know. This basically just doesn't happen in Britain the way the opposite is said to occur in the USA.

5. In the line drawings submitted by David I would not have immediately recognised the left hand picture as being a circumcised penis. I saw it as typical of a flaccid uncircumcised penis with the foreskin retracted. Whilst my own infant circumcision is far from complete, the remnant of foreskin doesn't lie in rucked up folds as shown, but instead forms something more akin to the cup of an acorn. A properly performed circumcision would have removed a bit more foreskin anyway, so as to leave the coronal ridge and groove permanently free of foreskin.

V.Q. – London.

[It was a drawing from a photo. If you look at the film *Dick*, showing hundreds of American cocks, your hypothesis would make it clear that the great majority of men in the US all have foreskins. — D.A.]



## Medical Fetish

**M**y initial sexual experience (if it can be called that) took place many years ago at a school medical examination when I was thirteen or so. After the school nurse had completed the usual sight and hearing tests etc. I was introduced to an elderly retired(?) doctor who proceeded to conduct a very thorough and comprehensive genital examination. The inevitable occurred – I developed a ferocious erection and the medic expertly masturbated me into a pile of tissues he had conveniently standing by.

The experience was stimulating and arousing whilst being shocking and embarrassing at the same time, and I cannot deny I found it intensely exciting. When I had a college entrance medical at 19, the same thing happened as I once more became engorged and the middle-aged doctor commented strongly.

A circumcision at thirty followed with the usual 'swellings' and a more than clinical approach being adopted by that (older) doctor.

The problem, if indeed there is a problem, is that I am now seemingly hooked on so-called intimate examinations, and tend to see specialists up to four times a year. As I go privately and they are well paid (my health insurance covers the cost) do you see any problems occurring with my fetish? So far, the urologists I have seen have been all too keen to be a part of the charade and indeed, some reciprocate fiercely.

Do you think I am compromising their medical standing or integrity, as I would hate there to be repercussions? Also, are male patients of this nature rare, as I gather the female of the species is the more prevalent, and often problematical?

*K.G. – London*

[I would think that if you like it and they like it and no one grasses, then everyone should be happy. I'd love to know more detail, such as your excuses for going and what does 'reciprocate fiercely' fully mean. Any other comments from members? — D.A.]

## Circumcision On The Internet

**M**embers with Internet access may care to visit a pro-circumcision Web site which is to be found at:-

<http://www.users.dircon.co.uk/~vernon/ICIRC/index.html>

*Vernon*

## Sky TV And Circumcision

Recently, while watching a programme from Granada called *Health & Beauty*, there came a half-hour slot called "Appointment with the Surgeon". Under review were the following subjects: Malaria, Breast Cancer and Circumcision. The first two topics were dealt with at length, with diagrams, photographs and a discussion by a panel of interested parties. When it was time to talk about circumcision, we were treated to a 1-2 minute dialogue by the surgeon (I didn't note his name) without any illustrations, or participation by others. The surgeon gave his viewers the following information:

Circumcision is carried out for religious or medical reasons. Most people think that the Jews invented circumcision, but this is false. They picked it up from the Babylonians, who in turn had picked it up from the tribes of West Africa. Non-religious circumcision is carried out on men and boys for only one reason – a foreskin that will not retract. For both groups it is a day procedure, although men are usually given a general anaesthetic. Where boys are concerned, they have a sore willy for 2 or 3 days. The procedure is very traumatic for their mothers as the willy looks as if it had been shut in a door. Adults have a worse time of it. They get erections while asleep (don't boys!!) and this is very painful. The adult willy doesn't heal for 3 to 4 weeks, and if during this period the owner is so foolish as to make love, he only has himself to blame for the consequences. The surgeon then looked straight at the camera and pronounced, "Circumcision, the cruelest cut of all". My wife commented, "Utterly ridiculous!" I couldn't have put it better.

I can't remember seeing a more disgracefully biased programme in my life. Why wasn't the well-documented reduction in urinary infection as a result of this benign operation touched on? The likely, if as yet not 100% proven, fact that circumcision may give a significantly better chance of avoiding AIDS was not touched on. Nobody with an opinion on the matter was questioned, and no traumatised mothers were to be seen. Can you explain to me why there is this conspiracy in the UK to put down circumcision? I am completely baffled.

Moving on, I have read every issue of our newsletter, and really appreciate the work that you put into it. However, in my opinion it ought to be a celebration of circumcision. Unfortunately there seems to be a surfeit of wingeing letters from people who seek foreskin restoration for example. It is hard for me to feel sympathy, as the first 20 years of my life was ruined by the possession of one, but there you are. Then there are the nymphomaniac grandmothers who love long, tight foreskins and the hints that circumcision may cause homosexuality. I know that you try very hard for a balanced content, and I don't want to sound negative considering the great service that the newsletter provides, but perhaps you could make it a little more pro-circumcision in the future.

*J.W. – France*

## A Cut Below

### Part of an article from the magazine *MAXIM*

**A**lthough circumcision may be performed for medical reasons, some doctors now question how often the operation is justified. If the foreskin's too tight, they argue that less drastic alternatives, such as stretching or loosening, should be tried first.

In the past, medical evaluation of the surgery has been delayed by the enthusiasm of its supporters, and a fear that any criticism might be seen as anti-Semitic. But, as we reach the end of the 20th century, even some Jews are beginning to question the desirability of a practice which, they're taught, is a vital part of their cultural identity and an essential covenant with God.

Their dilemma is understandable – it's difficult to question a custom sanctioned by 3,000 years of tribal experience and sanctified by religion. However, the truth is that the rite is not an essential part of Judaism. Put bluntly, it's an act of mutilation from a primitive biblical world where God demanded human sacrifice – more akin to cutting off the hand of a thief than the welcome a new-born child might expect on entering the world. The question increasingly being asked is: does this sort of practice belong in modern society?

In fact, medical opinion in Britain has been turning against circumcision since as long ago as 1949. Before the war some 30% of British men were circumcised, mostly around the time of birth. In the 1950s circumcision of new-borns declined rapidly to 20%; these days only around 7% of boys are circumcised, mostly for medical reasons.

In the US, however, circumcision remains the norm – around two-thirds of men are circumcised. (Take a quick peek at an American sex book and, if you've got a foreskin, you could feel distinctly unfashionable.) Many American doctors still believe it is cleaner and healthier to have the operation. But their views often seem to be based on the religious idea that the uncircumcised are unclean in a ritual sense – and medical argument is then used in an attempt to justify and objectify it. Close examination, however, shows there is absolutely no scientific basis for this view.

Smegma, the normal secretion of the healthy penis, accumulates under the foreskin, and certainly smells if it's not washed away regularly. Maybe that explains why it has been readily endowed with unhealthy attributes. Cancer of the penis, for example, was thought to be caused by accumulation of smegma on the uncircumcised penis, and cancer of the cervix by the transfer of smegma during intercourse.

It's true that these cancers are rare among Jews – but then, cancer of the penis is less common among rarely circumcised Swedes than among Americans who've generally had the op. Other studies have failed to show that cervical

cancer is any more frequent in women whose partners are uncircumcised, even when the number of previous lovers is taken into account. It's now widely recognised that this particular cancer is caused by a virus transmitted through secretions during sexual activity, as with cancer of the penis. Possession of a foreskin makes no difference at all.

Indeed, none of the claims made today by its supporters – that circumcision promotes good health – make any more sense than the 19th-century belief that a man with a foreskin was likely to masturbate more frequently, causing madness.

## Contact Corner

**B**i-guy, 42 year old, circumcised at age 19 from choice, seeks correspondence and/or meetings with like-minded guys in the Beds, Bucks, Herts, Northants areas.

*P.H. – Milton Keynes*

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**G**ay, 36 yr-old, fair cropped hair, good looking, blue eyes, 5'10", 12 stone, good body. 7.5" cut (birth), thick with large knob, shaved balls, 5mm Prince Albert, tattoo on cock and buttock.

Interests:- Leather, rubber & 'real men'  
Piercings, heavily tattooed men, genital tattoos.  
Radical adult circumcisions and/or long tight foreskins that won't retract with a hard-on, on big dicks. Perhaps with a circumcision fantasy.  
Well-hung men generally.  
Fascinated by sub-incisions (but never seen one).  
Light watersports.

Would like to meet or correspond with anyone under 50 with some or all of the above interests, preferably in London but not necessarily so.

*M.C.*

# ACORN

Issue  
No 2 1997  
Editor  
David Acorn

## Editorial

Running a bit short of material again. Maybe there's some provocative items in this issue which will make a few members pick up their pens and write their own opinions. We'd most like to hear from those members who have been with us for years but never written a word.

By the time you read this the venue for the spring meeting will have been published. I'll enjoy, like we all do, meeting old friends, plus some who have never been before.

*David Acorn*

## Nurse Memoirs

As a former nurse in a GUM (Genito-urinary medicine) department of a major hospital, I was privileged (if that's the right word!) to see, touch and examine more penises than most other females, except maybe an enthusiastic call girl. I have been reading *Acorn* for some time, often with a smile on my lips, but also with a lot of interest and some sympathy with those who write such unhappy letters about their penile state. If only you men could all be granted the sexual

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Printed & Published in England by The Acorn Society  
© 1997 The Acorn Society & Contributors

## Correspondence

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SOMERSET, BS23 1DJ

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

organs you would like to have, the world would be so much happier (thank heavens women don't seem to have this problem).

One point mentioned in a previous copy of the newsletter was the difference in attitude to circumcision between urologists, who are sometimes pro and paediatricians who are solidly anti. I couldn't agree more, but this is an oversimplification, and the situation needs to be discussed. Firstly, although a lot of senior urologists favour circumcision, it is nearly always the case that they are circumcised themselves; what they were taught in their student days was very different from what they are taught now, and medicine being one of the most hidebound and conservative of the professions, they would hardly admit that they were wrong – or admit that they themselves had been done unnecessarily.

Most younger specialists are intact (I speak from experience of a select cross-section!) and they take a different attitude entirely, having lived with a foreskin all their lives, and thus being able to separate fact from fantasy. After all, the vast majority of men go through life with a foreskin, without the need or inclination to get rid of it. In addition, a large proportion of urologists these days are women, and they are even more reluctant to circumcise.

The facts speak for themselves. Nowadays, conservative procedures (such as steroid creams and minor surgery which removes no tissue) are well understood on the continent, and are so effective in preventing foreskin problems that, except in cases of BXO, circumcisions need hardly ever be done. It seems scandalous, but these procedures are unknown to the vast majority of British GPs, a lot of whom refer kids for circumcision unnecessarily. The fact that so many such circumcisions are still entertained can be laid at the door of the older, dyed-in-the-wool specialists who refuse to update themselves and accept modern methods. But they too are becoming cautious at the possibility of court cases brought, not through the British courts which tend to sit on the fence, but the European Court which sets a lot of store by the rights of the individual – and has no experience of circumcision.

Certainly, over the years, I have seen some heartbreaking cases where men have been so horribly disfigured that they finish up virtually impotent for life. I have seen men with too much skin removed causing pain and distortion on erection: blood vessel damage giving rise to an agonising haematoma on erection (an 18 year-old kid, sadly suicidal), and appalling botch jobs which serve as a living monument to criminally ham-fisted surgery.

I remember being lectured once on the advantages of circumcision to men from the hygiene point of view, with the danger of smegma build-up being stressed. I mentioned this later to a female specialist and she just laughed. She told me to go away, get a mirror and look under my own prepuce and tell her what I found. The point being that in normal washing of the vulva, the foreskin of the clitoris does not usually get retracted, and smegma can,

and does, build up there – because it is entirely natural and no one any the worse for it!

It is now recognised that medicine has advanced a long way since the days of M&B tablets, D&C ops and tonsillectomies, which are recognised to have achieved absolutely nothing, whilst latterly, hysterectomies and episiotomies have been largely put in the same category, not without opposition from those old fashioned consultants who are unable to accept rationalisation and modern methods. It is clear that circumcision also comes into this category, and in medical circles in this country it is now widely recognised that it causes more problems than it cures.

As far as non-medical operations are concerned, female circumcision has been banned in most countries, including UK, for years, and the docking of puppy dogs' tails has recently been outlawed on the grounds of cruelty to animals. Meanwhile, little boys' foreskins are still to some extent fair game for the dwindling number of doctors prepared to operate. Perhaps this has something to do with the fact that we have a Royal Society for the Prevention of Cruelty to Animals, but only a National Society for the Prevention of Cruelty to Children.

*Marjorie Mitchell*

## Speculations

I have just been reading through some back editions of the magazine, which has prompted some speculative thoughts to come to mind on the effects of circumcision on society. Being circumcised myself, it has struck me that, throughout my life, most of my friends and most of those I would have liked to be friends with, have also been circumcised. I cannot work out if this is a class problem or whether being circumcised leads to a friendlier disposition, or some sort of common outlook on life. Have any other readers noticed anything like this?

My working life was spent at various collieries – coalmining I suspect being thought of as a fairly down-to-earth and working class profession. Yet I have always been impressed by the friendliness of the mining community. I have also noticed that a higher proportion than I would have suspected were circumcised, possibly as many as a third, young or old (old being under 50 in recent years). Do men who work closely together, and bathe together, prefer to be circumcised?

Most speculative is the divorce rate. Divorce has increased as circumcision has decreased. Are modern uncircumcised partners more fractious and harder to get on with? Is their sex life not as good? Or pure coincidence?

On a slightly different topic. On this week's Channel 4 *Seriously Funny* programme, a large female comedienne (possibly Roseanne Barr, although

I'm not too familiar with these modern comics) stated that all women see a penis when looking at a man. This being so, do they see a circumcised penis or not? Perhaps our female readers or readers' wives can help. I once read that women view a circumcised penis in much the same way as men view breasts. Do women try to find out a man's penile status before dating, or just take pot luck?

Lastly, over the years, I have built up a small scrapbook of features and letters about circumcision on a random and ad hoc basis. Of the letters, culled from many sources, 53 are for circumcision, 44 against. These include 26 from women for circumcision and 15 against. You will observe that this leaves men slightly against it, but if you remove the letters from men embittered by being 'mutilated' at birth (10), men are for it too. At least as far as people who write letters are concerned, or possibly the press who print them.

It's just struck me that my wife left me for an uncircumcised man, having always said that she preferred a circumcised one. So perhaps it's not that important after all.

A.K. – *Leics.*

## Yohimbe

I came across the following on the net and found it very interesting. Have any members come across it or are using it? If so, would you please write in and tell us of your experiences. If you are using it, I would appreciate it if you could correspond with me and advise me with relation to cost and availability.

B.H. – *Leeds*

## Yohimbe

Yohimbe has shown particular promise as a herb that can make erections harder and firmer. Studies show that yohimbe, a tree bark extract, has been shown to increase blood flow to the penis.

A recent clinical study in Rhode Island (published in the *Journal of Urology*) tested the active ingredient in Yohimbe on a group of men who had experienced chronic sexual dysfunction. For those who had been impotent for less than two years, the improvement rate was an astounding 81% – simply from taking a moderate dosage of this amazing substance over a period of one month. Two out of three patients who previously had experienced only partial erections, and had failed in normal intercourse at least 50% of the time, now reported fuller and more lasting erections, leading to consistently successful lovemaking.

### Yohimbe Successful in Treating Both Organic and Psychogenic Impotence

Earlier, less systematically controlled medical studies had reported 70% - 80% "good to excellent" results with impotent patients. A landmark strictly



controlled Canadian study in the 1980s showed that the active ingredient in Yohimbe could be a significant aid in restoring potency in diabetic and heart patients who often are prey to impotence.

Overall, the study's success rate for serious organic cases was 44% – startling enough to be prominently reported in *Science Digest*, *Time*, and *Health* magazines, as an alternative to invasive treatments.

The Yohimbe extract triggers chemical changes in the body that can also aid psychogenic cases of impotence, due predominantly to fatigue, tension and stress. In a 1994 Italian clinical study, half the patients received the active tablets for 8 weeks while half received placebos. The Yohimbe group showed a 71% positive recovery rate compared to the placebo group's 22% rate. Then the placebo group was changed to Yohimbe and scored a 74% success rate. Something in Yohimbe, then, obviously stimulates the male libido.

### Yohimbe Suppresses Action of 'Aging Hormones' and Bolsters Critical Erection-producing Hormones.

As an alpha-adrenoreceptor blocker, Yohimbe reduces the effect of hormones that cause constriction of blood vessels which often increase with aging. Yohimbe particularly aids blood flow to the corpus cavernosum to more readily engorge the penis. At the same time, Yohimbe increases the body's production of norepinephrine, known to be essential to erections (this, too, diminishes with age). Plus Yohimbe steps up adrenaline to nerve endings, which can quicken male sensual stimulation.

Without drugs, Yohimbe can rejuvenate male libido by restoring and enlarging the chemical pathways needed for full functioning.

## Unhappy

I am a very new member of *Acorn* which makes me feel I have entered a conversation halfway through. But having just read through some past issues of the newsletter, I would like to write about my own experiences.

I had the misfortune of being born in Australia in the early 1960s. I say misfortune because at that time circumcision was automatic. Unlike in England, where circumcision was an indicator of social status, in Australia, caught up in the post fifties panic about hygiene, circumcision was standard for nearly all newborn baby boys. I had never seen a foreskin until I moved to England.

While at primary school, I think I was about 9 or 10, my class went on a journey to a museum. I remember us all sitting on the floor with our legs crossed. We were watching a film about Aboriginal tribal customs. Part of the film included a complete close-up depiction of the circumcision of a boy in the

tribe. (I clearly remember one of the male teachers exclaiming in sympathetic pain at the footage). I still vividly remember the 'ritual' very clearly. Whether we were meant to see this footage or whether it was an accident I cannot say.

In my reading of *Acorn* back issues there was one point that appeared to elude most writers/contributors who are pro circumcision for infants/children, and that is choice.

I am deeply unhappy about being circumcised. I have no idea of what my own body should be like. Part of me was removed before I had the consciousness or ability to give consent. I will never know what I have missed out on by not having a foreskin. While I have always been aware of there being something missing from my penis, it has taken me many years to acknowledge the anger I feel about it. It is almost as if my own mind has taken years to absorb what happened so many years ago. For a long time I held the attitude, 'Oh well, there is nothing I can do about it now'.

I remember when I was about 19, sitting in the university bar talking to friends. Everyone was comparing scars. There were tales of childhood accidents, car and motor cycle accidents, mishaps with machinery etc. I remember pronouncing that I didn't have any scars. Of course it took me years to consciously realise that I did in fact have a very significant scar.

Life is about choice. We all make choices. A child with a foreskin can, when an adult, make the choice to remove it. That is fine. Every adult has the right to determine the condition of their own body. I personally cannot understand why an adult would wish to have his foreskin removed, but I respect his right to choose. The child who has his removed through someone else's choice, does not have that luxury. It is my dick! Why wasn't I afforded the right to make any decisions about it? If you have a son, let him decide what kind of dick he wants to have. What right does anyone have to remove healthy parts of a newborn child? Endless surveys may conclude that circumcised penises are preferable, but it is my dick, and I demand the right to decide what my own dick should be like.

I have had many discussions with my mother about why she had me 'done'. I am the fourth boy of the family. My brother, the second boy of the family, was not circumcised until he was about 6 months old, after he developed problems with his foreskin (that, I believe now, could have been cured without resorting to amputation). Subsequently, the rest of us were cut. My brother is unhappy about being 'done', and has not had his own son's foreskin removed. In fact, none of my Australian nephews have been cut.

No one has the moral right (while they ludicrously still have the legal right) to make those kind of decisions about another individual's body, unless life is threatened. What happened to concepts such as self-determination? Or the rights of a child? Circumcision is child abuse of the most base kind. Legislation in Britain forbids the tattooing of people under the age of 18, in the belief that

they may regret the tattoos in later life. Yet it remains perfectly legal to slice off part of an infants genitals.

I am currently restoring my foreskin. It is a slow process, and will not of course restore the lost nerve endings or the sensitivity to the glans that was originally there. But what else can I do? I am a victim of circumcision. At least I am doing something. I have gained a centimetre of skin over the glans in the past year. The colour of the glans under the new 'foreskin' has changed, and it has become softer and slightly moist compared to the glans skin still exposed. Because both the glans and the 'foreskin' are slightly moist, there is a vague stickiness and the two pieces of skin cling to one another. Sensitivity has increased to such an extent that it is now painful to the glans, due to rubbing on clothing, to walk without my restoration device in place. Previously, in my cut state, I felt nothing even when wearing jeans without underwear. The regrowth is a slow process, but finally, after thirty four years, I am reclaiming my body as my own.

Do most circumcisions occur in infancy because babies can't say 'no'?

R.H. (5/96) displays a great deal of intolerance when he complains that the magazine is being over-run by the "whines and wingers of men who bemoan their fate" and yet goes on to talk about his own 'op' (the removal of his foreskin). Is this a man who is telling others not to rally against their condition, and yet resorted to surgery to rectify what he himself was unhappy about? I thought *Acorn* was a forum for all points of view?

*St. S. – London*

## Hospital's New Service

### Article in the *Huddersfield Daily Examiner* of 25.1.97

**A**n NHS hospital is stepping in to help Huddersfield parents who want their babies circumcised for religious reasons. Its new service will help increase safety, it is being claimed.

Bradford Royal Infirmary, which launched the service for its own city six months ago, is extending it to people in Huddersfield and other towns. The hospital is one of only a handful in the NHS to provide a circumcision service. Staff carry out the procedure for a £60 fee at a clinic every Friday in the hospital's maternity area.

Religious leaders who carry out circumcisions charge up to £200. Most ritual circumcisions take place in this fashion. The hospital's move has been welcomed by the Racial Equality Council, which said it would increase choice. A health support worker able to speak Urdu and Bengali will be at the clinic.

The hospital is extending the age range for the procedure, and will carry out circumcisions on babies aged between three and nine weeks. Previously,

they had to be six weeks or younger. Extra staff have been taken on and new equipment installed. An explanatory video has been made for parents.

The service, set up primarily for Muslims, is available for other faiths, such as Jews. Hospital chiefs said circumcisions for medical reasons would continue to be free. But, by law, charges have to be made for those done on religious or cultural grounds.

## Letter from America

I was born in 1942 and was circumcised shortly after birth like many (but not all) American boys at that time. The fee for the operation was \$10. As a young lad, before and after puberty (which for me began at age 11), I was quite self-conscious and shy about being cut (circumcised), and also greatly fascinated by circumcision and foreskins, because (a) many of my schoolmates were uncut; (b) my parents never informed me about circumcision (they didn't want to talk about it); (c) I am a shy and diffident person anyhow. Later, I was much more accepting of my circumcised condition, and became quite pleased with it.

Three of my cousins, roughly the same ages as me, and my two brothers were all uncut. Of course, we compared 'equipment', and as a teenager and young man, I had many pleasant jack-off sessions (wanks, as you would call them) with all three cousins. In my small high school class, as well as I can remember now, 32 of the boys, or 56% were cut, and 25 boys, or 44% were uncut. So I have had more exposure to uncut cocks than many American males. Later, when I went to university, and then into the army, the 'cut rate' was much higher than it had been at my high school. Nowadays, or at least a few years ago, 90% or more of the boys in most U.S. schools were cut.

As far as I know, all the U.S. military services (not only the Navy) strongly encourage circumcision. If a boy is born in a U.S. military hospital, whether Army, Air Force or Navy, it's almost a sure thing that he'll be circumcised unless his parents put up a big squawk, or there are medical reasons against it. I've read much anecdotal material of adults being 'modified' in the U.S. forces, but I personally know of only one case. This man served in the Coast Guard in World War 2 and was circumcised in a Navy hospital. He's very glad he had it done.

Till about 1986 I believed that my continuing interest in circumcision was very unusual, if not 'weird'. I then learned that I was very far from being alone: that lots and lots of people, both male and female, are fascinated with this matter. However, many of these people are very shy and bashful when it comes to talking or writing about circumcision; they are 'closet enthusiasts' if you will. I discovered Chuck Thompson in Hollywood and got most of his lists (of 'Celebrity Circumcision Status') and newsletters. Later, I joined a group called *The Cut Men's Club of America and Canada (CMCAC)*, and later still, I

subscribed to the *GNU* newsletters out of Washington D.C. However (and I'm not alone in this opinion) I feel that Chuck and his contributors are becoming bored, boring and 'written out'; they're running out of good material. *CMCAC* fizzled out and was a big disappointment, while *GNU* lately seems 'dormant'. A recent amusing development over here is the willingness of some publications such as *Rolling Stone* and *Village Voice* to ask certain male celebrities (mainly singers and athletes) if they are circumcised.

Within my overall interest in circumcision generally, there are several 'sub-topics' I am especially looking into, viz. (1) 'annular' or 'partial' circumcision, in which only a small part of the foreskin is removed; (2) Islamic circumcision (it's not easy to find worthwhile literature on this subject); (3) the history of 'routine circumcision' (i.e. of infants) in the U.S., U.K., Australia, New Zealand, Canada and elsewhere; and (4) circumcision among significant minorities or special groups in countries that are generally uncircumcised, such as most of Europe, South America and Japan.

Books: I'd like to mention two in my own library that are of special interest. You may already know of these books.

*Circumcision: A Parent's Decision for Life*, by the late Aaron J. Fink, MD (1st edition: Mountain View, Calif. USA: Kavanah Publishing, copyright 1988) is a small paperback intended to acquaint parents and other interested persons with the benefits of newborn circumcision. There is a good discussion of these (alleged) benefits in the text, but to my mind, the most valuable part of the book is the 75-page annotated bibliography (nearly all the titles are in English). There is only one illustration – a line drawing. I bought my copy direct from the publishers several years ago and I've written to ask them if it is still in print and available.

The other book is *Histoire de la circoncision: des Origines a Nos Jours* (History of circumcision from its origins to today), by Malek Chebel (Casablanca: Editions Eddif Maroc, c 1992,1993).

This book would be useful to those of your subscribers who can read French. It includes, among other things, a glossary, a list of circumcision in works of art, a 15-page bibliography (mostly titles in French, but some in English and German), and several fascinating photographs (focusing on circumcision in Africa). My copy came from a Dutch penpal who bought it for me in North Africa. Both these books are pro-circumcision in viewpoint. Dr Chebel's book is in fact dedicated 'to the circumcisers: surgeons of enlightenment'.

A question of semantics (or at least, vocabulary). My UK correspondent says that in his experience, 'helmet' is slang for a glans penis or cockhead, especially a circumcised one; whereas in my experience here, 'helmet' is slang for the foreskin on an uncircumcised cock. Do you have any further information on this point?

M.S. – U.S.A.

## Infant Physiology

### Paraphrasing of a paper issued by Montreal's principle children's hospital

Canada is a country of two halves, in language and in customs. Infant circumcision in Quebec in 1987 was 3% compared to 38% in Ontario. Only those circumcisions which are medically necessary are covered by the Quebec Medicare insurance, those for aesthetic or religious reasons having to be paid for. Medical necessities are acute paraphimosis, or cases of repeated infections of the glans caused by diabetes in adults. Problems can also be acquired by parents forcing the foreskin back in babies causing tearing and subsequent scarring of the foreskin. All other problems can be adequately dealt with by non-invasive solutions.

A Dr Williot gives a run-down on the growth of a penis.

"At birth there are two reasons why the foreskin cannot be manually retracted. The first is that it is too narrow at its extremity, like the collar of a turtle-neck jersey. The other reason is that the glans and the foreskin adhere completely to one another; there is no cleavage, therefore, between the foreskin and the glans. In the majority of cases, infants don't have any cleavage at birth.

Usually, Mother Nature herself takes care of the problem with time. At the base of the glans there is a portion that we call the coronal sulcus. At this point on the glans there are usually no adhesions. Cells from the mucous membrane of the foreskin and the skin of the glans will desquamate, or form flakes if you prefer. These desquamated cells will accumulate at the base of the glans, in the sulcus, and will form a sort of paste called smegma. Smegma will accumulate over the years and the pressure it contributes in creating will result, eventually, in a space between the glans and the foreskin. This, then, is the physiological mechanism of the freeing of the adhesions. Most of the time, this works. Irritated by the smegma, some children will manipulate the glans to find relief, thereby contributing to the disengaging of the foreskin from the glans. Erections, of a mechanical rather than a sexual origin in young children, also play a role. The glans exerts pressure on the foreskin, thereby contributing to dilate the phimotic ring and to free the adhesions."

The doctor points out that when one explains this phenomenon to parents, they generally abandon the idea of exposing the child's glans by circumcision, which requires general anaesthesia and causes pain. Knowing this, parents usually opt for a much gentler method, that's to say, manual retraction done with patience during the child's bath. If at five years of age the desired result is not achieved, parents can, at that point, help the dilation process with a cortisone or steroid cream. One must allow nature the chance to do its work.

*Off the Internet*

[Editor's note:- This for me was very interesting as I have always wondered why, at the age of twelve, after being shown by a boy at school what my glans should look like, I had to break away the last bit of my inner foreskin from my glans, where it was adhering all the way around at the rim. Some harsh masturbatory treatment up to then had not altered it. I didn't do it all at once, but about a quarter of an inch at a time round the rim, as it hurt a bit but didn't leave any scarring. Underneath, it was as clean as a whistle, and after reading the above, it would appear to have been caused because I don't apparently make smegma. I've written before in the magazine that I've never seen it or smelt it, another example of not having experienced everything in life! – D.A.]

## Maldives

A recent letter from a friend in the Republic of Maldives runs:- “We are about to start the month of fasting, so people are bingeing beforehand. Also, this is the month of circumcisions. Again, family and friends of the boy collect and there is non-stop, 24-hour-a-day eating and feasting (no drinking of course) for one week until the boy is deemed to have healed up.”

While everyone knows about Ramadan, I did not know about this custom. I did of course know that the family collect and do celebrate, while the poor child cries.

*Anon – London*

## Weighty Matters

As a newish member I've found the newsletter very good and some possible answers to my problem of restoring my foreskin. I try each morning to stretch the skin by hanging 28lb weights on my penis. I do this for about 20 minutes while I am shaving, but after a year I cannot say that the skin has moved very much, although I have put an extra inch on my prick length. This seems to have stretched the skin above the pelvis and moved my balls along the underside as well.

*D.H.*

My wife made a career move when she was 40, and went to train as a nursery nurse at college in the mid-eighties. Most evenings I would ask her about the day's lectures and took an interest in the subjects so I could help her revise each exam time. One day, with a gleam in her eye, she told me that one of the lectures had been given over to male circumcision. It was pointed out to the class that, despite a reduced incidence, a few of the students would still find that this operation had been carried out on some of their young charges. The discourse was given by a woman in her fifties with many nursing qualifications and years of experience on the wards. I calculated she would have trained in the fifties when circumcision was frequently routine. She had clearly emerged as a keen advocate as a result of her observations and deplored the emerging trend to avoid the procedure.

One of the more interesting tales she related in support of her view was an incident when she had been nursing a middle-aged man. Together with a colleague they had bathed him very thoroughly several times, but to their dismay he continued to emit a strong cheesy pong. When they reported this to the sister she smiled wisely and directed them to two of his bodily crevices which they had surely neglected; inside his navel and under his foreskin. These were duly investigated and the condition of both found to be rather revolting. In particular, the accumulated smegma and detritus around the glans convinced her there and then that all boys should be circumcised for the good of their own health and that of their partners.

The students, most of whom were sexually active girls in their late teens, were fascinated enough to continue discussing the subject over the following coffee break. One, a Muslim girl, said thankfully that the routine practice of circumcision in her culture would ensure that her future husband would be circumcised. My wife was able to tell them proudly that I was, and likewise, the other mature student in the group confirmed that her husband (born in the forties like me) was a roundhead. The girls were very intrigued because all of their current partners had foreskins, and they yet had to encounter a male who had been cut.

It seems a shame that so many young girls growing up today are going to be denied this experience, and I shudder for the sexual health of some who will end up with males who are less than fastidious about their penile hygiene.

*G.D.*

[Surely it was the nurses' fault to let the poor man get in that condition. Are they not taught to wash under the foreskins of helpless men? – D.A.]



## Hypospadias

A few boys are born with an unusual condition called hypospadias. This occurs in about 1 in 350 boys and is noticeable from birth. It's a failure of the urethra (the pipe that carries urine from the bladder) to reach the tip of the penis. This means that it stops short and exits the penis usually from underneath the shaft causing problems when urinating. Surgical repair often turns out to be successful, producing a socially acceptable urinary stream whilst standing.

However, it is crucial that the foreskin is conserved so that it may be used in these corrective procedures.

*Dr Harry Brown – Realm Magazine*

## A Lady's Best Friend

Can we ever look forward to seeing *Acorn* available to the public on the magazine shelves? If you ever got round to it you could make a fortune. I'd be the first in the queue, but at present I have to rely on my best friend whose husband gets it. I find it so much more interesting than the trivial "women's" magazines on the top shelf, even though they sometimes have good pictures, which *Acorn* sadly lacks! I foresee a rush of those people for whom the cock has a special interest, ie females and gays, lining up to buy it. It may not be of so much interest to the average man in the street who only looks on it as something to pee through – and for a weekly workout on Saturday night as a bonus! I do find the moans in *Acorn* rather depressing though and, although they mostly have my sympathy, they should stop going on about it and get themselves cut or start restoring. What I really go for are those who rejoice in what they've got and tell us all about it! Particularly those who describe how women react to their offering, whether as mums giving it a wash, or as girl-friends giving it a wank.

If you firmly believe that size doesn't matter, then you should take *Acorn's* advice of a couple of years ago and buy the video film *Dick*, although a lot of people might consider it more as a comedy with its hundreds of shots of the most hopeless and inadequate little floppers you could imagine. But if, on the other hand, you are sure that size does matter, you should head straight to see the breathtaking photography of a Robert Maplethorpe exhibition when it next comes to town. My boyfriend took me as a birthday treat and I'm still marvelling. Maplethorpe, being a gay, sadly deceased from Aids, was obsessed with cocks, but only took pictures of those which stood out in a crowd – and his taste was immaculate! A large proportion of his pictures are close-ups of men's pride-and-joys with half of them belonging to whites and the other half to blacks. The whites are stupendously endowed but they all look a little uniform since they are mostly circumcised, with one or two with short foreskins. The

blacks on the other hand are quite majestically endowed, and being mostly uncircumcised, show a greater variety, with foreskins ranging from the coy – the pee-hole framed in the taut skin ring, through several lampshades, to one or two which could be used as umbrellas! The exhibition is backed up by a series of picture books featuring his work and giving even more fantastic shots of a girl's favourite vaulting pole. I felt quite flushed at them all, but the one that really caught my attention looked almost as fat as the guy's thighs, bulging slightly over a smallish glans and then tapering further to a tulip head with the end bellling out into a wrinkle of loose skin. I can see why so many white girls go for black boyfriends!

After all this excitement I decided to thank my boyfriend by giving him a special treat and dropped into the Ann Somers sex shop. I asked the advice of the girl behind the counter about sex aids for my boyfriend and she asked me what size, and whether his foreskin was short, long, tight or loose. I said longish and tightish, and she produced a latex rubber ring with smooth knobs all round it, which she suggested I should fit on him before he got erect, by pulling his foreskin back, slipping it into the groove behind the knob, then pulling his foreskin back over it. She said if his foreskin was reasonably tight, it should stay there throughout intercourse – and said she could personally recommend it! She was right. One night I produced the ring and told lover-boy to present arms. Everything went fine, except that the opening at the tip of his foreskin is rather tight and I had a job to pull it over the bulky knobbly ring. But once it was there the fun started. It looked quite spectacular before he got a bone on because the ring bulged his penile cylinder out a lot more than usual, and it had the effect of pulling a lot more skin forward of the knob and extending his spout forward.

The effect was electrifying. The sensation as his inner foreskin moved over the knobs on the ring drove him mad, and the extra diameter, with the feel of the knobbly bits moving to and fro did the same for me. He was so impressed he put the thing on again next morning and went to work with it on. No fear of it falling off since it's trapped firmly in place and is quite difficult to dislodge.

Hope your readership find this helpful. I'd love to read any reactions, but not to me personally.

*Cathy*

## **The Cutting Edge (unsigned article from an H&E)**

**M**ost circumcised men can't comment on the pros and cons of their state from anything but a subjective view. As they've usually been 'done' at a very young age, they are unlikely to remember anything about life with a foreskin.

There are many cases of adult men who have the operation these days, but again, it is difficult to pin down an average reaction. Many men who are

circumcised later in life have it done to relieve a problem such as phimosis. The result is bound to be an improvement, so their judgement is hardly unbiased.

Some men, however, decide to be circumcised purely for reasons of personal preference. There may be no particular discomfort or medical complaints; just the simple belief that it will look nicer. They are probably the most able to make a distinction between the haves and the have-nots. But again, reaction varies. One 27-year-old reported, "There is a bit more sensitivity than before, but not a huge difference. It hasn't really affected my sex life", while another chap, in his early forties, was astounded at the increased sensitivity, and the resulting increase in intensity of his orgasms.

Of course, women are more able to make comparisons, as they have the chance to experiment with a range of penises, rather than being stuck with one for their whole lives. Many of the women I talked to were definitely pro-circumcision, agreeing that, quite apart from the look of the thing, a cut willy was generally a cleaner willy. One said, "I think it's prettier, it's neater, it's easier to handle."

There are, of course, just as many people who find the idea of circumcision unnecessary. Foreskins are natural, they are part of the male body, they exist for a purpose, and there is no logical or practical reason for getting rid of them.

Indeed, they do exist for a good reason – that of protection. The end of the penis is filled with tiny nerve endings which make it extremely sensitive. What's more, the penis has a fairly important role to play in the whole reproductive process, and nature wants to keep the possibility of damage to a minimum. If you are a Western urban animal, this may mean protection from no more than catching your willy in your trouser zip. But if you are an Aborigine, leaping naked through the thorny undergrowth of the Australian outback, you can't rely on your boxers to prevent accidents.

However, most of the reasons for the preservation of the foreskin are to do with morals. It just isn't natural to hack off part of the body, especially for no apparent reason. To perform the operation on babies, who have absolutely no say in the matter, is downright barbaric.

The cleanliness argument doesn't wash either. One guy we talked to reckoned that washing the penis is as easy as washing your hands – though I wouldn't fancy his chances if he were discovered doing it in a public toilet.

The fact that the operation was routinely performed on the sons of middle-class families until the middle of this century gave vent to the criticism that it was simply a way of increasing social status – that a cut cock implied higher standing in society.

But it could be argued that the pro-foreskin feeling is due to deeper worries. Scarification is generally seen as a characteristic of 'primitive' societies, as seen

in National Geographic illustrations of African tribes, with skin carved into intricate designs, or pulled into unusual shapes. This body art, obtained in the main without the aid of anaesthetics is, to Western eyes, at once fascinating and horrifying; the thought that someone could do – or allow to have done – such an unnatural, painful and unnecessary thing.

The people of these communities think otherwise, and it is for them an important part of life, whether as a rite of passage at puberty, a mark of tribal status, or as a declaration of religious belief. But it is possible that those who are strongly against the idea of circumcision, see it as another form of primitive – and therefore uncivilised – mutilation.

There are other reasons, say foreskin fans, why it's better to be uncut. The penis loses sensitivity if exposed for long periods, which reduces the man's pleasure during sex, and means he takes longer to orgasm (Although many women would see this as a plus point).

As for the idea that circumcision makes the penis more attractive – it is always possible to pull the foreskin back to get that aesthetic touch without resorting to knife wielding. And if a man is considering the operation as a means of removing the discomfort caused by a too-tight foreskin, he can have a simple procedure which stretches and widens the foreskin, thus relieving the problem without removing part of his pride and joy.

#### Quick Quotes:-

“I have no regrets – since having the op I've had the wildest orgasms.”

“Several people have said how much better it looks.”

“I know it's supposed to be natural, but I think a foreskin looks weird.”

“Foreskins are for wild sex – circumcised ones are just too polite.”

“A foreskin gives you more to play with.”

#### Female Quick Quotes:-

“I prefer the feel of a foreskin, but a circumcised penis is more aesthetically pleasing.”

“I've had both kinds of men – there's little difference in my opinion.”

“Why is there so much fuss about it all?”

“They keep telling us that size isn't important, so why should appearance make any difference.”

# ACORN

Issue  
Nº 3 1997  
Editor  
David Acorn

## Editorial

I don't think there's much room in this issue for me to talk a lot, so I'll just say hello and let you get on with your reading.

David Acorn

## Rising Damp

The other day I found evidence to back up my feeling that, with the exception of some of our members, the British want to eradicate circumcision as keenly as they protect their shores from the menace of rabies.

We had been lent a video by some ex-pat friends entitled *Rising Damp*. You are most likely familiar with it as it was a popular UK sitcom some years back. If not, briefly, it revolves around a landlord who is very mean and a bit of a cad.

In this episode, a new lodger, a white art student, ends up sharing a room with a black medical student. After the new arrival has settled in a bit, apropos of nothing, he asks the medical student if he has been circumcised. After initial surprise, he replies, "If you must know, yes." Art student then says, "So am I. Rotten, isn't it?" Black student

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:

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P.O. BOX 113  
WESTON-SUPER-MARE  
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replies, "You should try it at thirteen years old, in the jungle with a blunt knife!"

What I should like to fathom out is, why didn't the script writer put down, "So am I. Great isn't it!" Why are only blunt instruments referred to when non-hospital circumcisions are discussed, when it is logical to assume that in 99.9% of all cases the sharpest instrument available is used?

*J.W. – France*

## Rubber Ring Method

I remember, in my mid to late teens (1974ish) a couple who were friends of my parents had a son of about 4 or 5 who they wished to be circumcised. I don't know whether a doctor or hospital was visited, but the boy was circumcised by means of a rubber ring method. I remember hearing his mum tell mine that his penis had swollen dreadfully and he had cried all night. They were tempted to take it off but had been told to leave it in place as the surplus skin would wither off in a few days, which I assume it did as I never heard any more.

As I was only young at the time, and it is quite a while since, this is all I can remember, although it has puzzled me ever since. Was this method used a lot, and successfully, or was it just a new idea that was being tried at the time. Is the method still used in this country or elsewhere?

*H. – West Yorks.*

## Graft Away

I have always taken a pride in my appearance, love the attention, and let's face it, admiration which my figure earns me. I have a full-length back-lit mirror and frequently delight in standing in front of it after a shower and weighing up my physical assets: five ft-8ins tall, slim, well-rounded swelling bust, slim hips and thighs, and a small densely-haired pubic patch. I have long honey-blond hair, and recently, to please my husband, I bleached my pubics straw blonde and trimmed the hair right down to an even quarter of an inch. It now looks really spectacular glinting in the light, and is much paler than my surrounding all-over tan. It also leaves my private parts in full view, to the delight of my husband – and recently to a few selected men in our circle of friends.

We were invited to an evening swimming party at a private club in the area with a dozen other couples. Before long, swim suits were being shed along with inhibitions as the drink flowed, and we were all quickly in a state of glorious nudity. I and my husband, who is also a good-looking specimen, six feet tall,

and blessed with a fine male physique, were without doubt the stars of the party. Several of the other guests, women as well, admired my pubic decoration as I laid sprawled in a pool of light on my towel. I saw several willies twitch and thicken as their owners surreptitiously eyed my centrepiece.

Every woman wants to be the centre of attention and none more than me. But what spoilt the evening for me was the constant awareness of how tatty my husband's cock looked compared with the others. He was the only one there with a circumcised penis and it stood out like a sore whatsit with its bare knob and puckered red scar. Frankly, my husband's cock looked about as appetising as a lump of cat's meat! But what really brought my attention to it, and choked me right off, was when one of the girls whispered in my ear, "Dishy bloke – pity about his winkle!" It does seem a rotten shame that his parents had to ruin his masculine beauty, especially since we are both very keen to experience the ultimate ego-trip of a nudist holiday.

But it struck me that in these enlightened days of advanced cosmetic surgery, where nose jobs and tit jobs are commonplace, is there any reason why a penis job should not be possible? I know stretching techniques are available, but frankly, I don't want to wait another five years to achieve what I want. I'd really love to see my husband sporting the smooth uninterrupted lines of a long heavy foreskin, and I'm sure he would too. If such a thing as a foreskin graft is possible, who should we contact? Perhaps one of your readers could advise.

*Chris Short*

## Comments On Past Items

**I**f any information has been forthcoming about the rings referred to in Question Corner 8/96, perhaps E.S. would like to disseminate it.

It is, surely, also a Parental Duty (1/97) to ensure that their children are taught genital hygiene, and that any problems occurring in that area receive medical attention. I seem to come across an increasing number of young, and not so young, men who completely neglect to attend to this necessary cleanliness. Some have very tight foreskins and are totally unaware of the reasons why the foreskin should be fully retractable and kept well cleaned.

Long before Sky TV (1/97) was thought of, the son of two good friends had to be circumcised, for medical reasons, at the age of five. Neither parent was traumatised by the result of the operation. They were just cross. They had wanted the operation done when the boy was born, but the hospital had refused to do it. The boy was more upset at spending his first, ever, night away from home, in hospital, than by the operation. From where do the TV companies get their information?

Various figures have been bandied about for the current circumcision rate in Britain. It no doubt varies widely from area to area, even if the religious

and ethnic groups are discounted. I am surprised that Vernon puts it as high as 14%. My interests in steam and transport take me to many rallies, meetings and exhibitions, which appeal, mainly, to the indigenous British people. Making observations at these events, it is now extremely rare to see a circumcised penis on anyone under thirty years old. Most teenagers and younger seem to have volumes of foreskin. Is it possible to separate out the religious and ethnic content from the figures quoted?

*Talisman*

## More Thoughts On Past Issues

Firstly, in response to 8/96 when David said he'd had a large number of letters following an article in *Boyz* magazine about circumcision, and how it might be helpful to hear from more men who had had the operation as adults, and can offer a 'before' and 'after' insight.

I'm 29 and got cut six years ago. Each individual has, in deciding whether they want this done, to listen to the evidence, then decide themselves and make up their own mind.

I had a fetish about circumcision since early adolescence. I found the whole idea of being circumcised extremely erotic. I also had a tight foreskin, one I could retract fully but remained tight and at times uncomfortable if not actually painful, a tight band of skin around my glans when I had a hard-on. It also wouldn't slip back of its own accord if I had an erection, and that used to annoy me. Despite good hygiene, I used to get minor infections and frequent soreness and irritability under my foreskin. I also disliked that 'slimy' feeling just before or just after I'd come.

After I was circumcised and it had completely healed, I was interested to discover that my cock didn't actually feel particularly different. A hard-on felt much the same only better since I no longer had a band of tight skin constraining my knob just below the glans. I expected the shaft skin to feel taut and stretched when I had a hard-on but this wasn't really the case, either, although there was considerably less movement and elasticity.

I found this loss of movement really sexy, along with the prominent scar line which encircled my dick. I feel this is almost like some form of sexual negation. I don't know, I've often been of the opinion that only months of Freudian psychoanalysis could satisfactorily explain my circumcision fetish.

For me, it isn't so much about loss of sensation or sensitivity, but about change in sensation, sensitivity. After I was circumcised, the sensations I felt in my dick changed subtly. On one level it didn't feel particularly different, and on another level, when I was sexually aroused, it certainly did. On the whole it's better. I feel an erection more fully, more completely now. Before, I found the foreskin something of a nuisance, an impediment.



There are times when I miss having a foreskin. If I'm being sucked off, I miss the sensation of it slipping back inside someone's mouth. If I'm with another guy who isn't cut, that can be quite strange, the contrast between his cock and mine. And I sometimes think it might be quite nice to have one to wank with.

Most of the sensation is concentrated around the scar line which, as I said earlier, I find really sexy. Being circumcised hasn't altered my fetish at all, still finding the whole subject really erotic.

In response to I.G. of London, who wrote an interesting article about parental rights/duties, and how a father is to decide whether to have his son circumcised. I would say that, on the whole, anyone circumcised as an infant, without their consent, well, their parents presumably believed they were acting in the best interests of the child. To me it really is pointless getting worked up about it. Some of these people are more in need of psychotherapy than foreskin restoration. If it wasn't circumcision they were going on about it would surely be something else. Having said that, I fully accept their feelings of resentment about this being done to them when they were not in a position to object.

But one has to move forward, get on with one's life, and not having a foreskin makes no difference whatsoever to the function of a penis. And if it's any consolation, those circumcised at birth do have a lower incidence of all sorts of diseases.

That said, going back to I.G., I really don't think anyone has the right or duty to impose circumcision on their son. For my part, ideally, I'd like any son of mine to be circumcised. My father is circumcised and as a child I wished I was too. But I wouldn't dream of imposing this on any boy of mine. Besides, his mother might raise objections! I feel the fairest, most sensible course of action would be to offer one's son the opportunity to be circumcised when he's of an age sufficient to make an informed choice, say ten or eleven.

In many cultures, circumcision is carried out at this age as a puberty rite, so to my mind this is entirely appropriate. Conversely, if the boy decides he wants to keep his foreskin intact, then this means he's asserting his wishes as an autonomous, maturing individual. And those wishes ought to be respected.

Ideally, every boy or man should have the dick they want, be it cut or uncut. If everyone was the same, what a boring place the world would be.

Finally, to K.G. of London. I don't think you need worry about compromising the professional integrity of the medical profession. The only integrity you may be in danger of compromising is that of your fantasy life!

*T.P.*

## Reasons

I have been wondering whether any of the circumcised readers who are dissatisfied could shed light on what it is about having an exposed glans they don't like. Is it a feeling of mutilation? Is it the fact that they have no choice as to whether or not to expose part or all of their glans? Do they feel naked because of what is probably one of the most private parts of their body is on display whether they like it or not?

It's interesting that many of those who possess the wherewithal to cover their cockhead enjoy exposing it and show it off, whilst many of those who have no choice in the matter regret not being able to cover it.

I enjoy the feeling of knowing that other people are aware that I am exposing a part of my body which I could easily keep hidden if I so chose.

*D.T. – North-West*

## You Do Have To Be Jewish

Foreskinwatch activated the *Acorn* grapevine on Wednesday March 12th. when a few members may have tuned in to BBC 2's fly on the wall documentary, 'Jewish Wedding'.

To whet our appetites we had been told in the listings blurb that the tale had a twist; "She's Jewish, he isn't!" As Steve converts to Judaism in order to be allowed to marry his beloved Michaela, he has to forfeit his foreskin, and the cameras had the incident covered.

"Greater love hath no man!" some would say, but bridegroom Steve was calm about it all and only "felt a little prick" at the start of the procedure when the local was administered. What might have been fleetingly glimpsed from the operating theatre footage was shot at a distance, and further obscured with a 'spot the ball' cross. Afterwards, the curious cameraman asked to see the shed element. The surgeon then called into question his dexterity for performing such an operation by dropping the specimen phial on the floor. When it was retrieved, a small bottle of blood was waved at the camera for a split second and repocketed. We were told it would be sent off to the dermatological laboratory for tests. And I always thought they were made into handbags for rich Jewesses.

Why the tests? Had Steve been having some problem with this part of his anatomy? Was this Jewish wedding all a ruse to obtain a circumcision which had hitherto been denied him on request or surgical demand as it invariably is? Was he a secret roundhead wannabe?

Best moment was sometime afterwards when his intended was confiding to her female friend over a cup of coffee. "I probably shouldn't be telling you

this", she confessed, "but it does look much better." Thereby she betrayed she had been 'nibbling beforehand'. No doubt she'd harboured a Jewess's curiosity about cavaliers and taken the opportunity to make a comparison. Heartening for us roundheads was her declared preference. But then she would say that, wouldn't she? Their conversation was concluded with a giggling round-up of jokes about him being brave and his friends telling him that he was now only half a dickhead, not a full one etc.

The circumcision aspect was never raised in several interviews with his parents. Surely his mother must have had a view, having preserved his foreskin for him until he reached adulthood, only to see him wantonly abandon it for love of a lady. What do they say? "A standing prick has no conscience."

*G.D.*

## Variety

I am not a member, but through the kindness of a friend I do read all the magazines, which I enjoy. I'm not a member because the controversy between foreskins and circumcision does nothing for me, possibly because I have both worlds anyway.

My fetish, if you can call it that, is awareness of my penis. I retain awareness all the time by ensuring different feelings. Each day I wear a different kind of underpants. There is, unless you wear tight jeans all the time, a different feeling with different styles. Boxer shorts, Y-fronts, tight briefs, pouch briefs, pouch thongs, wearing no underpants at all: they all give your penis a different feel, as well as a marked contrast in how you get it out to pee.

On top of that, I am lucky inasmuch as I have a shortish foreskin which stays back when it's put back (which is my best of both worlds), so I have that choice, and cock rings of either stainless steel or rubber round either both penis and balls or just balls. These can be felt whilst walking but without hurting.

All these items permuted in one way or another ensures that there are different feelings every day and I'm aware of my friend down there, which leaves me with that slight breathlessness all the time.

To finish with I feel I must take up the cudgels with those circumcised naturists who write and denigrate those who wear their foreskins retracted when nude, as if it's only the circumcised who have permission to show their glans. If a foreskin can stay retracted, then it's up to the owner whether to leave it one way or the other, when and where he likes. He is not trying to imitate a circumcised penis, but just being what he is.

*Darren – London*

## Three States

After reading the piece by J.G. of Australia, I imagine he was cut as an infant; hence his question about sensitivity.

I can speak with some experience as I can remember all three states. A long foreskin: partial circumcision: a radical cut.

Intercourse with a foreskin was a disaster for my girlfriend of the time as I came so quickly, being so sensitive. In fact, after I had pulled out and the foreskin was back over the knob, the glans was almost 'vibrating': it was so sensitised I hardly knew what to do with myself.

After partial circumcision I was far less sensitive, and could bring a girl to a climax without trouble as I could last much longer.

When I finally removed the last traces of foreskin (a DIY job) and acquired a radical cut, the sensitivity was definitely reduced. But the gain was in the look, the overall feel, and in sex, the wonderful feeling of being in a vagina when the corona was not obscured by shaft skin. Also noticed by my wife at the time.

Sadly, I am now free and open to offer! Also I will be pleased to enter into any correspondence.

B.W. – Surrey

## Vacuum Cleaners

**Items culled by *Private Eye* from the *British Medical Journal*, sent in by several members.**

Case 1 – A 60-year-old man said that he was changing the plug of a Hoover Dustette in the nude while his wife was out shopping, and "it turned itself on" and caught his penis, causing tearing around the meatus and deeply lacerating the side of his glans. The external meatus was reconstructed and the multiple lacerations of the glans repaired with catgut.

Case 2 – A 65-year-old railway signalman was in his signal box when he bent down to pick up his tools, slipped on some oil, and "caught his penis in a Hoover Dustette which happened to be switched on". He suffered extensive lacerations to the glans, which were repaired with catgut with a good result.

Case 3 – A 49-year-old man was vacuuming his friend's staircase in a loose-fitting dressing gown, when, intending to switch the machine off, he leaned across to reach the plug: "at that moment his dressing gown became undone and his penis was sucked into the vacuum cleaner". Because he had a phimosis he suffered multiple lacerations to the foreskin as well as lacerations to the

distal part of the shaft of the penis, including the external meatus. His wounds were repaired with catgut and the phimosis reduced with a dorsal slit.

[Firstly, always check the suction of the Hoover, and secondly, if you get into trouble, have a much better story than these pathetic three. — D.A.]

## The Cost Of Circumcision

I feel I must bring to the notice of all our readers the increased cost of circumcision. It is quite ridiculous the way the cost of getting circumcised has gone up in the last few years. When I was circumcised the cost was £350 at the Surgical Advisory Service. This was increased from £190 a short while before. I was advised a short while ago to have a revision circumcision to remove another 1.5cm of foreskin because too much skin was left on the first time, and it still causes irritation and some soreness at times. My own doctor, who incidentally is a lady, tried to get it done at our local hospital but without success. I have now been going around the private sector again and have been quoted £900, £750, £500. These are the prices that are now being charged in various places in London, Manchester and Rotherham.

Surely there must be a surgeon around who is prepared to circumcise, or do a revision circumcision for a sensible figure that people can afford. I have many friends who would love to be circumcised but cannot afford the high cost. I also know women who would like to have their husbands and boyfriends circumcised but cannot come up with the cash.

It would be helpful if any reader knows where one can go to get a reasonably priced circumcision, especially in the south of the country. A half hour's work surely doesn't warrant these prices. My first circumcision lasted 20 minutes, and for £350 I thought even that was expensive. No one minds paying for the privilege of circumcision, but let's have it at a price we can afford. Please get in touch via *Acorn* if you have any good ideas, or if you know of a sympathetic surgeon who is in favour of circumcising adults at the right price, or if you would just like a chat about it, male or female. I am always ready to discuss the problem.

*C.P. – Wiltshire*

[*Acorn* gets a number of enquiries from members seeking doctors who are willing to perform circumcisions on request. We are therefore compiling a small booklet listing all those of whom we know.

It would be very helpful if any member who has made contact with a doctor or clinic willing to circumcise would send us the details. We would like these even if you decide not to use the doctor on cost or other grounds.

We would like as much as possible of the following information:- Doctor's (or Clinic's) name, address, telephone number. Method(s) of operation offered and type of anaesthesia used. Whether circumcision is available for infants, children and adults or only one or the other. Cost of circumcision (for each age group if possible).

Details will be published in *Acorn* magazine and added to the list to help other members. — V.Q.]

## Juices

I wonder if Dr Hamble could bring us up to date on any research projects into the nature and function of prostate secretions which have appeared in medical literature over the last five or six years? Since retirement I have not had the same access to journals and monographs that I enjoyed while working in the NHS. I note with great personal pleasure that my secretions are as liberal as ever at the age of 66, and my regular daily masturbation (or in warm weather twice daily) can produce up to 10ml at a time, and may be repeated three or four times before orgasm occurs. There appears to be no reduction in sensitivity of my glans (yet), and my urethral meatus is still able to admit the tip of a little finger with ease, which also increases the flow of juices, although these may be in part from urethral glands.

Since we are now public on the Internet, perhaps it would be opportune to comment on my observations on the change I have observed in the state of foreskin presence in the art form of gay videos. I have not so far noticed any mention of them in correspondence, but suspect that some members (!) may have seen these items.

My first opportunity to watch was in Copenhagen in the mid-70s, and it was clear that all models on American videos were circumcised while all models on Continental videos were not, so far as my experiences showed at that time.

Twenty years on and many happy hours after, the picture has changed somewhat. The videos made on the Continent still show models with foreskins – sometimes retracted throughout the performance. Those made in the US however, have now become about 50% circumcised and 50% not, at least in those films I have access to.

One very interesting observation I have made is that the films made by K. Bjorn have the majority of models with foreskin present, and well exercised, since his travels around the world in search of ever more presentable models take him to places where circumcision is not the norm, the exceptions being America, Canada and Australia. But in the films made in these locations one foreskin at least is present.

*P.U. – Edinburgh*

## Make Someone Happy

**I**t was with absolute delight that I came upon an article recently in the *EROS* magazine, where your details were given as being devoted to penis activity.

I sincerely hope that (a) you do still publish such a magazine.

(b) that you send to 'desperate' overseas subscribers.

(c) that you do in fact cater for all PENIS related items.

There is such a plethora of female and gay orientated literature that I have almost given up hope of finding one kindred spirit in the whole world! Seems silly, doesn't it, but that is how difficult it is to obtain material devoted to the PENIS in all its outstanding glory.

If you want articles from a person with many years of self experimentation and a very fertile mind then I will be only too happy to submit fact and fiction articles if required.

However, my real ambition is to make contact with other men who enjoy using, displaying, playing and experimenting with their penises. Please let me know if you or any other interested soul can help.

*Dave – South Africa*

[I've written to tell him all about us, so I expect his heart has burst. But I do expect a heavy postbag shortly. — D.A.]

## Tribal Circumcision

**A news item from a magazine.**

**B**ush Surgeons in the Eastern Cape are responsible, it is claimed, for dozens of boys being mutilated during tribal circumcision ceremonies. In fact, many die from their injuries.

These mutilations and deaths have prompted calls for the closure of 'initiation schools', but traditionalists are opposed to such moves. They see the ceremonies as an inalienable African rite of passage.

The initiation is supposed to be a joyous affair for families as the teenager becomes a man.

*Talisman*

## A Girl's Initiation

My first remembered sexual experience was as a nine-year-old schoolgirl when a classmate of mine accepted my exchange offer of "I'll show you mine...etc" and produced his plump little prick for me behind the girls' outside loos. I studied it closely and, being duly impressed, declared it "a smasher" and asked him to do a pee with it. Proud as punch at such praise, he immediately loosed off, and then said with some pride that he would turn his cock inside out if I wanted him to. I told him scornfully he was kidding, whereupon he started pulling back on his skin until the spout on the end was stretched open to reveal his peehole. Having no brothers of my own, he had my undivided attention as he continued sliding his skin back until the whole of his glistening ruby-coloured knob was revealed, steaming slightly in the cold air, with the narrow opening of his foreskin pulled right back behind it, and pinching the shaft of his penis into a wasp-waist.

I had no idea such exciting things could be done and felt sorely deprived in not having anything to compare. But hiding my envy, I asked him if I could have a go with it, whereupon he pulled his foreskin forward over his knob again and generously invited me to help myself. Bending low in concentration, I took it between finger and thumb and gave it a squeeze. He obviously enjoyed this and I was dead flattered when he honoured me with a fierce little erection. In no time at all his little prickle had doubled in size and was sticking straight up, with the skin stretched tight over the swollen knob. The boy answered my query by saying, "no, it didn't hurt", but often went all stiff like that when he was in bed in the morning. I was dead keen to see his purple knob again and started pulling back on his skin. He winced a bit and told me to be careful.

With some effort I succeeded in pulling his skin back until it slipped firmly in place behind his swollen knob, looking like a taut elastic band. He then asked me to pull it forward again as it was a bit tight, which I did, pulling a lot of loose skin beyond his knob before I managed to get the narrow opening back over it again. Some inner feminine instinct then prompted me to go on: this wasn't the end of the story. So I started moving my grip up and down, noting with satisfaction how I could feel the soft swelling of his knob through the foreskin as it slid smoothly to and fro over it. The boy started showing a sense of urgency and encouraged me to speed up until eventually, with a loud yelp, he achieved a dry come, pulling his penis out of my hand and wanking it furiously as he backed off. I have to tell you that I was deeply impressed! But the memory of this introduction to the exciting world of male sexuality stayed with me ever since, and the fantastic buzz I experience when I unhood a guy's foreskin for the first time represents for me a real sexual turn-on.

Consequently, the impression when I encountered my first circumcised penis some six months ago was puzzlement. I do find it difficult to understand why some men are so keen to get rid of such an exciting and fascinating



plaything which seems tailor-made for a girl to play with whilst giving and receiving pleasure. The gradual appearance of the moist red knob is for me an important introduction to the sex act. Since I am certain I am not the only female to enjoy a nice foreskin, could it be that circumcision appeals mainly to gay men?

I noticed recently a letter from a gay, complaining that letters from females should not be published, since they mainly support foreskins. I think he ought to read *Acorn's* terms of reference in the editorial of the same edition, which clearly mentions foreskins as well as circumcision, and remember that females have been asked to write in with their views.

The claim that circumcision is cleaner is plain ridiculous; cleanliness is a personal choice needing soap rather than surgery. As far as urinary infections are concerned, we need to have a sense of proportion since, as reported in the magazine, girls suffer from them far more than boys, circumcised or not, and nobody makes a fuss about it.

To my mind, circumcisers are killjoys, and girls are entitled to the enjoyment of a foreskin on their chosen male partners. This is why most mothers these days wouldn't consider having their kids done.

Sue S. – *Islington*

## Cause Of Impotence

### Paraphrased from an article in *STYLE* magazine

How does an erection fail in the first place? The penis contains two cylinders, known as the corpora cavernosa, which need to fill with blood to produce an erection. The blood then has to remain trapped within them to maintain the erection. Dysfunction can happen for both psychological and physiological reasons. Physiologically, it is usually caused either by a malfunction in the tiny muscular valves within the veins of the penis that should relax to retain blood, or poor circulation, or even a leakage within the veins. A genetically inherited problem, high blood pressure, heart disease, diabetes, some drugs, local nerve damage or scar tissue and smoking are all known contributory factors.

Sometimes it is impossible to discover what is causing the problem, but it's usually a combination of both factors. If an erection fails for any reason, it is very easy for a man to become trapped in the vicious circle of performance anxiety, making the condition worse. Offering medical treatment helps to sort out both the physical and the psychological aspects of the condition in one go. People always feel better if they are actually doing something about their problem.

Erectile dysfunction is not the same thing as infertility – as a rule, the condition does not affect sperm count, and most men with this problem can usually father children perfectly well. What it does mean is that a man can get an erection of sorts, but not one that is rigid or long-lasting enough to have intercourse.

The most popular and effective treatments in the UK at the moment are prostaglandin injections that encourage the valves to relax and retain blood during an erection, or a manually operated vacuum pump that helps to fill the penis with blood and retain it with a small rubber ring at the base. Although neither is a cure, some men find that they quickly regain confidence once they realise that they can achieve and maintain an erection – and their own natural erection eventually starts to return.

But treatment could soon be revolutionised by a new drug due to be launched in 1998. It is being tested on hundreds of men in the US and reports are extremely positive. Known as Sildenafil, the drug appears to block an enzyme that breaks down nitric oxide, the chemical essential for helping the valves to relax and retain blood.

There are also new developments in prostaglandin technology. A waxy pellet that can be massaged down inside the urethra and a new way of injecting the drug into the urethra are both currently being researched.

## Boyhood Games

The article 'Medical Fetish' by K.G. – London in 1/97 got me thinking about my early experiences.

The first time I can recall any real sexual pleasure was when I was aged seven and in hospital waiting to have my tonsils removed. As I lay on my back in bed, along came a doctor who pulled the curtain round and proceeded to pull down the bed covering and my pyjama bottoms. He then carried out a very thorough and prolonged examination of my penis and balls. I remember well how he repeatedly pulled my foreskin right back and then as far forward as he could. I have a lot to thank that doctor for, not only the sensational experience to get me started regarding the pleasures of sex, but also a good 'lead in' line to get to see other boys' cocks and play with them in the same way.

A few years later, at junior school, I was invited one lunchtime by another boy to join him and his friends who had started a special club. I went with this boy to the boys' toilets and was taken into a cubicle where there were already three other boys. The boy that took me explained that what happened was that we were all to get our cocks out and were free to look at, play with, whoever we wanted. Needless to say, it was a bit crowded and one boy (named Keith) stood on the toilet seat. When he dropped his pants there was this 'most

unusual', but wonderful, looking cock with its head fully exposed – right in front of my face!

It took several club meetings to work out how Keith's cock had got like that. Later this was confirmed, as several other boys disappeared for a few days to have a 'minor operation'. It didn't take me long to work out that that doctor had probably been considering circumcising me.

I became obsessed with circumcision. Once at secondary school, it was easy in the changing room/showers to find out which of my classmates had been done – and, from my point of view, which to make friends with. A group of us, who were none too keen on P.E., took to cross-country running. This meant running around a couple of mile circuits and through a wood. We would slip away into the trees on the first circuit and rejoin on the last. This left us an hour or so when we would strip completely naked and masturbate ourselves and each other.

My first experience of full gay sex was when I was thirteen. During a school holiday a circumcised classmate and I went camping in a field belonging to the parents of another classmate (also circumcised, as if you didn't guess!) The boy whose parents owned the field joined us early one evening and we played with each other as usual. After he had gone, in the dim light of a candle, my friend said there was one thing he would really like to try – that was to fuck me 'properly'. I agreed to give it a go. It took some time, but we eventually made it with liberal applications of butter – the only lube we could think of in the situation. I enjoyed it and so did he. He couldn't stop talking about it the next day, so we did it again that evening.

I eventually had myself circumcised as an adult, and still seek out friends in the same condition. I must say that I wish to this day that the doctor had gone ahead and done it. Adult circumcisions do seem generally to leave a more obvious scar, as those done young often appear totally natural with a smooth and even tone of the shaft skin.

I feel very sorry for some writers to the magazine who regret their parents having them circumcised as youngsters. I understand that they will never be convinced, but it really is better and, despite what some say, from my own experience there is no loss of sensitivity.

*C.H.A. – North Kent*

## **Special Offer On Back Numbers**

**T**he current design for *Acorn* magazine was introduced in 1994. All the issues from the first in 1988 to the end of 1993 have now been re-typeset and are available on Special Offer as a complete set of 6 years magazines for the bargain price of just £35. All 9 years back numbers to 1996 can be obtained for only £50. Please allow 28 days for despatch.

## Contact Corner

**G**ay, 46, circumcised as a child, seeks correspondence and/or meetings with others interested in circumcision, piercing, and things to do with men's cocks.

*P.R. – West Country*

**B**i guy, 29 years old, cut as an adult would like to hear from anyone circumcised during boyhood. Discretion, confidentiality, respected.

*T.P.*

**G**ay guy, 45, circumcised at birth, loves circumcised cocks and would like to meet other gay guys who are circumcised. I'm 6'2", slim, dark cropped hair, clean shaven, reasonable looks. I am based in Yorkshire but can travel. I'm a friendly, outgoing guy with lots of interests – in addition to circumcised cocks.

*R.O. – Yorks.*

**L**iberated bi/gay male, 40's, with neat expert circumcision, has a foreskin fetish (preferably tight/phimosed). Other enjoyable likes are foreskin abuse, piercing, and introduction to sub-incision and rituals. Videos of any of the above and the wearing of Y-style underwear and/or trunk/boxer shorts. Does anyone share any of these pleasures and are proud to have a foreskin (or could be circumcised) and would like to contact me?

*D.T. – Manchester*

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# ACORN

Issue  
Nº 4 1997  
Editor  
David Acorn

## Editorial

**M**any of you have written worrying about where at times we've got to. We must plead guilty again to getting our triple timing out of sync., although of course it isn't our intentional fault – our jobs and life problems keep intervening. Nevertheless, eight editions you have been promised and eight editions you will get. Also, I can tell those who are waiting for certain back numbers that the copying into second format is almost complete.

It's encouraging that Contact Corner has started up again and most of those who have advertised have had several replies which I have posted on.

Now read on!

*David Acorn*

## Self Circumcision — A Personal Experience

**T**he first time that I can remember my foreskin being retracted and my glans exposed was when having a bath at the age of five. As my mother retracted my foreskin she told me that the boy next door had

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Printed & Published in England by The Acorn Society  
© 1997 The Acorn Society & Contributors

## Correspondence

Please send all correspondence to:-

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WESTON-SUPER-MARE  
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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

gone into hospital to have “that bit of his willy cut off”, and that in future I should wash my willy this way when having a bath so as not to need that very painful operation. Unfortunately, our neighbours moved away shortly after this and I never had the opportunity to view the surgeon’s handiwork. This began my interest in the foreskin and circumcision. But back to the beginning...

Born in 1961, I left the hospital with my foreskin intact. Whether the possibility of being circumcised was ever discussed I do not know as my parents and I have never talked about it.

During my years at a rural primary school, we often had games or swimming lessons with the class above and consequently I regularly had the opportunity to observe the other boys’ penises – this was a mutual interest. It was during one of these periods that I saw my first circumcised penis. Several of the boys regularly retracted their foreskins when urinating, but out of the thirty boys only one was circumcised. From about the age of six I regularly retracted my foreskin, and even tried to keep it retracted, but it would always slip forward again.

On going to the grammar school, out of the thirty or so boys in my year, only two were circumcised. One boy had a circumcision scar so fine that it could hardly be seen, the other having an extensive and disfiguring scar around his penis.

At about the age of twelve, my initial interest in circumcision was renewed, and I began to read any articles that I could find regarding the penis, and circumcision in particular. By the age of fourteen I had developed a deep desire to be circumcised, but at that stage had no way of achieving that desire. At about this time a new boy moved into the area who had, I later discovered, a foreskin with a dorsal slit (scout camps are a wonderful opportunity to get to know each other!) Having found an anaesthetic cream which successfully anaesthetised the foreskin, I cut my foreskin with a pair of sharp scissors on its dorsal side. The cut bled for only a few seconds and healed completely within a few days. The dorsal slit did, however, have a few disadvantages:

- 1) If the foreskin was not retracted during urination there was a tendency to dribble uncontrollably, and the aim was poor.
- 2) When the foreskin was retracted there were two lumps caused by the scar.
- 3) The dorsal slit was not aesthetically pleasing to me.

By the age of eighteen I was fed up with the dorsal slit and its disadvantages, so decided that I would be circumcised within the year. At this stage my foreskin was quite long, extending beyond the glans of my flaccid penis by about an inch, and when my penis was erect the foreskin extended beyond my glans by about half an inch unless manually retracted and kept retracted. The dorsal slit extended about half an inch from the tip of the foreskin so that when the penis was erect the tip of the glans could just be seen at the base

of the slit. As my nineteenth birthday approached nothing had been done to fulfil my resolution. I could not discuss the subject with my parents and was too embarrassed to consult the doctor (there was no medical problem with my foreskin – only my conviction that I wanted to be circumcised).

Having read many articles on the subject (my aunt was a nurse), the only answer was to perform my own circumcision. My parents being away during the first weeks of the school summer holidays before I went to university gave me the ideal opportunity to perform my circumcision, as my penis would not be seen by any of my old classmates, and if anything went wrong and I ended up in hospital, I should be discharged by the time my parents returned. So one evening I got to work.

I would not recommend the following surgical technique to others, but fortunately it did work for me without any problems. All tools used were sterilised by being boiled for 15 minutes. Having bathed, a line was drawn around the erect penis indicating the position of the coronal sulcus. The foreskin retracted, a bandage was wrapped tightly around the penis, starting at the tip of the glans, and tied very tightly at the base of the penis to form a tourniquet. After a couple of minutes, the bandage was unwound, again starting at the tip of the glans, and the surplus bandage cut off, leaving the tourniquet at the base. The whole of the penis was liberally covered in anaesthetic cream. Once the skin was anaesthetised (as determined by pricking the skin with a needle), the penis was washed with surgical spirit and the operation proper began.

The foreskin was replaced into its normal position and pulled forward so that the marked line was beyond the tip of the glans, and a clamp was applied to keep the foreskin in this position. The textbooks had indicated that a pair of 'bone cutting forceps' should be used to clamp the foreskin. These looked in the photograph remarkably like a large pair of electricians side-cutters, but previous experimentation had indicated that they would not be large enough (probably OK for an infant, but not an adult), so I used a gas tubing clamp. Using fine, sharp dissection scissors, the foreskin beyond the clamp was cut off. There was no pain felt except when cutting through the skin in the ventral mid-line, which was quite painful, but as the foreskin was attached at this stage by only a small piece of skin there was no option but to cut through. Because the skin was clamped there was no bleeding, but as the clamp was loosened there was a small amount. It had been my intention to trim the skin back close to the coronal sulcus, but it was very sore as I tried to cut the inner skin, and I did not cut any further.

The skin was replaced behind the glans and the cut edges drawn together using 'steri-strip' plasters. The tourniquet was gently released, giving rise to some bleeding from the circumcision, but this soon stopped and my penis was then bandaged up. The operation had taken about fifteen minutes. I then realised what I had done – I was now circumcised.

Two days later the bandage was removed and the plasters gently soaked off. The penis looked a bloody, bruised mess, but didn't bleed as the plasters were removed. Once cleaned up it looked a lot better. There was some bruising where the clamp had crushed the skin, and a large scab at the cut, but otherwise OK. The steri-strips were replaced and another bandage applied, these being removed two days later and not replaced. It took a further week for the bruising to disappear. There was no discomfort the day following the operation, in fact I did my paper round on my bicycle as normal, although I did wrap my penis in cotton wool before putting on my underpants.

The results. The circumcision scar is about an inch from the glans on the ventral side and about one and a half inches from the glans on the dorsal side when erect. The frenulum is intact with the scar at the end of the frenulum. When flaccid, the skin can just cover the coronal sulcus, but the rest of the glans is uncovered. When the penis is erect, there is enough skin left that it is not pulled too tight, and allows some movement of the shaft skin. It took several years for the colour of the scar to fade to that of the surrounding skin. The sensitivity of the glans has changed since the operation. Before being circumcised, my glans was so sensitive that the slightest stimulation was often painful. After the cut these sensations were pleasurable. For some time after being circumcised I was reluctant to let my penis be seen in public. When using a urinal I made sure that the scar could not be seen. After a few years, a friend, who I discovered was circumcised, and I took up swimming, and the communal changing room made me lose my shyness, and now I am proud for others to see my circumcised penis in the changing room or on the nudist beach.

Since being circumcised I have pierced my frenulum and normally wear a ring which encircles the glans just behind the coronal sulcus. Other piercings of the glans have not been successful and have been removed.

I have a few regrets concerning my circumcision. Sometimes I wish I had cut more skin away, giving tighter results, with the scar nearer the sulcus, and I have considered re-operating. But the main regret is that I had not been chopped eighteen years earlier!

*J.C. – Devon*

## Some Thoughts

Today I was reading an article deploring female circumcision. No one would want to promote that if it was a cause of pain. Male circumcision can also be a cause of pain – emotionally if not physically.

I've long sought the answer to 'Is circumcision good for boys?' As I was only five when a doctor decided that I needed trimming, I can't remember what it was like very well. I never saw my glans until the surgeon exposed it.



I think I have been quite neatly trimmed. I'm pleased that I still have my frenulum, so I understand this is like a Jewish cut. A guy that I met reckoned it was done by the 'cuff resection' method – the cut line being about half an inch behind the corona.

It seems generally accepted by the majority of informed opinion that there are benefits from the operation. If these men and women are not too fanatical they may admit disadvantages too. What are the pros and cons, and what is the balance of opinion?

As most Englishmen are uncircumcised it seems our opinion on balance is against. Apparently, in the USA, despite declining percentages, the opposite appears. Over the whole world it seems it is done principally for religious reasons, and secondarily for social reasons.

So the implication is, if you're not Jewish or Moslem and don't yearn to be cut, you won't get circumcised unless you have a foreskin problem.

I haven't liked being cut because I didn't choose it, but I do have an obsession about it. Part of me wants to believe it's great being cut because I don't want to have to try and stretch the skin and admit I think it's wrong to circumcise. The doctor reckoned I needed it because I had a 'pinhole meatus', but surely if a boy has an unretractable foreskin there are other treatments. I don't remember that my foreskin caused me pain, but I remember how tender the glans was to hot bath water after I had been circumcised.

So I will briefly list the pros and cons:-

#### Pros.

1. People think it generally looks more sexy.
2. Foreskin can't be caught in zip.
3. Easier to keep clean.
4. Less likely to smell.
5. I may be wrong here, but I think that if people have a preference it is often for cut men. Aren't people more fanatically for than against?
6. There must be other reasons but I can't think of them.

#### Against.

1. There's more to play with, and more to do with the penis.
2. There must be more sensation.
3. Penetration must be easier, with more natural lubrication too.
4. Getting cut costs time and money and may be painful, the circumciser may be over-enthusiastic.
5. It's very difficult to reverse after it's done.

The fact that I haven't given an equal number of pros and cons shouldn't be seen as clear evidence in favour, since 1, 2 and 3 against are very significant.

I guess the greatest blessing, however, is having sex organs, and being able to use them to enjoy ourselves, please others, and possibly generate children. I believe that I can do these.

I suspect that I am cut for various reasons. I believe in reincarnation and think that long ago I may have been a Jew. Secondly, it may be a punishment, especially in view of a time that, as an uncircumcised Greek, I mocked some circumcised Egyptians. Thirdly, it may be relevant to people I will meet in this life and my attitude, especially my opinion regarding circumcision.

Surely no one would say that I'm less of a man (as I tended as a boy to believe) in a moral or social sense? I am the first to declare that physically I'm less than 100% male or man. Am I 99.98% a man – or 99.99%?

*Peter – London*

## More On The Medical

As regards my earlier letter on medical experiences, may I elucidate further? I feel that those doctors who participate regard male patients as fair game, whereas female patients, regardless of how seductively they behave, are forbidden flesh. Moreover, it is now a legal pre-requisite that gynaecological examinations are always performed with the attendance of a female nurse or chaperone, which effectively curtails any wandering hands.

This does not apply to male patients however... I also think it is a long held belief that the slightest signs of tumescence in the patient signals compliance and acts as a trigger to further activities! Fair game. Most of my experiences of this nature have been with the more mature, if not elderly, specialists, who have probably seen and done everything in their forty-year careers, and seem to have the confidence to dive right in. The young medicos, however, seem to lack this assurance and often either get embarrassed, annoyed, or go too far and actively participate or worse.

My most blatant example came (?!!) when I was referred privately for a circumcision. The Harley Street Consultant I saw was in his seventies, but reassured me by saying he no longer operated as he was largely retired, but would perform the necessary examination.

We chatted easily about career plans, hobbies etc. and then asked me about my penis? He told me to strip from the waist down and lie on a couch with my legs apart and my shirt lifted above my nipples. He wanted to look 'knees to nipples' as he quaintly put it.

I was embarrassed, and perched semi-naked on the couch with my genitals covered with my shirt. As an ex-army medic, he told me in a booming voice to

lie back, and exposed me completely. He performed a visual examination and then palpated my testes, studying my scrotum, and at one point squeezed my testicle to 'test sensitivity'. I gasped in pain.

He checked the distribution of my pubic hair and began on my appendage. He gently retracted my (long) foreskin and studied the glans, sulcus, etc. I was naturally nervous and felt myself getting a slight erection. He asked me about the irritation and I showed him where the thrush and phimosis were problematical. Again he studied the areas involved, at one point using a magnifying glass. My erection was by then complete.

Mr C. asked about the angle, and pointed out a slight curve; again palpating the by-now engorged shaft. To distract him I asked about the surgery, and he slowly and luxuriously moved my foreskin back and forth to 'show' the effect of circumcision! I asked about scarring, which prompted an even more thorough 'examination' with comments on 'engorgement', 'tumescence', etc.

The good doctor gently opened my meatus and checked my urethra for strictures. I was by now near the point of no return... The consultation came to an abrupt end when the specialist thrust an ungloved and unlubricated finger up my back passage whilst palpating my glans. I told him it was uncomfortable and he went on to ask about 'homosexual tendencies'.

He reassured me about the workings of the organ in question and said I seemed healthy. Sadly, he did not attend me post-operatively as that would be another story to tell...

*K.G. – London*

## Australian Story

I came from a South-east Asian country (my mother is a white New Zealander – I'm Eurasian) when I was three. That's when I first noticed that penises came in different forms, and even at such a young age I suspect I wanted to be circumcised. When I first saw a cut penis I didn't find it ugly or threatening – I thought it was quite interesting.

Up until the mid-late 80's Australia was a country with a very high circumcision rate (about 85% in my age group). Consequently I grew up surrounded by 'roundheads' and couldn't help feeling a little strange. Well, more like an alien is more accurate. There were other kids with foreskins – mainly Greek – but, all told, we were a very small minority. It was always a source of insecurity for me that someone should find out – especially girls – as I'd overheard one of them once describing how ugly a foreskin was.

This continued through my teenage years and through university as well. The girlfriends and partners that I did have were pretty much all of the same opinion – foreskinned penises just weren't very desirable, and I have to agree. I don't personally think they add to the aesthetics of a penis.

When I left university I went backpacking through Europe for a year. At the same time I'd been wearing my foreskin pulled back behind the glans (it wasn't long or tight and after a month it would just sit there nicely). Things stayed like this for a while, but deep down inside I still felt different, so I decided to get rid of it.

The surgeon I was referred to all but suggested I see a psychiatrist – he wasn't very warm and had a typical doctor's God complex. To shorten the story he did do the surgery for me but removed next to nothing – just a little spade-shaped piece of foreskin right above the glans. My penis isn't very large, and when it (the remaining skin) retracted, the rolled up tissue caused a rather spectacular fluid build up/oedema, especially on the underside next to my frenulum. Lymph just wasn't circulating. I went back to him and he said that he would have to remove the skin underneath the penis as well. Like I said – I didn't like him – and also didn't want to risk another general anaesthetic, so I asked my referring GP if he'd do it for me instead. He was happy to, but he still didn't remove enough. I don't really have problems with oedema any more (sometimes when it's cold), but my penis looks a little like the hind end of the saggy baggy elephant! I still have enough skin left to pull up onto my glans – at least three-quarters of the way up when erect. I can wear my foreskin pulled forward if I want to. Essentially, there really isn't much difference to how it was before I had the operation.

Am I satisfied? Well – I have to admit, I really seem to enjoy a lot more sensitivity now. I have no explanation for that. I'm not satisfied with the way the first operation was carried out but, yes, I'm glad I was circumcised. I'd still like to have a normal looking penis and am seriously considering another revision (maybe by an aesthetic surgeon? I'm not sure if they'd not be more cosmetically sensitive).

I do like the look of this super-tight 'lubricant only' penis that seems quite common in American porn films, but I'm fairly sure that kind of effect can only be achieved through neonatal circumcision.

*J.T. – Australia*

## **And An Australian Lady**

I was having lunch with a group of girlfriends recently and put the question of circumcision to them. Interestingly enough, all came to the same conclusion. We were all in our 40's and 50's, and of the generation when boys were circumcised, almost without question, for hygiene reasons. Thus, being used to the circumcised 'look', we all agreed that it does look better done than not done.

As for performance, my personal experience is that in the heat of the moment it doesn't matter a toss either way! There is so much more to it than circumcised or not, if you get my drift.

As for women being very interested in whether their prospective boyfriend has been done or not, they, in my opinion, are more interested in size and performance.

*Anon – Australia*

## Those Medicals

**I**t occurred to me, after reading of the member who likes to present himself to doctors for intimate medical examinations, of a similarity of experiences as myself. His is not quite my story, but I will explain.

Many years ago whilst in the army overseas, it was the custom, when there was nothing else to do, to have a medical inspection. We would go as a section of about 30 men and, upon arriving, strip down to our trousers and await the doctor (who was probably still drinking). His assistant would call the first one up, the doctor would look you over and might ask a question. Then he would tell you to drop your trousers, have a good look at your equipment, and tell you to turn around and bend down.

Now, believe it or not, some of the boys did not like doing this a bit, but I rather liked the ritual. So, for a drink afterwards, I used to go up twice, once for myself and once for him. I thoroughly enjoyed showing my genitalia to the doctor. Also to the other 29 men present. I did not receive all the other delights though that your other writer mentions, but it is a great experience to see 30 different penises. I would say that  $\frac{2}{3}$  were roundheads.

I never got an erection during these little games, and after all these years, it would seem hard to believe, but I can remember many of the penises as if it were yesterday.

*Richard R. – London*

## Royal Events

**A** week or so ago, Princess Margaret briefly hit the headlines after voicing displeasure at the shenanigans of the younger royals. It was pointed out how lucky she was in her time to have been immune to the goldfish bowl treatment – and contempt – with which the Royal family is treated these days. In following up her relationships with Roddy Llewelyn and her ex-husband Lord Snowdon, a farmer was interviewed who lived next to a commune frequented by Princess Margaret. His main recollection was in seeing Margaret welcomed by the inmates – all of whom were bollock-naked!

This reminds me of an article in the French magazine *Paris Match*, which in those days was always prepared to publish material our own pulp mags shied away from. The article was on the Princess's taste in extra-curriculum entertainment, and showed a full-page picture of her on the French Caribbean

island of Guadeloupe in a swimsuit, flanked on either side by a grinning nude male, whose private parts she graciously shielded from view with a top hat held in each hand.

In the next picture the Princess had disappeared, leaving the two men in a disrespectful state of nudity. Both were clearly uncircumcised. Could this be a sign that, despite her disapproval of Di's presence in the Royal family, she nevertheless shares her partiality for foreskins, fuelled possibly by the lack of such a commodity in her own family? We shall probably never know unless someone writes an unapproved biography of her.

The mention of communes rings a bell with me because, as a younger chap, I spent several happy months in one in the Cotswolds. We were a bunch of young idealists of both sexes with an ambition to explore the delights of free love and nudity, with the total abolition of petty jealousy, envy, inhibition and outdated moral constraints. Sadly, the reason for the evolution in civilised societies of the nuclear family gradually became apparent with twinges of jealousy, envy of others' physical attributes, and eventual revulsion at constantly seeing girls getting singly and collectively fucked on the living room carpet.

In fact I met my current girlfriend at the commune, where she arrived with her husband one day, starry-eyed like the rest of us, and keen to get stuck into this new way of life. Her husband lacked her enthusiasm, giving the impression of only coming along to humour her. He was very reluctant to strip off, but had his leg pulled by his wife until he did so. She explained to us that, as the only circumcised man there, he felt rather self-conscious. We, of course, were careful not to say anything to upset him about it, although his wife, who totally lacked inhibitions, twitted him mercilessly about it, making him – and us – feel quite uncomfortable. Later, when the commune broke up in a flash of spontaneous and mutual disillusionment, she left her husband and joined me in a new and more conventional lifestyle in Cheltenham.

Unlike most, she suffered none of the inherent feelings which caused the breakup, and looked back with fondness on the group sex and shared sensuality in which she participated with more zeal than most. She had – and has – an enthusiasm for sexual pleasure which I have not encountered with any other female. To this day she likes to laze in bed on a Sunday morning, gradually and systematically stoking our sexual fires until we finally fuse in a high octane sexual conflagration, before repairing in a haze of contentment to the local for lunch. She starts off by asking me to give her her weekly twatty-shave, which always gets my dander up. She is equipped with a particularly neat-looking vulva with the opening modestly closed up into a thin slit. I never cease to be surprised how it stays closed, even when she spreads her thighs apart to give more access. Meanwhile she gets her own enjoyment from languidly playing with my penis, every so often stretching my foreskin out and twanging it like a piece of elastic. The next step is usually mutual and simultaneous oral sex, which we both dote on, before the finale.

She is a keen reader of *Acorn*, and spends a lot of time discussing the pros and cons of circumcision, of which she does not approve. She constantly voices her awareness of the fact that her circumcised ex-husband, besides being unhappy about his state, was never able to share the intensity of sexual response she enjoyed. She claimed that not having a foreskin made it difficult for her to fire him up when she needed servicing: he lacked the instant response she obtains when she pulls my foreskin back and forth. His sexual response tended to be a gradual heightening of sexual tension followed by sudden release, but without the pleasurable sensations she experienced. She certainly takes – and gives – a lot of pleasure from manipulating my foreskin and has the view that it is there for a very good reason. One thing she read in *Acorn* which still makes her laugh is the claim that foreskins are the favourite playthings of little boys and big girls. She goes along with that.

*F.B. – London*

## No Hands

The other morning something occurred which has never happened before. I woke up quickly from a dream that I was wanking, and at the moment of waking I orgasmed. The peculiar thing was that my hand was nowhere near my cock and I wasn't even hard. More peculiar was that the orgasm was dry. This surprised me so much that I thought I would try to repeat it again, so I put my hands behind my head, closed my eyes and pretended I was wanking furiously. Sure enough, it happened again, my body involuntarily doubling itself up slightly. Then I did it a third time. I didn't get the feeling of loss of interest that always comes after normal orgasm.

I thought that this was marvellous. I'd heard that some men could get multiple orgasms, but not me, into middle age. What's more it didn't wake my wife up. She doesn't like the thought of me masturbating anyway, thinking that it's something that excludes her. Several tries since have, unfortunately, produced absolutely nothing, but maybe the right circumstances will occur again to make it possible.

This type of thing has been on my mind for a while since I read an article last year by a man in *Forum* who wrote about 'teaspooning'. In this, you wank until you're just about at the point of no return, then stop. You then don't have the feeling of orgasm, but ooze out some come, although not as much as normal. You do this once or twice more on the trot and then you get a dry run. I tried this a few times. It didn't work at first because I couldn't call up enough willpower to stop at the given time, but I eventually did. Again, one or two comes didn't lead to a loss of interest.

From this I have to gather that the loss of interest one encounters must only occur when the two parts of orgasm happen simultaneously. The writer

went on to say how, by stopping wanking a split second before that method, you could have a dry orgasm. But I couldn't make that work.

Maybe other members have some experience of these things. If so, maybe they could let us know.

Anon

## A Bit About S&CN

**S**mooth & Cut Naturists (S&CN) is a new venture for naturists (nudists) started at the end of 1996 with the sole aim of joining together for discussion men and women who practise depilation (body hair removal at least of the pubic region, by whatever means), with the men also being fully circumcised.

The idea of an exclusive club for smooth and circumcised naturists/nudists evolved from the Organiser's association with other clubs with allied topics of interest. In particular the Organiser (John) – a dedicated naturist who has a completely shaved body and who was fully circumcised at birth – is an established member of *The Smoothie Club* which started in 1990, and is a member of *The Acorn Society* and *Smoothie Club Leisure* as well as *WNN* (the Dutch Smoothie Club).

S&CN Members of either sex are of the firm opinion that to be smooth (ie without body hair), and for the male to be circumcised, forms the perfect combination, especially when nude, with so many distinct advantages which set us above other ordinary members of the population. We are unashamedly an elite group.

The many advantages of being smooth and, in the male, circumcised range from being totally open and concealing absolutely nothing when seen nude, to being able to keep scrupulously clean, to being far more appealing to look at when nude, to having unbelievable sensitivity and enjoyment during more intimate times.

It is the intention of the Organiser that, whenever possible, members of S&CN should spread the word about of the distinct advantages of depilation and circumcision of the male, and to recruit others (especially nudists) to join our special club either as Full Members or Associate Members.

**Full Members** must meet the basic three criteria, namely: a) they are naturists/nudists (or are at least happy about being in socially nude company); b) they must have removed at least their pubic hair totally; c) (for men) they must be fully circumcised.

**Associate Membership** is a discretionary section into which the Organiser may invite individuals who, while not meeting all the criteria for Full Membership (above), will probably fall into at least one of the above categories



and be able to demonstrate their interest and determination to become Full Members by qualifying in more in the future.

Many women are keen on the advantages of male circumcision from the “end user’s” as well as the cleanliness and aesthetic points of view and their contributions to discussions will be extremely valuable. Their enthusiasm for this alone will be enough to qualify them for Associate Membership. However they need only to be smooth naturists/nudists to be Full Members. Qualifying females will be made to feel welcome at meetings and at all times they must be made to feel relaxed about expressing views on club subjects amongst other members, whether men or women.

It is intended that membership of S&CN will be enthusiastic and vibrant with Full Members’ ideas being implemented by the Organiser when practicable. Group meetings will be held for general discussion in convivial (hopefully nude) surroundings. Suggestions for suitable venues are welcomed by the Organiser.

A short – probably two-sided A4 – news sheet *Ultimate Nudity* (usually in colour) will be sent to all Full Members (and Associate Members upon request) about twice a year. Members’ views, opinions and experiences appertaining to Circumcision, Depilation and Nudity will be welcomed for inclusion. The Organiser/Editor reserves the right to shorten submitted material, which may include line-art or photographic prints. (Enclose SAE for return.) Members will also be given the opportunity to send short contact ads via the Box No to the Organiser/Editor who, at his discretion, will list them in the news sheet. After initial contact has been made through the Box No (SAEs for reply *must* be enclosed), further correspondence will take place on a person-to-person basis. Members’ first names, town and county only will be published.

The Organiser (John) may at any time use the services of other willing Members to help run our club.

*At all times be kind and considerate to all other members and, without being unnecessarily pushy, spread the word that we are a very friendly and exclusive club to non-members who may wish to join us!*

SCN, PO Box 164, Northwood, HA6 2QR

## Mixed Feelings

Why is it that from almost the beginning of time, man’s most intimate, private and sensitive possession has been the target for modification? For some races, the nominal reason for justifying circumcision is religious, for others it is given as hygiene, for the modern western culture it seems to be a matter of social fashion. However, these ‘reasons’ are but a rationalisation of some deeper motivation to modify the penis and expose that formerly hidden symbol of sexual maturity and prowess. Can anyone bring a deeper

enlightenment on what is almost a compulsive tendency of much of the human race to circumcise its males.

Before readers conclude that this is going to be another letter from a disgruntled roundhead, I will state my own feelings; past and present. Circumcised as an infant when it was a fashionable routine in the UK, I was at first shocked as a child to learn that my little willy had been cut and changed permanently without my earlier knowledge. The impact of this enlightenment faded after some months of coming to an acceptance. After all, I was very pleased with the look of it and much preferred my circumcised appearance to those who were intact. I was told boys were better for being cut and looked nicer and more manly. Of course I believed that, coming from the authority of my father who had one just like mine!

Throughout life I have been a great believer in circumcision, although respecting the individual's right of choice where possible. I have always been glad to be a circumcised male; that is, until recent years. I am now finding that my quite generous inner foreskin remnant is shrinking. This does not affect intercourse, but does seriously affect my main technique for masturbation. I am also finding that 'getting started' takes much longer and the buildup to climax is much slower than of earlier years. Of course, I'm getting older, but I do believe that circumcision and the reduced remnant of inner skin is also playing its part in desensitising and prolonging matters.

Have other readers found similar changes with the years, and do those with very little remnant foreskin find problems with sensitivity throughout their lives? Is a decline in loose skin and sensitivity purely a consequence of being circumcised, or do those with foreskins experience a similar reduction in amount of skin and/or sensitivity as the years progress? For some time now I have become less in favour of circumcision and have had great yearnings to have been left intact, although I have to say I still prefer the look of a nicely circumcised penis. Am I alone in feeling this way; what do others think?

Well, I hope that stirs up some worthwhile discussion in the columns. While I ask the questions, I am satisfied in general with my circumcised status and have no major regrets. In the modern world there still seems to be a socio-religious disposition to circumcise males in many countries; is there any information as to exactly which countries and the percentage of males circumcised? Long may there be the variety of circumcised and intact organs. It certainly adds considerable interest, at least to one *Acorn* member.

R.R.

## Books

Following on from 1/97, there is that classic for all those who eagerly scan the literature for mention of the words foreskin and circumcision – *The Hand-Reared Boy* by Brian Aldiss, in which he devotes a lot of his character's

(ie his own) childhood to his thoughts on his circumcised penis and other boys' foreskins, and later to his seduction by the 29 year-old school matron (wishful thinking?). This book is a must for any new members who may not have come across it before.

Our hero, Horatio, kicks off his sexual career when his big brother aged thirteen initiates him into the joys of masturbation. Sister Ann then gets involved and takes to the exercise like a duck to water, insisting on doing them both at the same time, although neither of them achieve an orgasm. Horatio first realises his altered state when he stops for a pee in a field with two friends and notices that they had 'the other kind of prick – with skin'. Later, one of them lets him have a look at it – it seemed a very strange object to Horatio, long and pale with the skin coming right over the red knob, ending pink and pursed, like a flower bud. His sister Ann, who has also found out about foreskins from other girls, says she would like to manipulate one and gets him to ask his friend if she can 'have a go with it', but to Ann's disappointment he refuses. Horatio then describes how his interest in uncircumcised cocks was renewed when a fat boy his age called William offered to show him his cock, which he discovered was covered by a very thick skin. It became erect in his grasp and he let Horatio draw the skin back to reveal his glistening knob, brightly coloured. He then urged Horatio to wank it up and down, which he did until the boy shuddered and gasped into orgasm. This was an exciting revelation to Horatio who knew nothing about orgasms. When William then tried to return the compliment he found his penis did not respond. He experimented by inserting his knob under William's foreskin, which did give him a charge, but he still could not come, and so contented himself thereafter with manipulating William's foreskin to orgasm whenever the idea entered their heads, but stopped William having any more goes with his.

Later, Horatio goes to boarding school and gets involved in the universal dormitory wank session, which they called insurance clubs. Groups of four boys got together and took it in turns to masturbate the others. Horatio describes in detail how this allowed him to reopen his investigation of uncircumcised penises, since all the other members of his clubs were endowed with foreskins. That extra piece of skin, he said, seemed to him an extraordinary luxury. It drew back so sumptuously and was juicy underneath, not unlike Beatrice's fanny (Beatrice was the family maid who allowed – and took – liberties with her, and his, sexual organ). Smith's foreskin peeled back of its own accord as his penis swelled to erection. Partington had inches of it and could only draw it back with difficulty; he liked it to be manipulated with his foreskin up, and took ages to come (good *Acorn* material here), whereas Rivers preferred it with his foreskin drawn right back. He then goes on to describe another school friend who had a penis which was 11" long when limp and 13" when erect (wishful thinking again!) The boy never tired of flashing it for the benefit of the other boys, who begged him to let them have a wank at it. One day the boy decided to favour Horatio, took him behind an armchair in the library and produced it – 'It rose before me in all its glory, the foreskin not quite long

enough, so that a glimpse of the knob was temptingly revealed. I began to move the flesh reverently up and down'. The boy watched him doing so and then demonstrated how he could put the end in his mouth and suck it, graciously allowing Horatio to finish him off afterwards.

This variety of foreskins fascinated and troubled Horatio. He goes on to say how sister Ann had watched their father changing on the beach once, and discovered that the end of his penis was covered in skin. Horatio wondered why then he had taken his foreskin away, saying that it seemed an unfriendly thing to do. He ends by admitting that he worried about it a lot, and much of his masturbation at this time was directed towards massaging the skin in the hope that it might grow back.

All of these books are classics in their own way, and no keen *Acorn* member should deprive himself of the pleasure of reading them – they are available in most public libraries, although in some you might have to put in a special order for them.

*J.F. – Beds.*

## Contact Corner

**A**thletic, circumcised nudist, 40's, wishes to hear from others who enjoy the feeling of displaying a permanently exposed glans. What about an informal get-together at a leading sunclub 20 miles from London? Conversation, display, visual appraisal only. No Physical contact or improper behaviour – just proud to be cut!

*J.F. – London*

**B**i, 33, ex-public school, uncircumcised, would like to meet or correspond with circumcised ex-public school to compare school experiences and differences.

*J.C. – London*

**N**ewish member, interested in everything regarding the penis would like to meet other members who live in W. Yorkshire or Lancashire.

*H. – W. Yorks.*

# ACORN

Issue  
No 5 1997  
Editor  
David Acorn

## Editorial

The time is coming along for our next meeting. Brian has asked me to say that it will be either the weekend of October 12th or 19th. He will inform us as soon as he can to be definite, but since members want as long as possible prior notice we thought it best to narrow it down a bit now.

In the meantime I'll have my own piece of 'contact corner' and say that if any member with time to spare wishes to visit for a chat they are quite welcome. Have a day at the seaside and I can accommodate overnight. Just dropping me a telephone number will do.

We are still getting nice reviews for the newsletter, so thank you to all the contributors for their diverse views and opinions. Keep them coming.

*David Acorn*

## Mandella

I was recently staying at a hotel in which were piles of back copies of glossy magazines. In *Country Life* for Jan 12th 1995 was a book review of Nelson Mandella's autobiography,

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Printed & Published in England by The Acorn Society  
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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

*Long Walk to Freedom*. The review, which was written by Sir Geoffrey Howe, included this sentence:-

“The Africanism of Mr Mandella’s adolescence in Thembuland’s royal household (he was indeed ‘to the manor born’) is underlined by the chilling account of his own circumcision ceremony.”

The book is priced at £25 (published by Little, Brown) and is rather a lot to buy if you are not interested by the rest of Nelson Mandella’s life, but I should think it will be available from public libraries.

It would be interesting to have the extract published in *Acorn*, but I suspect it would be infringing copyright laws to do so.

*E.S. – Lancashire*

## Shocking

I hope I have found in you a place for my obsessions. I get aroused merely hearing the word ‘circumcision’.

Let me tell you something about myself. I am a 22-year-old student, cut since I was 18. I never had any problems with my foreskin, I just found that I didn’t deserve it. Nice guys are foreskinned, but as a sign for my evilness I wanted to ‘bear’ the sign of circumcision.

I loved it when other boys pointed at my clipcock, ridiculing me for being cut. I’d love to meet someone who could insult me for being a littly cutboy.

From this point springs another fantasy of mine – I’d love to take revenge on each guy ridiculing me by eventually circumcising him myself. I am mean – I want to show these nice uncut guys.

I hope these fantasies are not too shocking for you – until now I have never even dared to tell anyone about it. What can you make out of it? Do you think I should pursue psychiatric help?

I would love to hear about other boys with equal obsessions – if they exist. I would really appreciate any help from your side.

*P.K.*

## Prostate Secretions

Edition 3/97 caught up with me yesterday morning and it makes a good read. I see that P.U. from Edinburgh (Juices – page 10) asks me some questions about prostate secretions. I don’t have any especially new research findings to offer him because, like him, I am retired and confess to being rather less than diligent when it comes to keeping up with the latest developments in the field of medicine.

However, I am intrigued by his ability, at 66, to ejaculate as much as “10 ml at a time” and that this may be repeated “three or four times before orgasm occurs”. I do hope he isn’t boasting, tongue in cheek, because those kind of quantities are, quite frankly, enormous. I wonder what he means by three or four times before orgasm? Is he suggesting an overspill of semen on three or four occasions during one masturbatory session before proceeding to full orgasm? The dribbling of quite copious quantities of clear viscous, so-called ‘pre-cum love juice’, during the masturbatory build-up of excitement is common enough, but I have never heard of anyone producing anything like 30-40ml of the stuff. This is produced by the Cowper’s Glands in the urethra and is, essentially, a lubricant.

I am 64, and there are few who can be more dedicated to at least twice-a-day masturbation than I am. During a long session I may overspill a few ml. of genuine semen quite a long time in advance of full orgasm without apparently reducing the final volume of my ejaculate. But even in my younger, and more virile, days I don’t suppose I ever ejaculated more than an occasional 7ml. The average was about 4ml, in line with most guys. 5ml. must be considered a ‘top of the range load’ by virtually anyone. Only once, many years ago, have I been gob-smacked by a truly incredible ejaculation. I was with a guy in the back seat of my car and when he announced his impending climax I handed him a plastic picnic beaker as the nearest available receptacle. He more than half filled it, and the memory of it still utterly amazes me.

Prostatic fluid is alkaline. Its two principal purposes are to provide an activating medium in which sperm can swim, and a means of neutralising the acid secretions of the vagina. In any one ejaculation, as much as 95% of the fluid involved is from the prostate gland. The solid equivalent mass of the sperm cells amounts to a mere 5%.

On another subject. I have recently been seeing a guy from the West Country who maintains that semen is poisonous to the human host in whom it is produced. Only when it is regularly ‘got rid of’ through frequent masturbation/partnered sex can the guy who produced it feel at his peak of health. I must say that this hypothesis is a new one on me, but I confess that I always do feel much fitter, and mentally more content, when I’m in the middle of one of my ‘sexually busy’ periods. I wonder if this is a West Country ‘old wives tale’ or if it is a widely believed concept which has simply passed me by. Do other readers have any comments to make? In particular, what do they personally think of the notion.

*R.H.*

## Them And Us

**I**n these days of Political Correctness, when the minorities have to be given due deference, would it not be a good idea to form a women’s group – or

create a women's section for the newsletter? After all, most men are only concerned with their own penis whereas women take an interest in them all – or at least those of their boyfriends, partners, children and so on. True, they are unlikely to take up entrenched attitudes on the circumcision issue, if only because it cannot happen to English girls. But in this context, the subject of female circumcision is a very highly emotive one for most women, and we have succeeded in getting the practice, associated only with immigrants, outlawed in this country. Those women involved in campaigning against FGM (female genital mutilation) of course will, naturally enough, feel duty bound to oppose male circumcision. However, the majority of us won't have a clue what it's about, since we're unlikely to encounter either male, let alone female, circumcision in today's Britain. Consequently there are probably a lot of women who are likely to be interested in your movement since the subject breaks new ground for the majority of us, and precious little information is available about it elsewhere.

Having established my credentials as a staunch member of the feminist group, I think it might be useful to your members if they knew what makes us tick, and how our thoughts can be relevant to the subject of penises in general. Firstly, there is the matter of penis envy. Imagine the fascination to a young girl of that sprig of flesh which is capable of so many exciting manoeuvres: the sudden appearance of the tiny scarlet cherry when the skin is pulled back, and the amazing ability of the organ to stiffen and lengthen when handled. And then every little girl feels short-changed the first time she sees the pride with which her brother can pee, standing up and aiming a neat little jet with a precision which she cannot hope to match. The feeling is reinforced if the boy then shows off by ballooning his foreskin, which can be startling, and indeed disturbing, to a young girl (and to big girls too on occasion). Consequently, she feels distinctly inferior in having to squat down to pee in an unseemly fashion, and being able to produce only an untidy and haphazard torrent, unstoppable once started. This envy usually lasts a couple of years and then fades away as girls learn to appreciate the very distinct advantages of what they've got, except in the matter of taking a leak.

Feminists on the other hand have not forgotten this area of male domination – and female humiliation – and hate the thought that men can stand proudly peeing with the ability to direct their neat, if puny stream wherever they want. In recent years in the States, prominent feminists have decided to take a stand in this matter – literally. Learned treatises have been published by feminists in various ranking positions in society explaining that women too can be just like men and pee in a standing position.

I shouldn't imagine men are all that interested in the techniques used to achieve this desirable stance, but I'll mention them just the same. Firstly, it is generally recognised that if women stand and pee in the normal male position, quite a lot gets to run down one or both legs. However, if both hands are used to pull the flesh above the privates upwards and outwards, the stream tends



to hang together much more, and is directed forward instead of straight down. If directional accuracy is still lacking, another dodge is to fold over the top part of the inner lips so that the bottom part forms a funnel which can give quite good directional accuracy.

In the States, which is famous for its cunning gadgetry, they have devised a plastic funnel which fits snugly inside the inner lips and directs the stream in as neat a jet as any man can achieve, with the added advantage that the inner lips can be kept relatively dry. On this point it is worth noting that American feminists are now not only advocating the standing pee but have also decided that females should no longer use toilet paper after peeing. Why should they have to when men don't? I'm not sure I go along with that because even if you take a daily shower you will still have a minor hygiene problem at the end of the day.

Another thing that feminists find irritating, due not so much to the absence of the male organ as to the presence of the female slot, is the problems which arise when riding a bicycle. Have you men ever wondered why, in the days of women running the marathon and going into space, the Tour de France and similar long-distance cycle events are restricted to the male sex? The reason is simple – the narrow racing saddle necessary for high speed cycling is just not compatible with the female anatomy, and although some girls get sexually aroused by friction against the vulva, over a period of time it becomes very sore and bruised, since it has to bear most of the girl's weight. As a result, long distance cycling is out as far as the cloven sex is concerned. In this case there is virtually nothing feminists can do to balance the discrepancy. They just have to grit their teeth and write it off whilst bemoaning nature's scandalous unfairness.

Finally, one of the triumphs for the feminist cause was the recent all-women expedition to the North Pole – which so many men have failed to achieve in the past. One of the built-in disadvantages that the girls faced was once again the lack of a penis to pee through. You just cannot bare the backside when the temperature is 40 below! Consequently a great deal of thought and planning went into the expedition – and was discussed in fascinating detail – and at considerable length in the media – about how a girl could take a leak in the Arctic. The leader of the expedition explained with satisfaction that their suits were equipped with a zip that went from the navel round to the bottom of the spine. Underwear took the form of late Victorian 'drawers' with an open crutch. Although it makes me proud that we have overcome such problems, I can't help thinking that it's a hell of a palaver just to take a pee. Surely the American plastic funnel would have been easier.

*Ms S.W. – London*

## Doing Things

The arrival of the latest newsletter has spurred me into action to write to you again – given me more to write about, even. What a most interesting issue. For example, the advert for the smooth and cut naturists club, although, alas, currently I could only be an associate member – partly due to the cost of circumcision (another important angle raised this time). And I really hope we hear again soon from our new South African friend. He sounds a very interesting individual. I hope to find out what ‘self experiment’ he has performed. It would of course be great if there were ideas I could utilise. I guess this is a part at least of what the *Acorn* organisation is about, pooling ideas for altering and continually improving the feeling and appearance of one’s cock. The ultimate, naturally, is circumcision, but there are many and various other new sensations we can discover through communication.

Meanwhile, having missed my ‘target’ date for getting cut, I decided to make some dramatic alterations to my foreskin, on the basis that if anything went wrong it wouldn’t matter as I was going to get rid of it eventually anyway. I used to have about half a dozen piercings in it which have lately fallen into ‘disuse’. In a revival of interest I decided to make some more, then joined some of them together, creating three large holes, whilst others I simply cut away with the sharp upward thrust with a scalpel. The rim now has an interesting ‘ragged’ look. Stretching continues on the three main piercings whilst, incidentally, other minor ones are also ‘growing’. The big three are approximately 2 cms across, one slightly more, one slightly less, and all three can be easily slipped over my cockhead to sit nicely in the coronal groove. I find I can only do this with two at a time. I often sit for periods, ie. watching TV, with fingers hooked through, pulling to maintain tension. I have a no limit stretching project here. Helpful suggestions would be gratefully received.

Many years ago I had a persistent urge that I wanted to be able to get a finger into my pisshole, and I wanted the hole to stay open, kind of like the end of a hosepipe, instead of closing ‘flat’ after every piss. Wouldn’t this make it easier to piss, increase the volume of the flow. I imagined a bigger, stronger stream, bladder emptying much faster...in fantasy anyway. I soon learned that I could cut away the thin membrane at the underside end of the slit. A Prince Albert piercing also helped until it too was cut away. Things were opening up at last...I could part my pisslips. Stretching that sensitive inner skin was magic. I wanted more. I had a new P.A., substantially anchored further down – too substantially really, plenty of room to cut a bit more of that piss tube, and exposed a bit more inner skin...brilliant...I can now part my piss lips so that the underside of my cockhead will open out flat! Blood oozing, it is not always easy to immediately see how deep a new incision is...sometimes deeper than originally intended at the time. However, the final split happened of its own accord. Big piss hole...no P.A.

Nowadays my stream is flowing slower than it used to (muscles weakening?), and with an increasingly stretched, loose, wrinkled foreskin collecting more residual drips!

Pulled back, my foreskin will usually stay back these days, in which case residue makes increasingly large, damp, brown patches on underwear. I have been wearing light-coloured slacks recently for work, and consequently had more than one near embarrassing accident. Sometimes, unnoticed, my piss flow splits into two, going in completely separate directions. Obviously, the more alterations you make, the more diligent you must become! Being much more aware of your cock, and the way it performs, is no bad thing. I enjoy the greater awareness that I have to observe, and plan to continue changing my cock for the better, not least by eventual radical circumcision.

Having decided on circumcision, I feel it best to take a very positive stance and have the maximum amount of redundant skin removed. One good reason for this is to reveal to maximum advantage the delightful unique helmet shape of the male cock head, and not spoil the profile by leaving too much skin to roll up under the rim. Another is to achieve, to quote a delighted circumcisee, a permanent 'tingling, stretching sensation' when erect. Skin so tight as to make his cock curve upwards. Sounds good to me.

May I put in here a note, as an *Acorn* member, of support for your oft repeated request for newsletter contributions from some of our 'silent' friends. I guess in some cases silence may be due to the lack of privacy to compile confidential correspondence, but one reason why we all subscribe to *Acorn* is surely to read about other guys' experiences appertaining to their cocks. I for one would enjoy reading even quite basic information, so don't feel that you have nothing to say, your cock is totally unique to you – and we'd all love to know about it... How long is it?...How long have you had it(!!?)...What is your 'cut' status?...What else have you done to it?...What would you like to do with it?...Does it come(!!) with any special attachments or ornamentation? There are so many of you out there – so many cocks waiting to be revealed. Everybody would love to hear from you – HONEST.

ZED

## Simple Procedure

I was intrigued to read in the article quoted from *H & E* in 2/97, that "if a man has a tight foreskin he can have a simple procedure which widens and stretches it, thus relieving the problem without the necessity of removing part of his pride and joy". What exactly is this simple procedure? If it is so simple, why is it not better known? Why should it not be used on boys of a very early age?

Marjorie Mitchell, also in 2/97, who is a nurse, writes in the same vein, "Nowadays, conservative procedures, such as steroid creams and minor

surgery which removes no tissue, are so well understood on the Continent that circumcisions are scarcely ever needed to be done..." Again, what does this minor surgery consist of, and why is it not understood in this country?

On another subject, I agree with your contributor who would like to see more contributions from women. Cannot Tuppy Owens be persuaded to write about her preferences.

*I.D. – Herts.*

[Tuppy gave her views in a circumcision pros and cons article in a women's magazine, the whole of which we published. — D.A.]

## No Hands Comment

The feature by Anonymous in 4/97 under this heading didn't cause me any great surprise. It is traditional in Western culture to consider the male sexual climax as being a single combined event of orgasm and ejaculation. Because we expect things to happen in this way we rarely make any effort to behave differently but, in fact, the two happenings are entirely separate, and Oriental Taoists have recognised this for centuries. They have trained themselves so that it is quite natural for them to reach orgasm without ejaculation. It is ejaculation, not orgasm, which results in the explosive release of body energy leading to the subsequent 'refractory period', during which re-arousal is not possible. By avoiding ejaculation, Taoists can enjoy long sexual sessions with multiple orgasms, all of which are just as fully satisfying as any Western man's single climax after which he is suitably 'knackered'.

Personally, after a period of arousal, I have experienced spontaneous full semen emissions (much to my embarrassment) without any sensation of orgasm and, similarly, in my younger days I trained myself to enjoy the full thrill of orgasm without contracting the muscles leading to ejaculation. I'm afraid I've lost that trick now, which is a pity, because 1) non-ejaculation saves a bomb on paper tissue or stained sheets, and 2) the multiple orgasms referred to in paragraph 1 were a great bonus.

The psychological stimulus to sexual climax is often forgotten in the rush to achieving it through physical means. Both elements are very important. A 'no hands' wet dream can, in fact, be 'wet' or 'dry'. In either event the brain has led the individual to full-scale sexual climax during sleep without any physical stimulus being applied. The thrashing around in bed which accompanies a full ejaculatory dream of this kind can create a degree of apparent wet messiness far in excess of the actual volume of semen produced. But a dry nocturnal sexual climax can often be far more erotic and exciting than the real thing because the brain isn't hampered by any psychological inhibitions.

Your contributor has proved that he is capable of separating orgasm from ejaculation. He should concentrate on repeating the process by thought alone or by holding back upon the completion of manual masturbation. It will give him the opportunity to enjoy a multi-orgasmic sexlife to the full.

I suggest he reads *The Multi-Orgasmic Man* by Mantak Chia and Douglas Abrams Arava (ISBN 07225 3325 X). I have a 'Soft Back Preview' Book Club edition. It makes both interesting and enjoyable reading.

*Ray Hamble*

[If any member has any experience of this fascinating subject, or can add more, please let us know. — D.A.]

## The Ostrich Man

**W**hy Ostrich Man? Well, **man** because it is **me**, with a **penis**, and ostrich because if you are familiar with the ostrich's ability to get all manner, shapes and sizes of objects down its neck, and then think of my urethra in the same way, you will begin to understand.

I have, for almost the past 40 years or so, inserted things into my penis, and having a vivid imagination as well as being inventive, and having the means to manufacture accordingly, has left me with a lot of 'toys' and mischief. This may not appeal to many people, which I find difficult to understand as the human nature seems to be to investigate all orifices. However, I have seen only three insertions on videos, but feel convinced that there must be more 'ostriches' in the world.

My introduction to this 'hole' delightful sensation is the result of schoolboy inquisitiveness!! A friend and I one day were resting in a field during a cycle ride (aged about 12), when one of us needed a pee. I was chewing the soft end of a grass stalk (when one pulls the centre from the root section the lower bit is quite flexible) and playfully pushed the soft tip into my 'tip'. This was quite intriguing to both of us, and it was not long before both of us were trying it to see who could take the longest straw and how many in a bundle. Well, that was many years ago. Naturally, in all the years I have been an 'ostrich' I have both learned, and stretched, to accommodate surprisingly large, long and sometimes bizarre items down my penis.

Should there be any kindred souls who may wish to correspond further on the subject, I, naturally, would be absolutely delighted.

*Ostrich*

## Woman And Hair

Having been a regular contributor to the naturist magazine *H & E* for many years, my attention has been drawn to your newsletter No 4/97. Firstly, let me say how pleased I am to see such matters as circumcision and pubic shaving discussed, both of which are of interest to naturists – and so few people are prepared to speak out on sexual matters. After talking to naturist friends of both sexes who agree with my sentiments, I should like to make a comment on two articles given coverage in your newsletter.

The first concerns the new organisation for 'shaved and cut naturists' (S&CN) of both sexes. Now I'm no prude, heaven knows, but for me naturism means being natural in all things. All God's female creatures except human beings walk on all fours and have their parts hidden by two legs and a tail. We who walk on two legs have a pubic bush to achieve the same object. And the reason? To avoid inflaming sexual feelings in the male at inappropriate times. (Men, being mere derivatives from the female, share possession of the pubic bush, although with them it serves no purpose).

Consequently, at the risk of appearing old-fashioned and fuddy-duddy, I can only declare those women who shave their private parts and put them on public show to be shameless and immodest hussies! The only reason a lady nudist can have for removing the hair which nature ordained should conceal her sexual cleft is to attract men by the crudest possible method – giving them an uninterrupted view of Venus' fly-trap! I therefore disapprove of the practice, although I realise that some men, including my husband, do not share my views on this one. As for male shaving, I cannot imagine what is achieved by it.

Another matter requiring comment is the widely held presumption that most nudists prefer men to be circumcised. There is no doubt that a lot of letters to *H & E* support circumcision, and a lot of their photographs feature circumcised men. This is mainly because the magazine has a wide circulation in the USA, but in this country the idea does not appeal to everyone by any means, and in this matter I am strongly supported by my uncircumcised husband and two uncircumcised sons! My ideal of masculine perfection, both visual and functional, is a medium sized or smallish organ equipped with a nice heavy-duty foreskin which conceals the glans totally and is fully retractile.

Whilst on the subject, I must also comment on the deplorable fact that some men choose to walk about on a nudist beach with their foreskins retracted. Why they should want to do such a thing, heaven only knows! It strikes me that this practice involves a similar degree of exhibitionism with a liberal whiff of masochism: nature intended man's working part to be protected from the outside world of UV rays, thorn bushes, rough towels etc. It should only be revealed when it is to be put to its traditional use. Seeing grown men walking about with their willy shaft strangulated by the drawn foreskin tip

is as ridiculous as if they were walking about with their tongues stuck out, and while many women feel affronted by the sight (it is a popular method for young – and not so young – boys to insult and play up females), I don't mind telling you it sets my teeth on edge.

Finally, I must comment on the breathtaking account of self circumcision in the same issue. Assuming that it is a factual story and not someone's pet fantasy, I have to say from my experience as a prison visitor that self mutilation is a manifestation of deep unhappiness and self hatred arising from severe neurosis. If there had been some problem – constant pain or inability to retract – there might be some logic in feeling frantic enough to commit such an act, but from his own account there was nothing wrong with him, and he had a fully functional and mobile foreskin. The poor fellow, in my view, should urgently seek psychiatric help, since a lot can be done for such problems nowadays.

*Doreen Chase*

[I think this letter will engender some colourful comments on all the issues dwelt upon, so please make them open. — D.A.]

## Colonial Cut

Routine circumcision on infants for purely cosmetic reasons can generally be attributed to the Anglo-Saxons. Their migration to the rest of the world created little pockets of predominantly circumcised communities. The USA, Australia, Canada and South Africa were, and still are, the major players in this routine operation. Except for the occasional Euro-Royal, as far as I know, no other European country has the tradition of infant circumcision. Incidentally, the Euro-Royals I mentioned were relations of the British Royal family, hence their puritanical leanings. I say puritanical because one major reason given for circumcision is the cleanliness it provides, and cleanliness is next to godliness. The other major reason for circumcision was the belief that it deterred self-abuse, the Anglo-Saxon fear and snobbery of sex. The chances of a non British born Anglo-Saxon being circumcised must be quite high.

I'm not very well informed about South Africa. I would like to know how common it is for circumcision amongst the white population. Is it only practised by the English speaking community, or do the Boers/Afrikaans practise it as well? I've often heard that Catholics in the USA were less likely to be circumcised. Is this true, and what Catholic community do they refer to, the Irish, Italian or Polish? A lot of Anglo-Saxons worldwide are still circumcised because of their country's colonial history. These traditions, handed down, are part of a heritage that doesn't exist any more. Ironically, in the U.K., the old colonial master has turned its back on this practice and moved on.

*Anonymous – London*

## Madagascar

The island of Madagascar, 240 miles off the east coast of Africa, is the fourth-largest island in the world. It is geologically part of Africa, but its peoples are of mixed Polynesian, Arab and African origin. Tribal divisions were resolved in the late 19th century. The island was colonised (rather half-heartedly) by the French in 1895, and became independent in 1960. Despite its rich variety of unique flora and fauna, and its potential fertility, it is frequently devastated by major storms and is poor in consequence. The people's religious beliefs are a mixture of Muslim, Christian (as a result of much missionary activity since the 19th century) and ancestral beliefs. *Fady* is a widespread set of customs, beliefs and superstitions which govern many aspects of life, regardless of adherence to one of the main belief-systems.

In her *Madagascar Travels* (Hodder & Stoughton, 1995, £16.99, pp 111-113), Christina Dodwell visited much of the island, including Vohipeno on the south-east coast, an area inhabited by the Antaimoro, an old Arab tribe whose few elders have kept up use of the Arabic script and a written history. Of the local customs, the most important one for the young men was the circumcision ceremony that only happens once every seven years.

"We slaughter an ox and the feast goes on for several days. We all dance, and every day more boys are circumcised in public by various skilled elders, and then they become men. Boys long to be circumcised. Their friends tease those who are not, and make them ashamed. You tell your parents that if they don't get you cut you no longer want to be their son.

*Fady* has a lot to do with this. Uncircumcised boys are not permitted to eat legs of chicken, which are reserved for men, nor wear a hat, nor handle sharp iron instruments. This latter at least seems sensible for children, though the logical extension is a bit extreme. Because you are not allowed to cut an uncircumcised infant boy's fingernails with metal, the mother must bite his nails short with her teeth. Until you are circumcised, you are not of course allowed to marry. And if you die, you do not have the right to be laid in the family tomb.

The ancestors have to attend the ceremony to prevent accidental bleeding complications, to stop any squabbling between participants, and keep things correct. The prayers are in Arabic, and with the songs and felicitations, they stress the importance of sexual fertility and procreation. In fact, almost the whole of Madagascar practices circumcision as a fertility rite. It is an order from the ancestors."

This account seems to indicate that circumcision, while probably inescapable, may be done at any time from infancy to near marriageable age.

Maurice Bloch has studied circumcision among the Merina of Madagascar, laying great stress on the very little change in the rituals over almost



two centuries, 1780-1970. His accounts emphasize the customary and anthropological aspects, and give little detail of the procedure itself, which is done with great ceremony for infant boys. Unambiguously non-Christian, circumcision of boys of the royal family became a large-scale state ritual and an act of allegiance, important to the nationalist movement as a way of showing resistance to the foreign intrusion represented by Christianity.

Tony Acorn

## Pro-Masturbation Doctor

I was very interested to read Marjorie Mitchell's letter (2/97) about the GUM practice in UK and the fact that tight foreskins should now be treated by steroid creams and non-destructive surgery. Consequently, I was doubly interested when browsing through the Internet to come across a thesis by Michel Beauge, a French doctor with considerable experience in treating tight foreskins among older children and young adults at university, entitled *Conservative Treatment of Primary Phimosis in Adolescents*.

Unlike the British approach, this doctor, who claims that his treatment of 30 to 40 boys has resulted in no known failures, firmly believes that dilatation is the natural and effective method of treating a tight foreskin, and that all forms of surgery are damaging, unnecessary and psychologically traumatic. His observations are most interesting. Firstly, he declares that, whilst most infants have a tight foreskin, 10% of 18 to 22 year-olds have varying degrees of tightness, from inability to expose, to a tight ring that tends to stick in the groove after retraction. He goes on to say that most of these young men are virgins and that their masturbation methods differ from those with no problems: whereas most boys masturbate by sliding the skin back and forth, uncovering the glans in a simulation of intercourse, the boys with tight foreskins stroke the glans through the foreskin, but pulling it forward instead of back; rolling the penis between the palms; rubbing the penis against bedding without using the hand; rubbing it between the thighs; using a vibrator or shower; occasionally practising self-fellation (by the very supple); or who do not masturbate at all (very few).

Dr. Beauge argues that conventional masturbation is a natural and desirable preparation of the penis for normal sex with a female, with the ring of the prepuce and the fingers simulating the effect of the vagina in pushing the foreskin back off the glans. Those who masturbate in such a way as not to uncover the glans tend to suffer from phimosis since the foreskin orifice does not experience the expanding pressure of retraction but remains in its naturally tight infantile condition. The main problem this causes is the possibility of paraphimosis (ring sticks in the groove) on first intercourse when the boy has little control over the degree of retractile force applied, especially if the girl is too eager. This does not apply, though, to boys with very long and tight

foreskins where penile penetration can be achieved satisfactorily with the glans covered.

Now the controversial bit. Dr Beauge consequently analyses his patients' methods of masturbation and instructs them in the masturbatory technique of pulling the foreskin back initially to uncover the tip of the glans. This can be a problem with boys who are used only to gain stimulation from the non-retractile methods and who find the normal method unrewarding, and perseverance is required. Thus the opening of the foreskin is 'moulded' under pressure against the erect tip of the penis, although in some cases the prepuce opening can be stretched with two fingers. The treatment is usually successful after four weeks, and Dr Beauge claims that in 15 years he has never had to refer a boy for surgery ie. circumcision.

All this sounds very reasonable and logical, but can you imagine any British doctor asking young boys about their method of masturbation and prescribing proper wanking procedures to relieve tight foreskins? The tabloids would have a field day and the doctor would probably face disciplinary action by the BMA.

Dr Beauge goes on to roundly condemn the practice of circumcision as a partial castration for which the ulterior motive is prevention of masturbation based on a religious fear that sexual enjoyment is basically sinful. He makes the point that a circumcised man in European society feels disgusted – and his girlfriend or sister disturbed – by a permanently exposed glans. The raw appearance makes those who see it feel uncomfortable at the sight. This can lead to psychological damage of varying severity.

He goes on to deplore the loss of sensitivity from the amputation of part of the erogenous zone which is the trigger for creating an erection, and which has more sensitivity than the glans itself. The only frictional contact that the glans appreciates, savours and tolerates, is the moist and padded vaginal (or oral) mucous membrane. The rough dry friction of the hand or fingers would soon become unbearable if mother nature had not interposed the foreskin as a screen. Above all, though, the loss of skin damages the process of coitus since the primary function of the foreskin is to allow vaginal intercourse under ideal conditions without friction. Dr Beauge illustrates what he has to say by suggesting an experiment. Try holding the tip of the erect penis of an uncircumcised boy and you can find you can move your fingers to the base of the penis without the fingertips moving from their point of contact with the skin. The foreskin unrolls and slides on the penis. There is no other part of the body capable of such skin mobility. Consequently, intercourse can be prolonged indefinitely without the friction, and thus irritation, which can and does arise after circumcision (as I know to my cost!)

My view on all this is that if the doctor is to be believed, and he should be, there is absolutely no excuse for cutting off a boy's foreskin merely because

it is too tight. Just teach him how to wank properly and his problem is at an end.

R.B.W.

## Twice Under The Knife

My first circumcision was when I was 6 months old. I had to be 'done' as my mother said that I couldn't wee. In those days, the 1930s, one had to pay. I was taken to the local hospital where the operation was performed while my mother waited. She had had a hard time delivering me and subsequently suffered with phlebitis. On boarding the bus after leaving the hospital, the bus jolted and she fell with me in her arms. On arrival home she found that some of the stitches had come away. Being on a small income she could not afford to take me back for the operation to be repaired.

In later life when I began to masturbate, I was able, with plenty of lubrication, to pull the foreskin back. It hurt like hell at first, and with the friction I discovered that the skin within the foreskin tore on many occasions, especially if I was very vigorous with my wanking. This went on for some years, and many were the times when just as I was enjoying myself with another person I had to give up through sheer soreness.

Finally, at the age of 31 I got married. Not from choice, but for respectability. Living in a village it was considered that there was something wrong if you didn't marry.

Intercourse had always been a problem and it became worse once it was a regular thing. At times I was so sore that I could not perform to order. Two daughters later, my wife decided that she didn't want any more children and the subject of a vasectomy arose. I visited the surgeon who agreed to perform the operation, and I spoke to him about the tearing of my skin when having sex. He said that he would repair it, doing the vasectomy privately and the repair on the NHS. About two weeks later I received the summons to go into hospital and was duly operated on.

The day after the op, when the male nurse came to change the dressing, rather than being sore, it tickled, and I did nothing else but laugh. He was getting very annoyed, but as he had never experienced it, finally saw the funny side of things and finished up laughing himself. A week later I was discharged from hospital with dissolvable stitches in, and told to take frequent salt baths until the stitches came out themselves, which they did after about a week.

I returned to work with the stitches in, and as I was working at the time as a telephonist in a large London hotel I was able to sit down all the day during my shift. It was in the very hot summer of 1976 and I found the most discomfort travelling on the underground system, where one was jammed against other people, and being knocked with bags etc. The funniest thing

was that I had lots of padding in my trousers, and the looks I got! Well, some of the faces were a sight to behold. 'If only', I thought.

The final outcome was that two weeks later I was to take a sample of my sperm to the path. lab. It was painful to wank into a small jar, but I managed it and took it along. The lady promptly held it up to the light in full view of the other people in the waiting room and said, "There's not much here". I told her that that was all she was getting.

I am very pleased that I was 'repaired', as I found that my penis had grown at least half an inch in length and the same in girth. I spoke to someone years later about this, who had been circumcised later in life, and he confirmed that the same had happened to him. The surgeon had left quite a bit of skin for me to get a full erection, and I think that this was the cause of the growth, so I feel that if this had been done in the first place properly, I might have had a bigger penis than I have now.

It would be interesting to know if there are others out there who have experienced the same.

*BN 14 D*

## Contact Corner

**A**ge 62, but looks 52, circumcised, likes nude sunbathing and being nude around the house. Would like to meet up with other members, no age preference, for get-togethers and discussions. Can accommodate overnight. Sussex and surrounding areas. Would also like to become pen-friends with overseas members.

*D.A.*

**I** have been trying to purchase a nude male statuette, preferably a big boy, but without success. If anyone knows of a shop or store who stock such an item I would be very pleased to hear from them.

*J.C. – Ayrshire*

# ACORN

Issue  
Nº 6 1997  
Editor  
David Acorn

## Editorial

Brian has asked me to urge everyone who can, to make the meeting on October 18th. weekend. You can generally book right up to the last minute. And, of course, everyone always enjoys it. Also, would those attending please bring along any penis gadgets or paraphernalia that you use or have used in the past.

I've been asked to say that if you put an advert in 'Contact Corner' and receive a reply, please reply to that in turn, even if it's in the negative, as it is very frustrating to await a reply that never comes.

*David Acorn*

## Joke

Two five-year-olds were talking at school:-

Boy 1: I'm going into hospital next week for an operation.

Boy 2: Oh Yeah. What for?

Boy 1: I'm going to get circumcised.

Boy 2: Boy! I wouldn't want to have to do that again.

Boy 1: Why not?

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

Boy 2: I had it done when I was born. I couldn't walk for a year.

*Submitted by V.Q.*

## **Reply To Ms S.W. (5/97)**

I admired your article in our mag. which is mostly about circumcision of adults and sometimes of young lads. You are obviously very interested in the subject. I fully agree with you that a woman's page would be ideal, as, after all, women and young girls are usually on the receiving end of the penis, circumcised or not, so it would be nice that they should have their say.

I was circumcised as an adult about four years ago and I watched the operation being done. It was nice to see that foreskin being cut off as it had caused me lots of problems. It was about two and a half inches long but the opening in the end was very small and made it difficult to pull the skin right back. Since I have written articles for *Acorn* I have had many requests to show my scar to quite a few women in person who have been interested in having their husbands, and even boyfriends, circumcised. Being a naturist, one sees many men and young lads and women naked, but the circumcised ones are generally the older people rather than the young ones.

I was also very interested in your article regarding the way we pee and that unfortunately how women have to squat to pee. Men are interested in the way that women pee, and we men are fortunate to be able to pee anywhere quickly without having to pull our pants down. As you say, it is possible for women to pee standing up if they pull their labia open and up. This is what I have always wanted to see but have never been fortunate enough. I think it would be a great turn-on to watch. I remember before I was circumcised that if I didn't pull the skin back to pee I would get the same problem as a woman, with pee trickling down everywhere. As kids we used to pull our foreskins back just to see how far we could pee and how high. I should have been in the fire brigade.

I have had shaven pubes ever since the nurse shaved me to be circumcised. I'm sure a woman would find it easier to pee without hair to get in the way. I am not familiar with female circumcision and what they do. I can only suppose they cut away the clitoris area. As you say, cycling could be very painful and sore with those saddles up in the slit. I loved your article, so keep sending them in as we need the women's comments.

*C.P. – Wilts.*

## Response To Peter's 'Thoughts'

In his article 'Some Thoughts' published in Issue 4/97, Peter – London makes some sweeping generalisations which appear to be totally without foundation and cannot go without challenge.

He is right in stating that the majority of informed opinion accepts that there are benefits from circumcision. His conclusion that opinion in England is against circumcision fails to take into account the fact that this is not informed opinion. The benefits, and the few potential disadvantages, are never spelt out to parents nor are they taught to teenagers during their sex education lessons. If the facts were made properly available, and doctors accepted their responsibilities to circumcise when requested by patients or their parents, then the rate in Britain would be much higher – approaching that of the more enlightened USA.

The list of Pros totally ignores the medical research findings which show:-

1. 10-fold reduction in infant UTIs.
2. Total elimination of phimosis, paraphimosis, balanitis and frenulum breve.
3. Reduced rates of penile and cervical cancer.
4. Elimination of the potentially very serious bladder and liver damage caused by back pressure and reflux due to infant phimosis.
5. Reduction in some STDs and a possible reduced susceptibility to HIV/AIDS.

In the Against list he say there's more to play with and more to do with the penis. This is true in a sense, but the foreskin can also inhibit sexual activity. A recent survey showed that circumcised men enjoyed a much more varied sexual repertoire than uncut men.

He sweepingly states "there must be more sensation" without any facts to back it up. Masters and Johnston found there was no difference in overall sensation between circumcised and uncircumcised men. What one loses from the foreskin, one gains from direct stimulation of the coronal ridge and other parts of the glans.

Penetration is not necessarily easier or harder with a foreskin. The majority of the natural lubrication which aids penetration comes from the woman not the man. Men who have a long or tight foreskin can find that it actually hinders penetration, particularly of a small vagina, because it doesn't retract out of the way and the floppy end cannot be guided in so easily.

Circumcision costs time and money – but these are greatly reduced when done in infancy. One Canadian cost/benefit study concluded that the net national benefit in financial terms was to be obtained from routine infant

circumcision. Although not everyone would need it if deferred to adulthood, the extra costs – for those who did need it – necessarily involved in hospitalisation and loss of working time for convalescence decidedly outweighed the costs of circumcising every baby boy.

Peter states that his doctor had diagnosed him as having a pinhole meatus. He suggests there must have been treatments other than circumcision. There are, but these are mostly ineffective in the long term and both painful and embarrassing to the boy in the short term. It is possible to attempt to stretch the foreskin to enlarge the meatus. Firstly, if the meatus of the foreskin is 'pinhole' it will be very difficult to insert a dilator into the foreskin to start stretching it.

Secondly, the act of stretching the foreskin enough to overcome the problem almost inevitably introduces minute tears into the tight tip. These heal with scar tissue which is even less flexible than the original tip. Stretching attempts can thus do more harm than good.

Thirdly, stretching takes many weeks of treatment before any noticeable result can possibly be achieved. During this time the urine flow remains obstructed by the pinhole meatus. This puts a strain on the bladder which can often cause reflux to the kidneys and long term damage to these vital organs.

Removal of the foreskin makes one no less of a man than removal of a tooth. Indeed, for millions of men all around the world, circumcision improves virility and the sexual pleasure for both partners.

*Vernon – London*

## Sensitivity

There have been a number of articles recently by members interested in the difference in sensitivity between the circumcised and non-circumcised penis, and asking why members who have been circumcised as adults do not write to give their experiences.

Well, here is my experience! I am a recently circumcised man and am able to tell you all exactly what changes in sensitivity occur after this operation.

I was circumcised as a baby, so that I spent my adolescence and adult life with my foreskin cut but covering half of the glans when my penis was flaccid; the glans was totally exposed when my penis was erect, as with many uncircumcised penises. I had a very strong sex drive and extreme sensitivity in both my remaining foreskin and the glans.

Three years ago, 4th July '94, I had a revision circumcision where absolutely all foreskin, inner and outer, was removed, along with the frenulum and part of the shaft skin under the shaft. The edges of the incisions were not stitched,



but left to heal naturally, forming scar tissue. Naturally enough, the pain from the operation was very considerable, and I was not able to have an orgasm until three months after, and even after that, only infrequently, because of the pain from the scarred area. However, after about a year and a half, the pain diminished.

Initially, the sensitivity in the glans, particularly around the corona, was greatly increased and was very intense (almost too intense). However, after a year this sensitivity declined and then ceased. So, during that period, I suffered pain and extreme sensitivity simultaneously; for me, a very unpleasant experience as I'm not a masochist. There was no sensitivity from any other part of my penis. It was only then that I realised that the major part of the extreme sensitivity I had formerly enjoyed had come from the inner foreskin (even though already partially cut away) rubbing against the corona. The inter-connecting messages between the brain and the foreskin, which encourage erections, had gone, and stimulation became extremely difficult. Erections now are difficult to achieve and maintain (due, I think, to the absence of messages from the foreskin to the brain), and because of this intercourse is a thing of the past. The glans is still sensitive to a certain extent, but now needs extreme stimulation for a long time – several hours of vacuum pumping, stimulants and/or drugs – before orgasm is possible. For me the situation is far less satisfactory than before (it would not necessarily be unsatisfactory for everyone of course). Some readers will say that gradual loss of sensitivity is normal as one gets older, and I agree with this. However, I am talking about a change from extreme sensitivity to zero sensitivity in approximately six months.

The sensitivity question, of course, depends entirely on what is meant by 'circumcision'. The more inner skin that is left, whether inside or outside, the more stimulating an orgasm can be, although, as R.R. notes in 4/97, inner foreskin exposed on the shaft, as in some circumcisions, inevitably retracts and loses sensitivity with time and/or age. We should really not talk about 'circumcision' at all, but of the various types of circumcision. An extreme type of circumcision like mine is very different from a circumcision where only the tip of the foreskin is removed.

From a personal point of view, what I miss most from not having a foreskin and frenulum is the lack of sensuality (a word we do not often see in *Acorn*) – the slow build up to orgasm as you or your partner play with the various parts of the foreskin. Or the quiet pleasure that comes (came) from feeling the penis nestling between the thighs; this sensation does not exist with a severe circumcision, and so must come from the slowly moving foreskin: this is sensuality. It is totally different from the feeling of orgasm. I think it is possible that many circumcised men have never experienced this wonderful sensation, which is accompanied by marvellous feelings of love and happiness. I think it may be one reason why American men (circumcised) are such notoriously bad lovers and continental men (uncircumcised) such notoriously good ones. Without a foreskin an orgasm is purely sexual – a striving towards the

climax, which suddenly appears and is gone. For this reason, advocates of circumcision are frequently single men into masturbation. For loving couples into sensuality, circumcision is often a disaster.

It needs only a little reflection to see that man is born with a foreskin designed to give maximum pleasure in order to maximise sperm dissemination in a species. The penis is very ingeniously designed with the inner surface of the foreskin packed with sensitive nerve endings to maximise pleasure, and this foreskin covers, protects and lubricates the glans to keep it sensitive, so that during intercourse a female is inseminated as rapidly as possible. Circumcised men who experience pleasure from their frenulums do so because that is a sensitive part of their missing foreskins. Seen in this light, circumcision, in all cultures where it is ritually practised, can be seen:- a) as an unconscious attempt to inhibit sexuality in a society, and b) as a system of sexual control of young men.

For those of you who are thinking of having a circumcision, think about this: my adult circumcision has left me with a hard callous on my circumcision scar (a constant irritation), and a permanent blister on my glans around the urethra. What is more, the operation has reduced the length of my penis by three quarters of an inch! Hey you guys, are you worried about being conspicuous because your dick is too long? Would you really like it to be an inch shorter? Don't bother with expensive and uncertain plastic surgery! Have a circumcision!

*William*

## Stiffener

I wonder if any of your cock-curious (like me) readers saw the recent article in the press about a possible new method of cock stiffening? Alas I didn't note it down at the time, and the man in my life has been having a few problems in recent years (he's 55). He's also a bit shy about going for advice, and anyway doesn't need the psychological therapy approach, so maybe a medical reader or someone who has had experience of a cure could advise us.

He's tried a vacuum pump, but he reckons it affects his bladder control so he's not too keen on that. Pity - I liked the idea of enlargement! Speaking of which, a girl at work says she had a fellow once that she couldn't get her finger and thumb round. Now my guy seems OK to me, and maybe I haven't been around enough, but that sounds...well (shiver shiver).

Anyway, sex is great in all the other ways, and it's not that he can't get it in at all, but as your other female readers will know, there's nothing like a delicious male pole deep inside you. A cucumber just isn't the same, even though it looks wicked and really turns him on.

So...hoping to hear some advice. Meanwhile I'll keep on getting into those wonderfully undignified positions that are all part of a woman's life (and fun).

*Marion*

[Open replies only, please. — D.A.]

## Glans Sensitivity

There have been letters to *Acorn* complaining about loss of sensation etc in the circumcised penis head. I have found that a daily massage with Boots A&E cream does wonders and leaves the glans as soft and as sensitive as a baby's bum. I would suggest any member who is troubled with this problem give it a try. Get your partner to do it for you and lie back to enjoy the pleasure. It seems to be more effective if done after a hot bath or shower as the cream is absorbed more easily. This cream is a moisturiser and the ladies will tell you that a good moisturiser is a godsend.

For those of you who are into massage using oils, and also use condoms, it means you have to break off and 'clean up' before using the condom. Well, there's no need to do this any more. Try the new Avanti condom from the USA. It is made of polythene, it is thinner, and more sensitive than the latex condom, and is not affected by oil, vaseline or any other lubricant. Having tried them, I can report very favourably on them, and would recommend them to anyone who likes to use oil. Ideal for gay members, as you can use vaseline instead of the messy water-based lubes.

*B.H. – Leeds*

## Growing Pains

The desire by a circumcised male for a restored foreskin has its roots in antiquity. Both surgical techniques and instruments were devised to achieve an artificial foreskin, though the process was often bloody and painful. Arelius Cornelius Celsus (55BC–7AD) introduced a technique for uncircumcision in which the penis could be peeled back and stripped, with the peeled tissue bound to the glans. (Polish doctors used a modified Celsus method to save circumcised males from execution at the hands of the Nazis.) During the persecution of Jews by Antiochus Epiphanes through to the reigns of Kings Achau and Jojakim, artificial foreskins were formed by drawing out with blisters, a process called epispasmus, using a 'spadister'. The spadister drew the skin forward so that it could be sewn to the glans. Such was the popularity of artificial foreskin renewal by the Jews that a second stage was added to ritual circumcision in the year 140AD, the Peri'ah. It involved tearing the exposed mucous membrane, and skinning the glans with the sole intention of preventing foreskin renewal at a later date.

This century, the USA has developed most of the modern circumcision instruments and pioneered novel circumcision techniques. With not all of the 80% of American males trimmed neonatally deliriously happy with their inflicted status, foreskin clamps and the PUD (penile uncircumcising device) were developed. Not only can the PUD be conspicuous, but there has to be a sufficiency of foreskin present to grasp, stretch forward, and tape to the device. Those close-cropped, like myself, would hardly be helped by the PUD (costing about £80 made in America, or a UK made alternative at £40).

I came across an alternative technique from NORM, devised especially for those with insufficient skin to grasp at the scar line, using Micropore tape. Paraphrasing the method described in the newsletter:-

With the flaccid penis on the stretch, it is encircled with 12.5mm Micropore surgical tape about half an inch below the scar line, running approximately parallel with it. When the glans is released, 'waisting' occurs at the tape line. The shaft skin is pushed forward from the abdominal side of the tape to enclose the glans where the tape 'waisting' holds it in place.

I found the arrangement short-lived, rarely surviving a nocturnal erection. With the application of Friars Balsam recommended to increase adhesion, I sought a less messy solution. I reinforced the micropore taping with the use of three strips of 12.5mm zinc oxide plaster, two about 6cm in length, and one of 12cm. With the glans skin enclosed using Micropore tape, I applied the two short strips either side of the meatal slit and parallel with it, half covering the 'foreskin' edge and the other half on exposed Micropore tape and glans tip. The 12cm length was run around the 'foreskin', half covering the two small strips and forming a secure cap which resisted nocturnal erections, and even careful masturbation, for up to two days.

Nine months taping has resulted in significant changes. On release of the tape 'cap' the shaft skin slowly curls back over the glans, pausing for some time at the corona. The original scar is less visible as it is partly concealed by the bulking, almost duplicature of skin at the base of the glans.

Whether flaccid or erect, the glans rim is less pronounced than previously. All the glans area has greater sensitivity and has become much smoother to the touch. During masturbation, the shaft is no longer tight and chafed by friction, since the skin has greater mobility even to easily covering the glans when drawn forward. A further nine months' treatment should lead to an untaped Jewish appearance, with the unsightly scar concealed from view when flaccid, and partial glans cover.

I recommend the process to those wishing to conceal an untidy scarline, make their circumcision less radical, or restore some glans cover in due course. With sufficient dedication and about £8 of materials, some change can be assured. If the circumcision debate can be described as 'Scar Wars', then "may the 'fore be with you!" I hope after over 50 years of being burdened

by the shame and disfigurement of circumcision that the 'fore' will be truly with me.

*Anthony*

[There are accompanying drawings covering Anthony's method, and are available for anyone with a consuming interest. — D.A.]

## Naval Circs

I was circumcised on a hospital ship of the US Navy at the tender age of 19, so as to be permitted to assist at the circumcision of sailors and do their post-operative care. The mythology at the time was such that my circumcision was a pre-requisite – it would never have done to have an orderly handling the boys who had never been through the experience himself. Most of the sailors we did were US Blacks who had been born at home to mothers without health insurance. The circs were a rather cheap shot compared to what we did most of the time. The station I did duty on performed mostly reconstructive urological surgery to soldiers who had stepped on mines.

*E.H.*

## Circum-sceptic

I have seriously considered having a circumcision for many years, partly because of recurring foreskin infections and, I imagine, partly because of cosmetics and a background of boarding school where we cavaliers were in a minority.

The infections have all cleared up eventually and I now find that, with proper lubrication, sex is much better and my somewhat tender foreskin is protected.

My original idea in joining *Acorn* was to find out the experiences of those cavaliers who had gone for the chop, and I have gathered interesting information both from the newsletter and from meeting some members circumcised as adults.

To me, the ideal roundheaded cock is one with no loose skin up against the knob, but most that I have observed seem to have this loose skin as well as a fairly untidy cut with odd bits of skin left behind.

Of course, a tight circumcision leads to other problems, as I have discovered – a loss of sensitivity during sex because there is no loose skin to move back and forth. I can simulate this by holding my foreskin back tightly when wanking, and I obtain much less of a sensation than if I have some of the loose skin moving up and down with each stroke (I always wank as a roundhead would, with knob totally exposed and direct stimulation).

My fear of being circumcised is that it may result in a botched job and I would regret it with the loss of sensitivity. So, in the end, I think I will remain intact unless I have any serious foreskin problems in the future.

In current society, the cavalier is far more acceptable than 35 years ago and, in fact, more the norm, so I don't feel self-conscious exposing a foreskin.

I still find the long tapering foreskin visually unattractive, hence my system of folding the skin under itself so some of the knob is exposed. The resultant 'stubby' end looks more purposeful, as well as making peeing easier, not having to retract the skin each time, and I also find it far more comfortable than having this long piece of skin hanging over the end of my knob.

I suppose my ideal would be a tightish foreskin which came half over the knob when flaccid, or a knob large enough so that I could retract the skin and hitch it behind the rim to enjoy the best of both worlds.

It would be interesting to hear from any other cavaliers within *Acorn* (there aren't many, are there?) and exchange views on the merits of remaining intact.

*Anon*

## Family Divisions

**M**y interest in circumcision began early in my life. I'm of the generation (born early 60's) and class where my father is circumcised and I'm not. I'm grateful to my father for explaining to me how he was circumcised and why, saying it was a common practice in those days. I'm also grateful that he gave me the choice to make up my own mind on the subject. This must be quite a common occurrence for people of my generation. I would like to hear from others.

I remember the first time I saw another boy of my age circumcised. I was about ten and my next door neighbours were American who had two sons I used to play with. One day, we were out having a walk when we stopped for a pee. I couldn't help but notice how their urine shot out into a perfect straight line, and I couldn't take my eyes off their penises. Up until then I had assumed that all boys my age were uncircumcised. At public school about an eighth of the boys were circumcised. The Australians, Americans and South Africans were circumcised automatically at birth. The English boys that were cut came from lower middle class families with social climbing aspirations. The upper classes were always comfortable with what they'd got and did not aspire to anything.

*Anon – London*

## To Be Radical

In September 1986 I finally achieved one of my greatest desires: to be circumcised! I'd seen an ad in *Forum* magazine and eventually plucked up courage to ring and make the appointment. The operation took place at the Marie Stopes Hospital and the surgeon who performed the op was called Mr Hasan.

Although very pleased with the neat result, I have, ever since, regretted not having asked Mr Hasan to do as radical circumcision as possible, with the scar line well up the shaft. Shortly after the op I got in touch with 'Tony Acorn' (After joining *Acorn* at that time I wrote an article about my 'circumcision experiences', and about my fantasy to be radically circumcised in a sort of tribal ritual – such was and still is my strong desire for such a 'cut'!) On inspection, Tony thought that more skin could be removed as there was still a little loose skin even when my penis was erect. It was then that I got in touch with Dr Sifman, known to some of your readers, for a 'tightening up' op. Unfortunately it didn't seem to make much difference, so I went to see Mr Hasan again who managed to take some more skin off.

There is now hardly any loose skin when erect, but still quite a lot when my penis is flaccid. Tony had told me that if there is quite a difference in penis size when comparing flaccid and erect states, as is the case with me, then it is not possible to remove so much foreskin. The problem/worry I have is that by achieving a well-cut look for my penis in its flaccid state, I might have too much skin removed, resulting in painful erections.

For several years I have been trying to forget about having more skin removed, telling myself that it couldn't be done without the problems just mentioned. Unfortunately, the thought of having a 'radical cut' wouldn't go away so, three years ago, I contacted Mr Hasan who, on inspection, said that he could remove another quarter of an inch. The op would have been about £500 at the time (well, he is a Harley St. man) so I didn't have it done, telling myself that £500 was a lot of money for a small cut!

Recently I went back to Dr Sifman who was reluctant to do any more work on it since, admittedly, it does look very neat with the corona exposed. However, he did have some magazines for me to look at in order to show him the sort of effect I wanted. (Incidentally, it's the circumcisions I'm interested in, not the blokes who have them!!) One man had the sort of cut I could only dream about, completely unwrinkled with the scar line about one and three-quarters of an inch behind the corona. Dr Sifman said that he could cut and scrape away more skin in order to achieve this result, but was very reluctant to do so because of the potential problems about being too tight when erect, as mentioned earlier.

He did give me some recent copies of *Acorn* to read, and I have decided to write and rejoin. I don't have those back numbers now, but there was an

article in one of them by, I believe, 'John of London', who told of his radical circumcision while in a Middle East country (all of the frenulum removed, hardly any loose skin at all, etc.). In the article he also said that he would like to meet anybody interested in the type of op he'd had (or words along those lines), and I would certainly like to meet him if possible. Also, in a slightly later edition, somebody else, in commenting on and praising John's article, also, I believe, welcomed correspondence. (He was the man whose article also contained something about having a meeting at a jacuzzi, or somewhere similar, and starting off the proceedings with an examination to prove that all present were actually circumcised!) Was he the one who was also into body shaving (another subject I've become interested in in recent months), or was that yet another article? Anyway, I'd like to get in touch with this person as well.

I'm sorry to have rambled on for so long, but since everybody's interested in circumcision someone might be able to help me achieve a well-circumcised penis or accept that it is not possible for any more skin to be removed. It's not knowing one way or the other which probably causes my frustration, hence my request to rejoin.

*T.H. – Middx.*

## **At The Swimming Pool**

Recent reports of an 11-year-old boy fathering a child brings to mind an event in the ladies' changing room at our local swimming pool. I was drying myself when the hubbub of conversation dried up, and all the women grabbed their towels as a tarty looking woman marched in with an 11-year-old boy, and proceeded to undress him totally in front of us, before stripping herself and putting on a costume. She let the boy put his own swimsuit on. I politely asked her if she didn't think the boy a bit old to bring into the ladies' changing room. She replied that he was only a kid and she "wasn't leaving him in the men's locker room to be touched up by perverts."

I felt very sorry for the boy who was obviously very embarrassed to be naked in the presence of unclothed mature women, and to make matters worse the poor kid developed an impressive five and a half inch hard-on which was so erect it was pressed against his tummy. It looked like a small adult's penis to me.

Since I was only a few feet away I couldn't help noticing it and was impressed by its appearance. His foreskin was very thin and was stretched so tightly that the darker shade of the swollen glans showed through it. It terminated in a narrow tube of surplus skin extending just beyond the tip. It looked like a smooth baton of polished ivory, and I couldn't help contrasting it with my husband, who is circumcised. Unlike some women who prefer the circumcised



appearance, I have always felt uneasy at the unnatural whitish grey and grainy appearance of his exposed knob which always reminds me of a toadstool (or Toad's tool?), and the ring of scar tissue round it I find off-putting. It also has a bend to the left as a memento to the circumciser's lack of skill and, all in all, I think he was shortchanged by his parents in comparison with the elegant perfection of the boy's penis in its natural state.

It made me thankful that I had resisted the efforts of our GP who had tried to have our son circumcised. He claimed that at three years old he was suffering from phimosis, since his penis wouldn't unskin. Both his father and I were dismayed and went to see the nurse at the clinic. When she heard what the doctor had said she gave an exasperated sigh, said not to worry and gave us a leaflet to read, highlighting a passage which said that most small children have a degree of phimosis present which automatically corrects itself as the child reaches puberty. It goes on to say that circumcision need hardly ever be performed for medical reasons. We breathed a sigh of relief and changed our GP. Needless to say, our son has grown up with a perfectly normal functioning penis. I wonder how many poor kids are needlessly circumcised because of a GP's ignorance? The leaflet is called *Advice to Parents of Baby Boys* and is available at hospital outpatients' departments and some surgery waiting rooms. Other parents in our predicament ought to read it before unquestioning acceptance of their GP's advice.

A.G.

## Richard Branson

The *New York Post* carried this story: Richard Branson likes Jane Fonda so much it hurts. The Virgin Records founder was compelled to tell her and hubby Ted Turner about it during a recent dinner party, he told *New York Magazine*.

"I was circumcised quite old, at 18, rather than, whatever it is, one," the randy Brit recounts. "The only problem was that the day after I was circumcised, I watched the film, *Barbarella*, and I split all my stitches." Branson said Jane seemed more amused by the tale than her spouse.

## Letter In VIZ

By pulling my foreskin slightly away and upwards from my penis, I can create a 'willy tulip'. Can any other readers transform their little generals into dutch flowers?

P.D. – Newcastle

## How I Found Out I Was Circumcised

I recall reading somewhere that circumcision was one of the subjects the British Board of Censors would not allow to be mentioned in movies. Now, there were lots of boys being circumcised in England at the time. The practice had probably been introduced into the royal family in the nineteenth century and was then imitated by the middle classes. It may have been an adaptation of 'homo europus' to the colonial environment, and it is easy to see how convenient it must have proved in the bush before British engineers brought the advantages of civilised plumbing to those regions. The British predilection for Moslems under the Raj must be either the cause or the consequence of this practice. So, the question was not whether or not it was alright to cut off a baby's foreskin, but rather whether it was in order to talk about it once you had.

Thus it was quite possible to be circumcised without knowing it, and to find out only when someone else passes a remark, which will remain in the memory with a clarity that will not fade with the passage of time. The penis, insofar as the circumcised thinks about it, appears to the imagination as being circumcised.

Towards the end of the 1940's we had some wonderful summers; endless fine days almost too hot to bear; our parents had too much to do to take us to the seaside. My mother used to help me make tents from old curtains that she would hang over the clothes line, and we would keep the ends of the curtains taut by weighting them down with bricks from a bomb site. I spent happy hours playing in these home-made hideaways with a little neighbour who, as I was later to learn, was what is called a 'Jew'. One day, when we were wearing bathing trunks, he asked me to show him my penis. I firmly refused. So he got his out, and I was gratified to see it was much the same as mine. This seemed to overcome my reticence, and I was then happy to show him what he wanted to see. I hope that in the respectable life he probably now leads, he has not repressed this memory. The joy of recognition, of being the same, got me no nearer to understanding why this was the case. I cannot understand why I might have thought at this early stage that some boys might not be like us, but I think I must have had a vague suspicion.

It was years later, in Chalky White's woodwork class that this suspicion was confirmed. As Chalky never turned up, it was inevitable that the subject of dicks should arise – as did the dicks themselves soon after. The workshop was at the end of a long corridor which it took five minutes to walk down, so we could be fairly certain of remaining undiscovered. JW and S had a little pink mushroom at the end like me, while McB had a bright purple knob inside a skin that went on for ever, would not come all the way back, and that I found as unattractive then as I do now.

As in many English schools at the time, our house used to go on an annual camp. We slept in huts where order was occasionally restored with a gym shoe or padda-bat. I wasn't really cut out for this kind of togetherness, so I chose the bed next to the wall by the door. I therefore only had one neighbour, G. One night, a boy who wasn't in our year, and whose bed was – doubtless for that reason – at the other end of the hut – said, as a lull came in the chatter, "David P and G are circumcised." The word wasn't totally unknown to me. I had heard it in Bible texts where it seemed to mean 'what you were supposed to be', and hence 'pure', 'good' etc. I couldn't quite understand what I might have done to deserve such praise, so I kept quiet. However, G, who also didn't understand, wanted to know more. "It means you haven't got a foreskin. You don't have any skin around the end of your cock: you had it cut off." I fell onto the bed with amazement: so that was it! The others were paying no attention to me because G, who was a born clown, had leapt under his covers to have a look. Having examined it attentively, he emerged and said, "It's true." I might have felt very alone at that moment. I was lucky G was by my side. I have always been grateful to him for it. Later on, when we were towards the end of our teens, he would come and squeeze me in his arms till I thought my ribs would break. I never knew whether it was a gesture of affection or aggression. I never begged for mercy. I do not think I would, even if he really had broken my ribs. I felt – however briefly – at home.

These are fond memories. Of course, once I had realised I was circumcised, I came to understand just how lucky I was.

*David P.*

## Advert

**G**ay magazines for sale. Good condition. Reasonable prices. (*Playgirl*, *In Touch*, *Zipper* etc.)

*K.G. – London*

## List Of Circumcisers

**A** list of potential circumcisers has been prepared from material previously published in *Acorn* plus some personal recommendations and lists of Jewish and Muslim circumcisers. The majority of the operators are located in the British Isles, but there are some listed for Europe, Scandinavia and even South America.

Members who would like a copy can have one free of charge by sending 2 First Class stamps to the PO Box number with the address to which they would like the booklet sent.

*Vernon*

## Acorn Weekend At Hayes, 18/20 April 1997

This was my first 'Acorn weekend', as in the past, family commitments had prevented me from attending previous meetings. Imagine the excitement with which I checked the venue and prepared for the weekend and AGM.

The venue was easily located near Heathrow airport, and I was made very welcome by David and Brian. My only regret was that an old and close friend was unable to be present.

During the evening several other members booked in, and we all enjoyed a drink and well-cooked dinner, chatting of course continuing late into the night. Saturday morning was similarly relaxing as we explored the local area.

Business commenced at two sharp with the AGM, conducted with good-humoured formality by the officers of *Acorn*, various problems were discussed and appointments made. Refreshments were served and the rest of the afternoon spent in general conversation and chit-chat.

A very good dinner was served and the food was good. In all, we had a most interesting and enjoyable weekend, and I shall certainly try to attend future meetings of the Society.

A.W. – Sussex

## Internet Forum

An Australian member has written to say that there is an interesting item on the Internet called *Uncut Guy's Circumcision Forum*. It appears to be a popular forum managed by 'Uncut Guy' – a regular at *Bianca's Smut Shack*.

D.A.

## Contact Corner

Foreskin enthusiast, slim, friendly, 49, seeks other keen uncut guys. Can travel in South and Midlands or sometimes accommodate. All letters answered.

T.F. – Berkshire

Gay male, self-circumcised at age 19, wishes to correspond/meet with others who had similar experiences or were circumcised as teenagers

R.T. – Northants

# ACORN

Issue  
No 7 1997  
Editor  
David Acorn

## Editorial

**T**omorrow is the Meeting and having finished this edition it will go with me for processing. It looks like we will have around 25 come to the Meeting with several new faces. I'm sure we'll all enjoy it again.

I get many letters asking many questions, and I'm sorry to say that I cannot answer them all. Perhaps, if you have a question regarding any of our subjects, you could make it as an open question. We do have a question corner, which isn't used as much as it should be. With regard to back numbers, Brian tells me that virtually all the reprinting has been finished and everyone should be happy.

*David Acorn*

## Reply to Doreen Chase

**I** feel I must reply to Doreen Chase's comments in 5/97.

Firstly, the account of myself is true and not a pet fantasy.

Secondly, I think it is important (in my case) to separate the desire to be circumcised from the actual operation. My desire to be circumcised had been a

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:

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PO BOX 113  
WESTON SUPER MARE  
SOMERSET, BS23 1DJ

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

long-standing desire based solely on personal aesthetics. I preferred the look and sensation of the exposed glans, and wished to make it permanent, and, as such, I think that my desire was no more based on self hatred or neurosis than a woman wishing to alter the shape and size of her breasts or nose. I agree that it is unusual to perform the operation on oneself, but this was simply because at the time I knew of no way of contacting a surgeon to perform the operation. Had I known of a surgeon I would have had a "professional cut". Clinics performing circumcisions, unlike breast and nose jobs, do not advertise in the weekend magazines and supplements.

My experience dealing with students is that self-mutilation is usually an impulsive action without prior preparation or consideration. My self-circumcision was long thought out, planned and prepared for, and I cannot consider it to be a self-mutilation, nor do I need the help of a psychiatrist.

*J.C.*

### **Another Reply to Doreen Chase**

I would like to start by saying how much I enjoyed 5/97. Perhaps not surprisingly, I would particularly like to make comment on Doreen Chase's letter.

Interesting that she should choose to start by telling us she's no prude, and then proceeding to produce a series of evidence demonstrating that's exactly what she is. With the type of repressed and rather puritanical attitudes she adopts, I would suggest that she is very hypocritical to recommend psychiatric help for others.

I find it extraordinary that someone who appears to be a practising naturist should hold such extreme views regarding the exposure of genitalia, whether it be the vulva or the glans. I find such a contradiction in terms hard to reconcile.

Whilst I am quite happy to accede to her preference for a fully concealed glans, she might like to consider that not everyone shares her point of view. A great many of us uncircumcised men are able to remain retracted without our "willy shaft strangulated by the drawn foreskin tip" and maintain the appearance of a circumcised penis. I have been mistaken for, and mistaken others for being circumcised on numerous occasions.

Why on earth she should think that having one's foreskin retracted involves a "liberal whiff of masochism" I do not know. Whilst I would agree that we were provided with a foreskin for protection purposes, I find that most of the time I am unable to tell (without looking) whether or not my foreskin is retracted, there being no difference in sensation. I would not wish to tackle a thorn bush, whether retracted or not!

I can only assume that her opinion is based on information from her husband or possibly her two sons, who I would guess possess long tight

foreskins which they rarely retract and probably suffer with ultra-sensitive glans as a result.

I would strongly support the right of uncircumcised men to display as much or as little of their glans as they choose. Similarly, why should women be reviled for revealing their vulva. I would imagine it is rather difficult not to display at least part of it during the course of a day, it being impossible to remain with legs firmly clamped together indefinitely.

Nature does not allow all of us to have our glans completely hidden (perhaps Doreen would be happier if I took to wearing a clothes peg to hold the opening of my foreskin together just in case someone got a glimpse of the glans lurking beneath!), nor indeed does it enable all women to have their labia neatly tucked away.

I believe we should be proud, not ashamed, of our genitalia. It does after all form part of the overall beauty of our bodies. I feel privileged when someone is willing to share the most intimate parts of their anatomy with me, and I hope they feel the same when I do likewise.

I expect Doreen's letter will have produced a great deal of reaction, and I feel better for having expressed my views, whether they make it into print or not!

*D.T. – North West*

### **Third Reply to Doreen Chase**

**I** read Doreen Chase's views on circumcision and depilation with interest, and agreed with some of what she says.

My wife and I are naturist/nudist club members, and love to play tennis, volleyball, badminton and swim in the nude. We are happily married with no interest in relationships with third parties, but are both (mildly) exhibitionists.

I had myself circumcised as an adult around ten years ago because I wanted to maximise the enjoyment of social nudity at clubs and beaches by having a permanently exposed glans. I took advantage of a series of visits to Saudi Arabia and had myself expertly and irrevocably done by a Muslim surgeon. I say irrevocably because the surgeon I chose has a radical procedure which removes both foreskin and frenulum, leaving just enough loose skin to allow a full but straining erection. It has left me with a prominent, bulbous glans which there is no possibility of ever re-covering using the stretching techniques recommended by organisations such as NORM.

I freely admit that I love the feeling of being able to show it off at clubs and beaches without ever allowing myself to appear that I am sexually stimulated.

My wife is a tall attractive blonde who is always immaculately shaven. In a way, this is really the female equivalent of male circumcision. It specifically invites attention to a particular part of the body. The difference is that it is a clearly personal and even a provocative decision by the female to shave, whereas male circumcision can be excused as being outside the circumcisee's control (done in infancy or to relieve a medical condition).

This is presumably why Doreen uses words like shameless and hussy. My wife is usually in a minority of one in most naturist venues we go to, although a few other women remove a large part, but not all, of their pubic hair. She is shaven because she likes the extra discreet attention it brings her. I say discreet, because naturists are almost all paranoid about making any remarks with sexual undertones, let alone making a pass. In short, she can enjoy displaying herself in the knowledge that, while everyone can see her, nobody has ever commented, and this is all part of the attraction for her.

She is quite often asked to pose, and occasionally does so. We have a nice collection of nude photographs taken by me and other club members which we would be happy to exchange (but not sell) with other *Acorn* readers. We also keep an album of her in our clubhouse 'library', which is very popular on wet days! The album includes some (very tasteful) shots of her dressed only in long dark stockings and suspender belt (hardly naturist material), but not one comment has been passed....

One thing Doreen did not mention, and presumably cannot comment upon, is the sexual eroticism of circumcision and depilation. For a circumcised male (especially with a radical cut) the sensation of a taut penis and hot dry glans entering a moist, smoothly shaven vagina is out of this world. Yes, it is true that it facilitates repeat performance because there is no foreskin to become sore. In fact, the only negative aspect in my case, is that masturbation is difficult without a lubricating jelly to compensate for the lack of foreskin movement.

We are both proud to be members of what *H & E* used to call the 'circumcised and shaven brigade', and our only regret is that both practices are becoming so relatively rare in naturist circles.

*J.F. – London*

## Cavalier Questions

**A**s a cavalier member of *Acorn* (an endangered species?), I am interested in how other cavaliers live with their foreskins.

My long overhanging foreskin was never retracted until I was 17, which meant that I had a very tender knob for a long time and, in order to toughen it, tried to keep it retracted as much as possible. Not easy with a long overhang and small knob.



However, I gradually developed a way of pulling the skin back, pinching it at the frenulum then rolling it forwards again in on itself. This gave the result of some exposed knob, varying accordingly to how tightly I pinched the skin, a stubby appearance and more prominent knob than with the long, tapering foreskin, and made peeing easier, not having to skin back to do this. (Incidentally, do most cavaliers retract their foreskin to pee?)

Nowadays, if I wear my foreskin in its fully forward natural state, it feels very strange, as if something extra has been added to the end of my cock. So I suppose I am experiencing in a minor way the difference between a cut and uncut cock.

Years ago, when I got a hard-on, the skin stayed almost completely forwards with only a small amount of knob showing. Now, if I go hard from a fully forward state, the skin exposes at least two-thirds of my knob, so it has become much more flexible over time. I am interested in how far back other cavaliers' skins go on erection.

My foreskin will stay retracted in a flaccid state only if it is fairly restricted, as it is when I swim in a tight Speedo type costume or wear a jockstrap.

As my knob has become tougher and less sensitive I have always wanked with it fully retracted, not using the foreskin back and forth, and using lubrication. I find wanking the foreskin most unpleasant and irritating, and there is not much sensation without direct stimulation. However, I do think that the foreskin helps improve my orgasms. If I hold the skin back tightly, although the initial effect is tremendous, at the point of coming the sensation is much better if there is a little foreskin movement.

Your correspondent Doreen Chase's comments about men appearing on nudist beaches with retracted foreskins amuses me. What's the problem? One of the joys of having a foreskin is being able to wear it in different ways. I often shower in public changing rooms after sport, and after retracting my foreskin to wash it (which most men do very furtively with their backs turned. Are they shy or afraid of developing a hard-on with the skin back?) I always keep it back. I've noticed only a few other men do this, but I don't think it bothers anyone! All men are basically exhibitionists and want to show the world their manhood (small though mine is!).

Another phenomenon which other cavaliers may care to comment on is whether with age (45+) the knob becomes less sensitive. I certainly have found this, and it needs much more stimulation than before – both in wanking and in foreplay. I have heard of roundheads experiencing this.

Having seriously considered circumcision for a long time, I think now that I have finally decided to stay intact, unless anything serious goes wrong. I enjoy the best of both worlds and it must be very dull with just a bare knob to play with. Sex is more fun with a foreskin.

Anon

## My Life

Thank you for letting me join *The Acorn Society*. I have dreamed for years of finding people or individuals who, like me, have had so many thoughts and ideas, whether negative or positive, about their cock.

I have been circumcised since birth, so really I cannot even remember actually what it would be like to have a foreskin. All I know, and can vividly remember, that when I was seven I knew that my cock was different from other boys my age. And even at that age I knew that I was drawn to other boys' cocks, and used to daydream and fantasise about them. I have a brother two years younger than me who is more fortunate than me in possessing his foreskin. My father on the other hand is, like me, circumcised. I expect this was done again at birth for hygiene reasons or because of a medical problem, but I have never asked him why his parents had him circumcised.

I do know that when I asked my mother why I was done she said it was because I was unable to pass urine as the foreskin was so tight it was restricting the flow. But because I was a baby I never knew any different.

I went through puberty afraid of showing my cock to other boys because I felt that I was not normal and I thought that all boys had a foreskin. It was not until I was about eleven years old that I eventually saw my first adult circumcised cock. It was when I had been at the swimming baths with the school and a teacher had taken his swimming trunks off. I was really fascinated to see his cock and I never after that felt afraid to show mine.

It was not until I really got started into the gay scene that I realised that I was not the only person on the planet with my cock cut. Over the years I have seen so many individual men and can only say that they all have very different cocks.

My anger at not having a foreskin has at long last subsided over the years and I feel at last a sense of ease with my cock. Over the last three years I have been heavily into the body piercing scene and I can honestly say that since I have had a Prince Albert and Apadravya piercing I feel a lot of sensitivity has come back to the head of my cock, which I had lost over the years.

When I was younger, even though I used to use a good lubricant to wank with, baby oil, I never used to be able to come for ages, and even then sometimes, because of lack of sensation, I used to have a problem in keeping my erection. But since I have had my piercings I have actually found that my cock is too sensitive at times – my erections, though, stay much longer, and when I am wanking I have such a lot of pre-cum flooding out you could swear I have actually come.

I have a substantial amount of skin that I seem to have acquired over the years just behind the ridge of the glans. It resembles a rolled up bit of foreskin, and sometimes when I have a flaccid cock it actually covers the ridge. I would

love to be able to see if I could find out from the *Society* if there are exercises to stretch this skin further. I suppose you can say that I still feel indignant about not having a foreskin. I know there are people, after reading the leaflets that you sent me, who say that those who are circumcised should not moan about their cocks. But if people who have never experienced a foreskin cannot think or fantasise about it then it isn't worth a person living.

I would have never dreamt years ago about modifying my cock with piercings, but until a person does, he cannot realise what there is in life to achieve. As I have already stated, that through my piercings, I have at long last found that I can have tremendous sensations and pleasure from my cock. Also, while looking in the mirror, I can see a really nice looking cock because the jewellery makes it look more attractive and pleasing to my eyes. If people do not like the look of genital piercings, it is their hang-up, not mine. And I hope now that I have become a member, other people who have had genital piercings are also going to enter into my life. If you have had communications from others about this subject, then what I have written may be of interest to them. Please see Contact Corner for my advert.

Clayton – Rhondda

## General Medical Council Guidelines

I have been sent cuttings from the broadsheet press from members, for which I thank you, (and please don't stop sending them because your particular item from a newspaper doesn't get published. It just might be the only one that arrives) regarding a recent item in the *General Medical Council News*, Ethical Guidance Section, dealing with child circumcision. As I received the actual page of the *GMC News*, I thought it best to publish that, and here it is.

Doctors circumcising male children must have the necessary skills and experience, must keep up to date with developments, and must discuss the issues carefully with those who have responsibility for the child. These are the central messages prepared in response to a number of complaints about doctors' standards, and letters questioning the ethics of male circumcision.

Circumcision raises difficult questions about rights and freedoms. Many would argue that the right to practise a religion includes a right to have male children circumcised. Others feel it cannot be right to undertake a surgical procedure for religious reasons alone on an infant who cannot consent.

In 1996, the GMC invited comments from religious organisations, anti-circumcision groups, professional and patients' organisations and civil rights and children's organisations. Some strong views were expressed, though many acknowledged the difficulty of balancing the rights of the child with the rights of individuals to practise their religion.

These are not primarily medical questions. They must be resolved by society as a whole. At present, though, the law gives no definitive guidance on the matter. The Standards Committee considered the views as objectively as possible and prepared guidance to help doctors provide a good standard of care. The guidance draws on the principles in the booklet *Good Medical Practice*. A leaflet setting out the full guidance is now available from the GMC and the essential principles are set out below.

#### Standards of practice for doctors asked to circumcise

Doctors who decide to circumcise male children must:

- have the necessary skills and experience both to perform the operation and use appropriate measures, including anaesthesia, to minimise the pain and discomfort.
- keep up to date with developments in the practice of male circumcision, including when the procedure is, and is not, necessary for medical reasons.
- explain objectively to those with parental responsibility for the child any benefits or risks of the procedure, taking into account the age of the child.
- explain to those with parental responsibility that they may invite their religious adviser to be present at the circumcision to give advice on how the procedure should be performed to meet the requirements of their faith.
- listen to those with parental responsibility and give careful consideration to their views. Doctors are not obliged to act on a request to circumcise a child, but explain if they are opposed to circumcision other than for therapeutic reasons. They should also tell those with parental responsibility that they have a right to see another doctor.
- obtain the permission of both parents whenever possible, but in all cases obtain valid consent, in writing, from a person with parental responsibility before performing the procedure.
- provide appropriate aftercare.

### **Acorn Policy Statement**

**M**embers are reminded that the *Acorn* membership list is regarded as strictly confidential and is used only on a 'need to know' basis even amongst the Officers. It will never be supplied to third parties.

The Editor will normally forward stamped letters to members on request. If you do not wish to receive any mail from other members please write via the PO Box number and nothing will be forwarded to you.

An area I am particularly interested in with regard to circumcision is the extent to which it is practised across cultures. So the article 'Colonial Cut' by Anon – London in 5/97 grabbed my attention. I too would love to know how widely circumcision is practised in South Africa amongst the white population, and hope that our new South African friend finds some time to write soon.

Most of the statistics that researchers produce suggest that circumcision is almost non-existent (outside the Jewish and Islamic communities) in continental Europe. My personal experience seems to challenge this notion however. I was in a relationship for quite some time with a beautiful Swedish girl. She was quite sexually experienced and she assured me that the majority of her partners in Europe had been circumcised. These included most of her Scandinavian boyfriends, two French, an Italian and a Scotsman. I know that one circumcised Italian and a Scotsman are hardly representative of their entire populations, but you have to admit, the odds of her meeting a circumcised partner, according to the statistics, would have been quite low. She very much preferred the clean-cut look, as does my current partner, a German girl.

I also find it very interesting to see that many ex-patriot Europeans here in Australia have chosen to have their children circumcised. I had many friends with English parents at school and all were clean-cut, as were the children of Italian, Irish, Dutch and Swiss parents. I wonder if it was because Australian doctors at the time were recommending the operation, or whether cultural aesthetics had an influence?

In his letter, 'Anon' mentioned that some Euro-Royals traditionally practised circumcision. Who would these be? I'd like to know. I'd be interested to find out whether Princess Grace, an American, had any influence in this matter with Monaco's Grimaldi family, and Prince Albert especially. I recently saw a photo of English rocker Rod Stewart and his model wife Rachel Hunter on holiday with their infant son, and it was clear that they'd had their little boy circumcised. Does any one know of any other celebrity circumcision practices?

On a different note, there is an Internet site that would be of great interest to *Acorn* members. It's a sexual questions forum devoted entirely to people talking about their attitudes to circumcision. I accessed it through the popular "Bianca's Smut Shack" site (the sexual Q. & A. section) but I'm unsure of its official title. I think it's called "Uncut Guy's Circumcision Forum". Unfortunately I don't have a computer of my own so I can't be more specific. Hopefully, one of the other members will have some luck tracking it down and relay the correct address in a future edition.

*J.T. – Australia*

## Contentment

It never ceases to amaze me just how self-conscious many men are about their genitalia, ie. they worry about the size, shape, colour?, a too long foreskin or, conversely, a too drastic circumcision! Some fret about too little or too much pubic hair and the colour of their pubes seems to worry others.

Perhaps they should all either go to their local turkish baths or join a naturist group where they will see at close range a tremendous variety of contented male parts with their proud owners.

*K.G. – London*

## Disaster

Some of our members won't want to read this, but, anyway, let me tell you about my friend Peter. Peter was circumcised in infancy and grew up in the knowledge that his penis had been damaged, the severity of which did not become apparent until he reached puberty. The problem was that so much skin had been removed that in places his scar was only an inch or so away from his scrotum ('drumskin-tight', as your more eager contributors would have it), making it impossible for him to masturbate. Any attempt to do so resulted in severe pain and swelling which took up to three hours to subside. As he grew older he found too that he was unable to have a sexual relationship with a girlfriend for the same reason.

When he was 23 he went in desperation to his GP, told him that the medical profession had fucked up his penis and wanted the medical profession to put the matter right and create a new foreskin for him by plastic surgery. The doctor took the old fashioned (some might say arrogant) attitude that it was insolent of him to complain, that circumcision was a wholly beneficial procedure, whatever the circumstances, and anyone who was daft enough to question it needed psychiatric treatment.

So Peter reluctantly agreed to see the shrink as a condition for referral to a plastic surgeon, and was enraged to be treated like a hopeless nut-case for not wanting to be circumcised. He refused to answer a lot of totally irrelevant questions about his sexual orientation and habits, and marched out in high dudgeon. His GP took the hint and, realising that Peter really could not continue in his state of distress, finally and contemptuously referred him to the surgeon.

If you accept that Peter's biggest mistake was to be born into a family which allowed the doctor to circumcise him, his second was to try to get the problem put right by the profession which caused it in the first place. The plastic surgeon severed the skin around the base of the penis at the scrotum line,

pulled it forward to cover as much of the glans as it would, and re-covered the denuded area with a skin graft taken from his thigh.

Total disaster: the skin graft failed to take properly, and a large area of skin sloughed away from the top. When it did finally heal, Peter found that the much thicker skin graft was attached to the shaft and was totally immobile, making masturbation even more impossible than it was before. Instead of re-creating a natural looking penis, the wretched surgeon had destroyed what was left of his badly damaged organ so that it finished up, not only dysfunctional, but looking like something that ought to be hanging on a hook in a butcher's shop.

Peter is now in his late forties. He has never been able to have a sexual relationship and lives in a state of continuous and unrelenting depression. His only reason for living is to try and stop the same thing happening to other people. He has consequently joined NORM UK and campaigns vigorously with the rest of us to short circuit the dinosaurs in the medical profession who try to perpetuate the discredited practice of circumcision, and to get it banned from all British hospitals and clinics.

It would be bad enough if Peter was a one off. But he's not. Every week at NORM HQ we hear from a similar sad case where men, young and old, have been condemned by their parents to ridicule at school followed by severe sexual problems at puberty. Feelings of bitterness against parents and doctors are constantly expressed, but the problem is to get them to listen. The medical profession has traditionally treated their customers as inferior beings with no mind of their own, whose views count for nothing. The progress NORM is thankfully making is due purely to the fact that doctors themselves are not immune to the ravages of unconsidered circumcision, and several have enlisted enthusiastically in the ranks of NORM, firstly to reconstruct their foreskins by the only successful method, skin stretching, and secondly to make their less enlightened colleagues aware of the damage they do to innocent children by advocating this insult to the human body.

The message of hope for those who are damaged in body and mind by the rite of circumcision is that help and/or comfort is available from: NORM UK, PO Box 71, Stone, Staffs, ST15 0SF.

*R.B.W.*

## **My Circumcision**

**A**s a new member, and having read some of the back numbers of the newsletter, I wondered whether my own personal experience would be of any help or interest to other members.

I was circumcised in 1973 whilst in my twenties. I had had a strong desire to be circumcised since my boarding school days. There were plenty of opportunities to see other boys' penises, and I became intensely interested

in noting that some were like me, with the penis head covered by foreskins, whereas there were quite a few whose glans were permanently exposed. There were opportunities (as is fairly common) for mutual examination of each other's penises. There was one boy in particular whose exposed glans looked particularly fine, and I much admired it. I began to feel that I wanted to be like him. I used to roll back my foreskin as often as I could, exposing my glans to try to look like him. This was not a tremendous success as, very readily, my foreskin covered the glans again. I nevertheless was very keen to be able to look like him.

From school I went into the army and again it became possible to observe other men's penises, and again I noticed that some had been circumcised, as I now knew it to be, whereas others had not. Even amongst those who had foreskins there was a wide variety of different looks. (The usual observations which we have all made.) I was determined that I would be circumcised. I even contemplated self-circumcision, but decided against it. So it all had to be put on hold.

I married, and my wife and I developed a mutual interest in learning as much as we could about sexual matters.

At about that time, there was a magazine called *Forum*. This had quite a significant correspondence section. We got copies on a fairly regular basis and noticed that there was quite a lot on the subject of circumcision, and I told her of my desire to have it done. She was very supportive of this and we decided to write to the editorial department of the magazine. It turned out that they had had many inquiries about getting a circumcision, and in fact, one of their staff had recently been done. They had, as a result, the address of a doctor who was quite happy to offer circumcision to men.

I contacted this doctor and had a very positive and helpful reply. I cannot now remember exactly where he lived, but it was in a small town somewhere in Hertfordshire I seem to remember. As I lived in Dorset at that time, it was no great distance to travel. I therefore decided to make an appointment to see him.

Prior to the date of my appointment, he sent me a prescription for some tablets which were mainly for post operational benefits, tending to reduce the tendency to have erections until the circumcision scar had had a chance to heal. I took these tablets for a couple of days before, as instructed, and then drove to see him one Saturday morning.

He turned out to be a most pleasant man with a very relaxing attitude. We discussed what he was going to do, and he observed, on looking at my penis, there was a tendency for it to have a slight tilt to one side. This he said he would correct whilst doing the circumcision. It would then be quite straight.

The circumcision was done using a local anaesthetic, and I felt nothing as a result, apart from the initial prick of the needle. He explained to me that



as I was paying him money for him to circumcise me (in those days, £20) he would be giving me my money's worth. He said there was nothing more disappointing for someone who wanted a circumcision to find, after it was all over, that there was still some foreskin left, and that the lower part of the glans was still covered when the penis was relaxed. He, therefore, would be giving me a tight circumcision so that I was permanently fully circumcised and would have no need to feel that I needed to be redone.

He pulled my foreskin forward and made several marks with a pen. Then he rolled it back and made a few more marks again. Finally he was satisfied and began to actually cut away the foreskin. In effect, he was turning my foreskin inside out and removing the outer skin to leave the inner skin of my foreskin down my shaft. This, he explained, would allow me to have the sensitivity of that part of my foreskin.

The operation took a good half hour to perform. At the end he put insoluble stitches in as he claimed that soluble stitches tended to leave scars. The stitches would have to come out in 7-10 days time. He carefully bandaged me up, I got dressed and drove home.

Duly, in about a week, my wife and I started to remove the stitches as instructed. Quite frankly, this was more painful than the operation. However, all was eventually revealed and I could begin to look at my 'new' penis. It looked lovely even then, although there was still some signs of bruising and swelling. There was evidence also of dried blood. After several days of careful bathing my penis began to take shape.

There was no doubt that I had been given a fairly radical circumcision. The shaft had developed a smooth texture, with only marginal movement of the skin over the shaft. When erect the skin was stretched, but not painfully so. The glans appeared to have a markedly flared appearance (as I think others have observed).

As far as my wife was concerned, she was delighted with the result, claiming that she could feel my penis inside her as I entered her during lovemaking. Previously she maintained that she was not aware of the whole shaft slipping in and out of her, as my penis was merely moving in and out of the loose skin of my penis.

My scar is about 2.5 to 3 cms from the base of the glans on the top, and about 4cms on the underside. Nowadays this scar is barely visible, only being noticed by the difference in skin texture. I have no lumps or unevenness around the scar and overall I am extremely pleased with my permanent state of nakedness. I would have it no other way and have no regrets at having it done.

It seems to me that it could be a very useful service to members if there was a suitable address base held by the *Society* that could be available to those who were looking to have a circumcision at a reasonable price. I must confess

to being somewhat horrified at the figures quoted for the cost of circumcision by some people in the newsletter. I cannot quite relate the £20 cost of my circumcision to present day prices. I would add perhaps that in 1973 I did think that £20 was enough to pay.

If anyone would like to have more information I would be happy to correspond on the subject as far as I am able. Unfortunately, I can no longer remember the name of the doctor I used. In any case I feel that he is either retired by now or may not even be alive, as he was not a young man when I saw him.

*J.S.*

[Acorn does now have a list of potential circumcisers. See issue 6/97 page 15 for details. — *Vernon*]

## Light Hearted Dictionary of Dick

### From *HONCHO* Magazine

**Codpiece** – Though the original idea was modesty, the codpiece of 15th and 16th century Europe soon became sexually explicit. Codpieces featured stiffened and embroidered material, bows and sometimes jewels. The modern double stitched trouser fly and elaborate buttoned fly are obvious vestiges of the codpiece. In New York, a team of young Puerto Rican softball players are famous for the decorative and macho way they wear their jockstraps – outside their pants.

**Condom** – The first one was invented by a English doctor named Colonel Condom, for the use of King Charles II. Early condoms were made from animal guts until the 1840s, when Mr Goodyear invented rubbers!

**Cream with That?** – The average amount of cum produced by one male ejaculation is from a half to one full teaspoon.

**Cum Contention** – Frequency of orgasm aside, the amount of sperm produced can be traced to the size of the balls in relation to one's overall size.

**Danglers** – The Bushmen of Kalahari reportedly sport half hard-ons all the time.

**Double Phalluses** – The rare occurrence of a male born with two penises was first reported by a Dr Wecker in Bologna, Italy in 1609. In modern times, almost nothing is said publicly of such births, but there have been reports of babies with two working penises – which surgeons resolve, with parents' permission.

**Fat Free Entree** – The skin of the scrotum is the only part of the body, except for the eyelid, with little or no subcutaneous fat.

**Four Percent** – That's about the percentage of men who could never, under any circumstances, have sex with another male, according to the Kinsey studies. This tiny minority can be identified by their low sloping foreheads, their knuckles dragging on the pavement, their extra chromosome, and their long criminal record.

**Height and Heredity** – Many tall and lanky men have large cocks – but some don't. Many short men have oversized thumpers – but don't count on it. When it comes to cock size, heredity is the most consistent 'measure'.

**Hello There** – When men of the Walibri tribe in Central Australia meet for ceremonial occasions, they shake penises, not hands.

**Libber** – The Ancient Romans devoted a whole month of celebration every year to the god Libber, who was really a huge phallic symbol, promising luck, wealth and happiness.

**Noble Nuts** – In 14th century Europe, high ranking noblemen were permitted to display their naked genitals below a short tunic – their tight-fitting thighs hose were not joined at the crotch. A law passed by Edward VI in 1548, forbade "Any knight under the rank of Lord, or any other person...any gowne or jaket or clok unless it be of sufficient length on a man standing upright to cover his privy member and buttockes" However, if the noble nuts and dick of a man permitted this exhibitionist honour were not large enough to be impressive, a baquette was worn. This was a form-hugging padded falsie made of skin coloured leather.

**Skin Flute** – The fellatio-suggestive term 'skin flute' of course refers to the cock, and it is traced back to an old Chinese expression for blow jobs, 'playing the flute'.

**Spurts** – Male ejaculation is made up of three distinct spurts, and the last one is by far the most potent. (In certain, overly ambitious porn stories and videos, add a dozen or so extra spurts for effect.)

**Teen Throbber** – Generally speaking, a boy's cock grows to its full adult length and thickness at about the age of seventeen.

*Sent by H.C.*

## Hindu Festival

I have been sent a picture from *Maxim* magazine of a Hindu Holy man. The text says that the great Hindu festival of Kumbh Mela is held every three years, with millions assembling to wash away their sins. The naga sadhus, or holy men, ingest first milk and then kerosene into their bladders through the penis and then urinate the contents. When lit the regurgitated kerosene explodes into a ball of fire. The picture

shows a holy man squatting down peeing the white liquid into a pint glass. He doesn't retract his foreskin when peeing.

*Courtesy of G.L.*

## Contact Corner

**T**wenty-six year-old, tightly circumcised. Has long term boyfriend. Into large helmets, photo's, writing, meeting other young guys into circumcision. Other interests:- tattooing, piercing, shaving and tight lycra. All letters answered.

*D.H. – London*

**G**ay, cut at birth with recent meatotomy. Heavily tattooed, nearly full body suit. 60+ piercings, mainly in the genital area.

Many interests:- Leather and restraint. Rubber and watersports. Piercing and tattooing. Active, imaginative top men.

But definitely guys into genital modification:- Subincision, meatotomy, urethral relocation, bifibrication.

Would like to meet or correspond with anyone with similar interests.

*D.R. – Middx.*

**G**ay, 39, cut at birth, genital piercings, shaved pubic area, heavily tattooed on arms.

Interests:- Leather and real men. Piercing and tattooing. Circumcised and foreskinned men. Genital modifications (but only seen in magazines).

Would like to meet or correspond with like-minded members under 50, with some or all of the above interests. No car but can accommodate.

*Clayton – Rhondda*

[I guess you two will be in touch. — D.A.]

# ACORN

Issue  
Nº 8 1997  
Editor  
David Acorn

## Editorial

Well, another year has nearly come and gone, and it seems to me that we've packed quite a lot into it. Our two meetings were both outstanding successes according to those who have kindly written to me afterwards. This last one at High Wycombe attracted around 30 members, with a good number of first-timers, and it didn't take long for most everybody to be at ease with the rest. You'd think that the intimacy of our subject would make people tongue-tied, but once started it's difficult to stop 'em. Mind you, I heard a lot of other subjects discussed as well, and I got a lovely foot massage!

We've at last got our treasury difficulties resolved, and I know that Douglas is going to be the ideal treasurer, with a meticulous attitude to the job. Our thanks go to him.

Next I must thank all those contributors throughout the year, without which we would not be able to exist. Also all those who sent me cuttings and photographs from magazines, newspapers, Internet etc. knowing that they would

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Printed & Published in England by The Acorn Society  
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## Correspondence

Please send all correspondence to:

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

interest me but couldn't be published. I do appreciate them. Not very many issues go by without a contribution from 'ladies', who seem to stir up more controversy than normal. They are not 'members' in the full sense and always give fictitious addresses, so all replies to them must be open and published, which is what we are all about anyway. To them I say thank you and keep them coming. On this same subject, I must remind all members that they may write to contributors, as well as contact corner adverts, privately, for personal reasons, but we would prefer open replies otherwise.

Since Vernon put us on the Internet we have had so many people from abroad showing interest in the Society. In fact it won't be long before we have as many members from overseas as we have from the UK. A good place here for me to say thank you, on your behalf, to the rest of the publishing team, Brian and Vernon. Some of the tasks are boring and onerous, so although they're unpaid, they shouldn't be unsung heroes.

That remains for us, the team, to wish all members and theirs, a very merry Xmas and a happy penile New Year. I've no doubt that Brian will be putting in the 1998 subscription forms with this edition, so we hope to hear from you all in the new year.

*David Acorn*

## Shame?

Yesterday I received my 6 back copies of Acorn just two weeks after I'd sent off my check. I am impressed! It was just what I've been seeking for nearly four years. The fact that circumcision is an obsession, fetish and, yes, in the case of self circumcision, a compulsion for many others, is reassuring. Circumcision was an operation which interested me, but didn't obsess me, before I underwent the procedure in January 1994 at the age of 49. Since then, I've worked hard to metabolize the altered appearance of my penis, new sensations and the emotional impact of circumcision, especially its 'shame'.

Why shame? The fact that I allowed another man to cut my pride and joy made me feel especially powerless and small. After all, for the most part, powerless baby boys are circumcised, not adult men. Later, when I explored the various websites which focus on circumcision, I discovered that the majority of them are squarely against the procedure. Based on the lack of hard medical research in favour of the procedure, most medical books and doctors' organizations nowadays say that circumcision is unnecessary. (I suspect that the unresolved anger and pain experienced by men who were circumcised as babies figure very little in this new viewpoint. Feelings usually mean very little in the medical decision-making process.) In response to this change in opinion, even in the USA – homeland of the clipcock – the circumcision rate has fallen to 50-60% of newborn males, depending on the region. Personally, I agree that circumcision is both unnecessary and abusive for both boys and

girls. However, some doctors and anti-circumcisionists also contend that adult circumcision is likewise unnecessary and abusive. Here I part company with them. I firmly believe that the procedure is entirely appropriate in at least three cases: to treat recurring urinary tract infections and balanitis (especially in the case of diabetic men), for religious conversions, and aesthetic reasons. In each of these cases, circumcision is a choice, not a power issue. Adults have choices, infants and children do not.

For anti-circumcisionists to devalue this adult choice is unfair and dangerous, especially in the case of medical decisions. In fact, they use shame as a means of controlling the decision making process. They refer to the operation as mutilation – an emotionally charged word. Is an appendectomy mutilation? Why is a medically prescribed operation any different. I recently wrote to a certain Dr. Dennison of Seattle, Washington, head of the D.O.C.'s (DOCTORS OPPOSED TO CIRCUMCISION) about my decision to be circumcised. His reply seemed quite angry. My reasons for the decision – to avoid infection and return to my sex-life – were tossed aside. He questioned my ability to understand the issues, as if I had somehow confused infant circumcision with the adult procedure. If your foreskin itches, hurts and occasionally swells to three times its size, in spite of prescribed anti-fungal creams, and if you have urinary tract infections every month, you understand the issues. Circumcision is necessary, and no-one has the right to question your motives or the motives of the physician who is recommending the operation. As for the remaining two motives, religion and self-perception, again, they are the choices which can possibly change the lives of the men who make them. Why should these choices be shameful?

In any case, I am convinced that the association of shame and sexual excitement is involved in the conversion of circumcision into a fetish. Sexual excitement enters the picture as attention is paid to the penis, a private part. It is handled and examined. It becomes the focus of a quasi-ritual, since there is pain and blood, as well as secrecy. In the midst of this ritual a piece of flesh is sacrificed, and the patient experiences fear and loss of control of a part which has symbolized his manhood from his earliest recollections. A man doesn't usually brag about his circumcision. He can't show off his circumcision scar to the admiration of his buddies. In fact, his friends might very well wince or blush if the subject, let alone the organ, is raised. This is fertile ground for shame. In the case of religious circumcision, the ritual is public, and a sense of manhood is gained. Shame isn't associated with the cutting, unless someone makes a point of it.

Many of the contributors in the five issues you sent me, clearly demonstrate the sexual excitement and shame that have become associated with their fetish. I don't say this with an air of superiority since I experience the same emotions each time I hear or see the word 'circumcision'. It is a potent combination. Although I've worked a long time to desensitise myself to it, I don't really believe the day when circumcision will be simply a word or an operation is

close at hand. In the meantime, I feel I've made a positive step by sharing my thoughts with like-minded fetishists.

I hope that others will comment on my theory, that the circumcision fetish is an outgrowth of an association of secrecy, shame, fear and sexual excitement. Do your personal experiences support my belief?

*D.P.R. – New Jersey, USA*

## Early Experiences

I can remember as a boy of about the age of 7 the enjoyable feeling of pulling back my foreskin (my sister first started to stretch and pull it back at the age of 4). As the foreskin rolled back over the head it was still quite tight and gave a stimulating feeling. I experienced quite a few bouts of balanitis as a child but my mother refused to have me circumcised. My father was circumcised. On one occasion I was at the doctor for balanitis, he told me to pull down my pants to my knees and lie down. He then pulled down my underpants to expose my penis. My mother was watching next to me. When he pulled back my foreskin, he exposed a red and inflamed glans. I immediately got a hard erection with my glans now exposed. He showed my mother how the infection had affected the head and discussed having the foreskin cut off, no way... My father was also called from his chair to look also – very humiliating, I was very hard.

I was prescribed a powder to put on the head daily, which gave a pleasant warm tingling feeling until it healed. When I went to school in my seventh year I saw a penis for the first time that did not have a skin covering it. I loved the look of an exposed glans.

When I was 9, after a bath one day, while drying my cock (I had been instructed always to pull the foreskin back, wash then dry, and don't forget to pull it back over the head again), I tried pulling the foreskin back and forward over the glans repeatedly. This felt wonderful, and next moment I experienced my first orgasm. Masturbation started – and never stopped again. At that time also, I tried to keep my foreskin pulled back to simulate circumcision, using sticky tape, elastobands, glue, etc.

At about this time of life, exploring your sex organs with friends started to take place, and circumcision was central to the exploration. The circumcised guys were always more superior in attitude. I was actually encouraged by my circumcised friends to keep my foreskin retracted. One friend, whose father was a doctor, was later to make circumcision his major topic, and actively encouraged me to have it cut off. I was circumcised seven years ago at the age of 30.



I am very interested in women's views and thoughts on circumcision. Can you help? Also, female clitoral hood circumcision by adult women on request – nothing to do with female genital mutilation.

L. – South Africa

## Circumdecision

**Article in *Daily Telegraph* magazine – 2.11.97, sent in by D.E.**

According to a 1965 Jewish encyclopaedia, baby boys are circumcised for one or more or all of the following reasons:

1. as a blood offering to the gods.
2. as a substitute for sacrifice – purely symbolic.
3. atonement.
4. fertility.
5. hygiene.

The encyclopaedia then goes on to say that circumcision “is today routinely performed on non-Jewish boys as a matter of course for reasons of hygiene and appearance”.

The encyclopaedia is showing its age. It may have been fashionable in the sixties – burn your bra, go on the pill and interfere with your son's physiognomy – but in the nineties only between 5% and 10% of boys in Britain have lost their foreskin by the age of 16. My 6-month-old son is still intact. My husband is a non-practising Jew and I am a Gentile (a *shiksa* in Yiddish). Two things preyed constantly on my mind throughout the pregnancy. One was, “How am I to get this thing out of me without embarrassing myself in front of the midwife?”, and the other was, “What if it's a boy?”

My Jewish mother-in-law has told me 32,500 times how, when she gave birth, she was desperately, desperately ill, and how, while she lay wan and barely alive in her bed, her in-laws kidnapped the baby, performed the evil deed and then returned him, minus foreskin, to his oh-so-brave mummy, who continued to be desperately, desperately ill for many weeks. This tale has two points – one is that, like all Jewish mother-in-laws, she would like me to know that she suffered in order that her son/my husband should walk this earth. The second is that, despite being Jewish herself, she really does not want me to think she had anything to do with the mutilation of a newborn infant, the son she nurtured for nine months in the womb, and is still nurturing as I write.

My husband's family's observation of Jewish laws and rituals diminishes with each generation: the grandparents are strict – but Friday nights are Friday nights, and my husband likes chopped liver.

I have not discussed the circumcision issue with his family, which says as much about their kindness to me in not bringing the subject up as about my lack of courage in not confronting it. They may well be appalled, but they are too nice to say so. Our choice not to have Tom circumcised has, as it turns out, not become a major issue. It could have caused what in Yiddish is termed a *broyges* – otherwise known as the mother of all family rows. Anecdote has it that one grandfather “sat *shivah*” (to observe a period of formal mourning during seven days after a funeral) for an uncircumcised grandson. Armed with this knowledge, we still decided against circumcision.

Tradition dictates that a baby boy should be circumcised within eight days of birth. I knew this because two years ago I watched a television documentary on the subject. The programme was biased, setting out to show that circumcision was bad and barbaric – and even I, with all my squeamish “How could they do that to a little baby?” sentiments, could see that this was propaganda. What I remember of it now is an exaggerated version. My mind's eye has taken a controversial documentary and turned it into something resembling *The Exorcist*, so please take the following recollections with a pinch of salt.

In the programme, a baby was circumcised without anaesthetic by a *moyle* (foreskin remover), in this case a scary Uriah Heep-ish looking man with a long, rancid, yellowing thumbnail. The thumbnail played some part in the circumcising – I have obviously blanked out the bad bits, so whether it was actually used to cut the skin or not I can't remember. It may well have been. This particular circumcision went very wrong. The penis became infected, the baby ran a massive temperature and the parents were distraught.

When I became pregnant I consulted my GP about circumcision, knowing that, like me, she is a non-Jew married to a Jew, and that she had just had a baby boy. She was very convincing and, given the fact that she is an excellent GP, her reassurance that circumcision is not a dangerous operation, when performed by a qualified doctor in proper conditions, was to be wholly believed.

But when it came to it, when I gave birth six months ago to a perfect baby boy, I could not bring myself to do it. In my heart I wanted Tom to be circumcised. I wanted him to be like his father and, I have to admit, I had had the odd girly discussion with friends, in which we coyly admitted that foreskins were pretty ugly. But I could not allow anyone to lay a finger on this perfect child. He was mine, he was the most precious thing in the world and I would die for him (I am actually so pathetic that I ask the nanny to take him for his jabs – and heaven forbid he ever catches cold or scrapes a knee). And so, since my husband appeared not to be bothered either way, the circumcision debate could hardly be said to have raged. Tom escaped the knife.

I am not triumphant about it. There is a bit of guilt sediment clogging my conscience. Do I regret it? Yes, I do. Would I have it done now? No, I would not. Two people have recently asked me if I am worried that Tom will wonder why he is not like his father. My somewhat glib and guilty answer is that I do not imagine that he will spend much of his childhood staring at his father's genitals. But, in truth, I do worry a bit. I also believe that, yes, women do find circumcised men more attractive. There is, as well, a tiny nagging worry that Tom may grow up and really want to be Jewish and he'll hate me for not being brave enough to have him circumcised. But I can counter that argument too. If he had been done, he might have grown up and joined the Foreskin Reclamation Society in America – I believe they hang weights from strategic bits.

A Jewish friend of mine, whose son is 15, says she still remembers the misery of the circumcision decision. "I thought it was something that Jewish peasants – my distant and dim ancestors – would have done. I thought it was barbaric, butchery. But there was a part of me that desperately wanted Josh to be done. I was clinging to my roots for dear life and protecting my baby at the same time. In the end we compromised and he was circumcised by a paediatrician – there was absolutely no religious element to it at all." Josh has thanked his mother for having him circumcised. He believes that he and his best friend (also Jewish), the only ones in his class at school who have been 'done', look better than the rest of the boys.

Who knows what Tom will think? Whatever, I will have to live with it – and, at least until he is old enough to reverse our decision, so will he. I still wouldn't let anyone touch him and, whatever they may say, it must really hurt – so I believe I made the right decision. Or did I?

*Olivia Hastings*

## Reply to C.P.

I am replying to C.P.'s letter (6/97) showing interest in my attitudes to circumcision, and in particular his interest which, as he says, is shared by lots of men, in seeing women peeing standing up. Although I'm not about to give him a personal demonstration, because that's not my style, I can point him and others who share his curiosity in the right direction. My male contact who pointed out the relevance of some of my feminist views to *Acorn*, suggests you get onto the Internet and dial up patches/ws/atwood.txt, which will show an unusual picture of a smartly dressed young lady standing with her skirts up and knickers aside, pissing daintily into the Thames from the footbridge. It is accompanied by text explaining in greater detail the philosophy behind the feminist aspiration for women to pee erect which you so kindly allowed me to air in your issue of 5/97.

I realise of course that peeing and women's attitudes to peeing are very much a sideline to your main interest, and no doubt you do not want to be thought of as catering to piss-freaks to any great extent, but I do in fact have further points to make which are much more relevant to your subject.

I spent many years in a partnership with a nice man who in most respects was ideal husband fodder. The fact that he was 15 years older than me didn't seem to matter at first, but what was missing was the dynamic sexual response from him which I had enjoyed with his predecessor, and which I put mainly down to our age difference. Another factor was that he was circumcised, and I am quite convinced that this made a considerable difference to his ability to get the most out of sex. Let me explain.

I am unable, possibly due to a deeply buried clitoris, to get an orgasm from normal missionary style sex, although I get wildly and frustratingly excited. Oral sex on the other hand sends me absolutely frantic (as it does most women if they are honest), especially when the guy ferrets with his tongue under my skin hood, and I always get a marvellous climax. My enjoyment is doubled if I know he is getting as much excitement as I am. With my previous lover, who was uncircumcised, I used to mimic his tongue exercises by burrowing under his foreskin and lapping his tip, with the result that he went just as wild as I did, ie. his equipment was equally as sensitive as mine. My last lover was the opposite: he got no enjoyment at all from oral sex, his bell-end being totally insensitive to gentle touches, and preferred me not to try – result: second-rate sex! I am now a confirmed and happily matched lesbian, although I might be interested in the unlikely event of finding another male lover with the skill of the first guy.

Ms S.W.

[Ms S.W. also sent a photocopy of pages of the *British Journal Of Urology* of November 1997 (current), which she paraphrased also in her letter. But the contents will be such a shock to most members that I thought I would copy excerpts in greater detail. So here goes.]

## **Variability in Penile Appearance and Penile Findings: a Prospective Study**

**By R.S. Van Howe, Department of Pediatrics, Marshfield Clinic, Minocqua,  
Wisconsin, USA.**

[Note. In this context, the word 'findings' means problems.]

### Introduction.

One of the most frequently cited reasons for neonatal circumcision in the USA is for a boy to 'look like his father'. According to past studies, between

1% and 9.5% will have the procedure revised or redone, and 2.8% of parents will complain of the cosmetic appearance. Although the natural progression of the appearance of the normal penis has been well documented to date, no study has documented penile appearance beyond the first year of life in a mostly circumcised population. This study examines prospectively the prevalence and kinds of penile variation and clinical findings in a general paediatric practice.

### Patients and Methods.

The study population consisted of a consecutive sample of 468 males up to 18 years old who had their genitalia examined by the author in the clinic between June 1995 and April 1997. These examinations included sports, physical and well-child examinations as well as sick visits where a genital assessment was part of a physical examination for a specific problem. 822 such genital examinations were performed. Sexual maturity ratings were documented for all patients and the penis categorised as 'glans fully exposed', 'corona covered', 'glans partially covered', and 'glans completely covered'.

Among the 238 boys under three years old, those circumcised were significantly more likely to have more non-cosmetic problems, including coronal adhesions, trapped debris (lint, dirt, talc, stool and smegma), a reddened meatus, phimosis and balanitis than were boys with a foreskin. In the foreskinned penis, muscle fibres are arranged in a whorl to form a sphincter that keeps unwanted contaminants out. Urine swirling under the foreskin in the normal infant male before expulsion flushes any contaminants from the subpreputial space, and may explain the paucity of findings in this population.

Found in the circumcised group under 3 years were:- glans fully exposed - 35.6%, glans partially covered - 30.6%, glans completely covered - 20.1%, entrapped debris - 24.7%, reddened meatus - 19.1%, balanitis - 15.5%, phimosis - 0.9%. Coronal adhesions develop in circumcised boys at 2-6 months of age and usually resolve by 24 months.

The high degree of variability in appearance could not be related to the technique used or the physician using it. When operating on the infantile penis, the surgeon cannot adequately judge the appropriate amount of tissue to remove because the penis will change considerably as the child ages, such that a small difference at the time of surgery may translate into a large difference in the adult circumcised penis. To date, there are no published studies showing the ability of a circumciser to predict the later appearance of the penis.

Of the one-fifth of the above group with glans fully covered, it is unclear how many had a buried penis, as this was not specifically investigated. Buried penis is a congenital deformity that is often not recognised in the neonatal period: circumcision of these boys can result in serious complications. If the penis is small, any surgery should be deferred until it can be clearly shown that it is not a buried penis. Additionally, several boys presenting for 'recircumcision'

may have a buried penis. Attempts to recircumcise these boys often makes the condition worse and reconstruction more problematic. When parents request revisional surgery, the surgeon confronts four dilemmas; first, it is impossible to predict how the penis will look after puberty in a prepubescent child: second, once skin is taken off, it is hard to replace. If too much skin is taken off, there may not be enough skin for the penis to become erect in adulthood without pain, skin tears, or pubic hair being pulled onto the base of the penis: third, an infant's circumcised penis that is covered in skin may represent a hidden penis, in which case, standard circumcision revision techniques could make the situation worse: and, finally, it is not clear whether a surgeon can obtain informed consent, parental assent, or informed parental permission for cosmetic surgery in a pre-verbal child.

If, after circumcision, the raw areas of the penile skin or remaining preputial tissue are in contact with the denuded glans, adhesions occur. The 29.7% of boys up to three with adhesions or skin bridges emphasises the importance of continuing penile care in the circumcised infant. While the infant with a normal foreskin requires no special care, the circumcised boy needs to have any skin overlying the glans pulled back and cleaned regularly until 15-18 months of age, to prevent adhesions to the glans from reforming and debris from accumulating.

In a prospective study in Japan, 1.6% of 565 Japanese foreskinned boys up to ten years old had balanitis. In this present study, 5.6% of 357 circumcised boys up to ten had balanitis. Although the value of comparing prospective data from different studies is limited, it appears that circumcised boys up to ten years of age are more likely to develop balanitis than are normal boys. While inflammation of the penis may occur more frequently in circumcised boys, balanoposthitis (inflammation of both glans and foreskin) in the normal penis may be more painful because of the nerve endings sensitive to fine touch in the foreskin. Most of these cases, regardless of circumcision status, can be successfully treated with topical therapy.

The present findings highlight the importance of reassuring parents about their child's penile appearance. Parents who have their child circumcised for cosmetic reasons may be disappointed by the wide variability documented here. As physicians, we may have a moral obligation to steer parents away from unnecessary and costly circumcision revisions until the child is old enough to consent to the procedure.

One of the weaknesses of previous studies was their reliance on parental comment as the sole inclusion criterion. It is difficult to measure the prevalence of parental dissatisfaction. The scarcity of comments may reflect the lack of a clear notion of how the circumcised penis should appear. In the USA, there is general ignorance among parents and physicians about the appearance and function of the normal penis, let alone that surgically altered. The lack of comment may also reflect a society that is accustomed to seeing a wide variety of surgically altered penises. The great weakness of the present study

was the relatively few boys with foreskins, which limited the power of the statistical analysis.

In conclusion, there is a wide penile variation in young circumcised boys: penile findings among these boys are much more common than previously reported in retrospective studies. Practitioners need to be familiar with the prevalences of these findings to give accurate information to parents. When discussing the advantages and disadvantages of neonatal circumcision, parents need to know that the circumcised infant requires more attention and penile hygiene than the uncircumcised infant: circumcised boys are more likely to develop balanitis, meatitis, coronal adhesions and meatal stenosis.

### **'Nudist' Holiday!**

**O**n holiday last month, my wife and I and another couple in their 60s (we're in our 50s) spent two weeks visiting the Greek Islands. Whilst the holiday was a complete disaster, which I shall not bore you with, our friends turned out to be nudists (unknown to us, not having been on holiday with them before), and headed, at every opportunity (with us in tow) for the nudist beaches.

Having read 'Women and Hair' in issue 5 by Doreen Chase, I will let you have a note of my 'findings' if such will be of interest. Apart from 'ogling' the female form, I didn't notice any ladies who'd shaved. I was also able to observe some male appendages in quantities I'd not seen since the changing rooms at school some 40 odd years ago! Whilst admitting to keeping my shorts on, I didn't notice any men, uncircumcised, walking around with their foreskins retracted. I can only wonder where Doreen has been to witness such things! The beaches we visited were at Noussa on the little island of Paros.

It's certainly not my 'cup of tea' and, needless to say, we shall not be repeating such a holiday with this couple.

Doreen does have some strong reasons for the pubic hair on both females and males. I, being innocent, thought it was to prevent chafing of the pubic area during natural intercourse in the 'missionary' position. Do correct me if I'm on the wrong track!

*C.B. – Cheshire*

[I've been told that the last thing that the 'missionary' position is, is the natural way, and was called so because us few westerners went round the world arrogantly telling everyone else that they were doing it wrongly. — D.A.]

## My Circumcision Story

My first time in noticing that some boys were different came when I was about 8 or 9. Not all boys born in 1942 in the U.S. were circumcised, not in the rural part of Indiana where I was born. In fact, of the 44 boys I graduated from high school with, only 7 were circumcised. As I said, when I was 8 or 9 years old, a friend and I were in the school bathroom taking a leak when a boy about three years older than us, and very big for his age, came in and stood between us and pulled out what I thought was the largest penis I had ever seen. It stood straight out and he was very tightly circumcised, although I didn't know then why he looked different. My friend, who lived next door to him, said he had asked him why he was always exposed. He said his mother told him that he was born without skin! So I asked my dad about it and he said some people have it cut off when they are a baby because the mothers are too lazy to keep it clean, but it was cruel and did not need to be done.

Thus started my fascination with circumcision. I made a special effort to check, without being obvious, if and who of the others had been circumcised. I thought they looked neater, and tried to keep mine skinned back, but when this didn't work I tried scotch tape, but this was uncomfortable. By the age of 12 I had trained my skin to remain retracted, but it would swell and I would have to bring it forward again. The glans adapted very quickly and it felt better exposed. I wanted to be circumcised very badly.

At the age of 18, after high school, I started looking for a doctor who would do me in his office. I was called foolish by some, some only wanted to do a partial circ, and the rest said it could only be done in a hospital, which I didn't want. When I was 25 my long time dream came true. I found a urologist who would do me in his office under a local and remove all my foreskin. The stitches were the worst, but only for about 2 weeks, and I was totally healed in 4 weeks. My only regret – I wish it could have been done sooner. I still love being circumcised.

*Anon – USA*

## Cuts at Christmas — A Seasonal Tail!

Early afternoon two weeks before Christmas found the classroom filled with an air of expectancy. All desks were occupied, the pupils eagerly awaiting sex education and an opportunity to embarrass their teacher. Though you could hear a pin drop, the heavy atmosphere was of mischievous anticipation. Outside in the corridor, Mr Hewison was endeavouring to summon up composure, at least a facade on the outside. Despite having completed the syllabus, there were uncertain times of revision when the demons of 2C could raise any subject, and he knew they were ready for him!



"What will they come up with today?" he mused, blanching at past subjects like masturbation, homosexuality and AIDS, "what on earth will they add to that heady cocktail?" Biting his lower lip and nervously pinching his nose with a finger and thumb, he straightened up and turned towards the door. "Here goes, Hewie, sock it to them!"

As he strutted into the room like a military caricature, a murmur went through the class. The spontaneous "Good afternoon, Sir" sounded more of a threat than a greeting, what with the smirking on so many faces. Hewie stood at his desk, left hand grasping the back of his chair to steady himself. "Good afternoon, class."

As he arranged his books on the desk, he continued, "This is another open session. You have a chance to bring up questions covering the completed syllabus so far. Who'll start off?" Little did he realise that the 'heady cocktail' was to become a cocktail itself!!

"Sir, Sir", uttered Mary, normally a shy girl who had coloured somewhat when menstruation had been discussed previously, "what's circumcision?"

"It's an operation on the penis which initiates Jewish babies." The words of the textbook origin came out mechanically. The teacher's face twitched, as did an old lumpy circumcision scar in trousered concealment, protesting in the only way it could!

"There's cutting, isn't there, Sir?", added a freckled faced boy at the front called Robert, "it must hurt."

"Yes", responded Mr Hewison, "the loose skin on the end of the baby's penis is cut off with a sharp knife. Pain would be short-lived and not remembered."

"Do they do it to all Jewish boys?", questioned a pigtailed Katy, glancing at Jonathan Cohen, the only Jewish scholar of 2C, "all of them?"

"Yes. As far as I know." Seeing Jonathan colour slightly and lower his eyes to the desk, the master began to generalise: "and to Moslem boys, too, and even to those who are neither Moslem or Jewish. Some need the operation, and a few have it done at their parents' requests."

Sitting next to Jonathan, his friend, Mike, entered into the discussion. "Well, Sir, I think if it had to be done for religion, I'd be proud of it", said Mike firmly, "and as for me, I'm not sure if anything was done to me as a baby. I may have been clipped." (Mike possessed a short foreskin, and had seen his friend's almost fully exposed glans beside him in the playground urinal.)

By now, there were quieter remarks between pairs not meant for the class discussion at all, both risqué and precocious. Colin Bates, 'Master' Bates to his friends, whispered to Len James, another reprobate at the back of the room, "There's only one good thing about circumcision."

"What's that", asked Len softly, "no drawback?"

"Don't spoil the joke. It's because you'll never feel a complete prick."

"You would with me", quipped Len, sniggering.

Aware of the muttering, not the words, Mr Hewison snapped at the class, "Boys! This is a serious subject! Cut it out!"

"Or off, Sir!", joked Colin, whose younger brother had been circumcised two years ago. (Seeing the result on his brother's penis, he had covered his genital area with both hands, telling his mother that he wouldn't like that done to him.)

Not only the boys found amusement in the subject. Some girls had begun to dabble with foreskin humour too, but not openly. The olive skinned and rather petite Estelle whispered to her companion Clarissa that plumbers were afraid to work in a synagogue because they got their tools 'nicked'. That hardly impressed the impish Clarissa. With her mother a passionate advocate of male circumcision and her younger brothers thoroughly clipped, she had seen them bathed before and after their inevitable circumcisions. She raised her hand intent on joining the discussion with her expert knowledge.

"Sir, there's a twiddly bit of skin at the end of a boy's willy. When it's cut off there's a plump red cherry at the end like my brothers. Mother says it's the mark of a little gentleman, and cleaner, and prettier, and..."

"Thank you, Clarissa", interrupted Mr Hewison, a bulge in his trousers concealed by his desk, "that is a point of view, but hardly popular these days. To be correct, the cherry you mention is the glans. All girls have a smaller one called the clitoris which, like the male glans, is skin covered too".

Clarissa felt aggrieved at being cut off in verbal flight, albeit prejudiced from her mother's influence. She was determined to finish, blurting out, "...and they had stitches all round! Mother says all boys should be done."

"That's enough, young lady!" Hewie could be quite stern when he had to be. "Now let me show you what all the fuss is about", he said, mopping his brow and running that same sweaty palm downwards in a continuous arc to control his trouser bulge. He switched on a television monitor and video recorder. Part of the educational film clearly showed an infant penis with foreskin, followed by one without. Though most eyes were looking at the screen, Jonathan felt they were all peering at him. Patrick, a surly boy who had taunted Jonathan mercilessly for months, finally had the opportunity to maximise his victim's distress. Pointing at the freshly healed circumcision on the screen, he called out, "Another roundhead? We're cavaliers! Up the cavaliers! Down with roundheads!"

"Order, order", boomed the master, "that's not nice, Patrick. Judging one by an operation in babyhood that he had nothing to do with is most distasteful. You can write one hundred lines on tolerance, boy!"

As the punishment was levied, Clarissa was whispering to Estelle, "Do you know how to circumcise a whale? Send down fore skin divers!"

"How corny, one of yours?"

"No, my mother's."

A week later the class assembled for their final class before the end of term. By then, some of the children had spoken to parents and relatives about what was a taboo subject. They discovered that circumcision generated passion in families, within and between generations, causing division, dissimilarity, and even break-up. Lives could be scarred as well as penes, though some could be enhanced, even restored! Patrick suffered a torn foreskin whilst tree climbing the day after his classroom outburst. His "Up the cavaliers!" cry was stilled with an emergency circumcision at the local hospital. Radically shorn, stitched and bandaged, he returned in time for Mr Hewison's final session. His parents had found out all the circumstances and insisted he attend. Placing his imposition on the master's desk, he walked cautiously in a straddling gait, sitting down carefully at his desk.

There had been rumours about the boy's absence. Being away for a minor operation in boyhood usually meant only one thing, and rarely happened at the school. "Could he be...?" many wondered. "Circumcised?" added Katy, "like Jonathan?" Heads turned in Patrick's direction causing him to blush as reddily as his bandaged scar. He felt utterly exposed, his penis throbbing and twingeing mercilessly.

"Poor Patrick", thought Mary, Robert, Mike, and even Jonathan, "if that's what's happened to him at thirteen, having the skin on the end clipped back."

Mr Hewison walked into the classroom, and a more subdued atmosphere. The air of mischievousness was somewhat absent, replaced by the rare presence of sympathetic curiosity. "Good afternoon, class", he said, amazed at the change. "So you are back with us, Patrick!"

"Yes, Sir", replied the boy self-consciously, "the lines are on your desk." Picking up the imposition, Hewie suggested the class quietly revise, compiling questions for later. Reading the boy's handwriting was a revelation for him, even sweeping aside some of his own anger and resentment of many years' standing. Immediately after finishing the final paragraph, he suggested that the whole class would benefit from Patrick's words.

"Well", he began, a lump in his throat, "for a long time I thought tolerance strange and unusual, even unnatural. Those with tolerance were weak. Being strong meant more to me, and by not thinking about others, I could do more, be more, and live life my way. Being spiteful to those who are different gave me strength and confidence. Strength meant being above, bossing, or ridiculing others. So I thought until last week.

“Quite a lot can happen in six days. I suppose that accident and operation put me back on the right track. I feel sorry that I teased Jonathan about being different. Father told me that was prejudice, a bad thing. It should be what people are inside that is the main consideration, their real nature, and not a physical feature, however imposed on them. Here I score badly, but I hope to learn through what has happened. I am now what I ridiculed before you, circumcised, which I do not like and cannot help. A roundhead without the benefit of religion. Here, Jonathan is certainly one up on me. I am very sorry for the way I behaved, for the selfish way of thinking, the childish, cruel taunts. Perhaps I deserve ridicule for being different from most, but can do nothing about that at all. I only know that in the future I will look beyond the physical in those around me, and try not to judge.”

The sound of enthusiastic clapping resounded around the classroom, seeped out into the corridor and, lessening in volume all the time, advanced to the wakeful ear of the headmaster. Jonathan looked at Patrick and smiled. That day Mr Hewison, the teacher, had been taught as well as teaching. His flaccid penis, though scar-ringed and stumpy, had ceased to shame him in that moment of revelation. As the children filed out of the room for the Christmas break, he relaxed in his chair, smiling contentedly. It was a time of peace, the approach of the Christ, His birthday and, days later, the Feast of His circumcision.

Anthony wishes a very happy Christmas to all *Acorn* members of whatever status, and a personal ‘thank you’ to those who have corresponded with him, bestowing on him the intimacy of the written word. A HAPPY NEW YEAR TO YOU ALL.

*Anthony*

## Strange Radio Show Name

In his article ‘The Spoken Foreskin’ (Issue 8/95), R.B.W. commented that the pop scene seems to be highly foreskin orientated, with at least two groups alluding to it in their names.

Imagine my surprise when doing a search through the Internet for articles on circumcision to be presented with a page entitled: *High Voltage Circumcision Show – DJ Defily D.*

Apparently this DJ runs a radio show by that name on WJUL in Lowell, Massachusetts. It specialises in industrial/ambient/experimental rave/noise and uncategorizable music – nothing whatsoever to do with *our* subject!

*V.Q. – London*

# ACORN

Issue  
No 1 1998  
Editor  
David Acorn

## Editorial

**H**ello for the first edition of the year, and it promises to be a busy and exciting one. 1997 saw a sharp upturn in inquiries about the Society with a good uptake of members. Each year sees the membership grow, mostly from kind ads in associated catalogues and magazines like *Body Jewellery*, *Boyz*, *Foreskin Quarterly*, *NORM UK*, *Starkers*, *S&CN*, not forgetting Tuppy Owens and the Internet notice of Vernon's. Our thanks to them all and everyone else who broadcasts our being.

In the last few months we have also at last been able to get in contact with Chuck Thompson. Well, to be honest, he got in touch with us, which was great. As some members know, Chuck lives in Hollywood and has for many years issued newsletters on cock matters, very much like ourselves. He has kindly agreed to a swap of our materials, a process that is already under way. His speciality has been to compile a list of famous people's status, circumcised or intact. This list is now about 2,300 names long, most of whom we all know, although there are of course some names we don't know such as internal American sports stars

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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

and TV personalities. Chuck has helped by signifying in which field they are celebrities. I know from all the letters I get that this subject is of great interest to the majority of our members so, to keep the appetite going and cut down on postage, we are sending a page at a time with each newsletter, and you should have the entire list by the end of the year. I have a lot of other material from Chuck, but I've yet to think of the best means of distribution.

Our AGM meeting has been put in hand by Brian and there should be a flier with this newsletter giving details. It's at High Wycombe again, which has proved a central and popular venue. Brian has already contacted many of the regulars, but for those who have never come before, you won't be disappointed. The numbers grow every time.

Finally, the only thing that keeps us going are the letters of opinions and experiences from you, the members. As you will have seen, we have some members who are continually contributing (for which I can't thank them enough) but almost everyone should have something to say, as this is a society of obsession mainly, and most joined because of it. If you have a hobby or fetish such as genital tattooing, piercing, manipulation, mild mutilation etc., no matter how bizarre, why not tell us the details, and you'll find there's always some members into whatever it is, too.

I'm also glad to see that this issue's Contact Corner is more than usual. Don't forget that we also have a Question Corner, so that if anything is puzzling you, just ask, and someone might know. If it's embarrassing use the anonymity. Anyway, I hope you all enjoy another year's reading.

*David Acorn*

## Finding Out

I am extremely pleased to be able to join *The Acorn Society* as, for as long as I can remember, I have been fascinated by the penis, both my own and that of other people.

The first thing I can remember took place in the garden shed as a very small boy, perhaps 7 or 8, playing with a little girl who lived nearby. How it happened I don't know, but I took off my trousers and she removed her knickers. We felt each other's genitals – and I remember that my cock became hard, though I didn't know why!

At boarding school we swam in the nude, both boys and teachers. So the sight of cocks was normal. Amongst boys growing up, erections were common, and it didn't take long to find out about the pleasures of masturbation and ejaculation. But that's another story. I have been interested in genitals ever since.

*D. B-S. – Bognor Regis*

## Circumcision and Shame

### A Response to D.P.R. in Issue 8/97

A comment by D.P.R. was that “the circumcision fetish is an outgrowth of an association of secrecy, shame, fear and sexual excitement”. Maybe he is right in some cases, but it is never wise to make a wide generalisation and then assume that it is a universal truth.

I was circumcised in infancy before any question of being afraid of an impending operation could have arisen, so I am not impressed by the idea that fear has much to do with the procedure or its acceptance. At 64, I estimate that my twice-daily orgasms, through masturbation or partnered sex, since my 9th birthday, have resulted in some 40,000+ sexual climaxes in my lifetime. Whether or not the enjoyment factor of these instances of sexual excitement would have been any better (or worse) had I been uncircumcised can only be a matter of conjecture. I can only say that, though I haven't a particularly large or pretty cock, I've had a wonderful sex life and I wouldn't have changed a moment of it. I don't feel the slightest shame. My penis is “in the public domain” if anyone expresses sufficient interest to have a look at it. It's no more secret than the end of my nose, apart from the clothing conventions of the society in which we live, and I don't give a toss about what other men think of it. I enjoy the fact that I am circumcised, but agree with D.P.R. that it is a matter of personal choice once adulthood is reached. I suppose that if men didn't have fetishes about their penises then there would hardly be a need for a society like *Acorn*, but frankly, cut or uncut, I see the average penis as being an object of incomparable beauty. I'm more than happy with what I've got and, until D.P.R.'s article, I had never thought of being circumcised as being in any way associated with secrecy, shame or fear. Sexual excitement? Well, yes, he may have a point there. Whether it be tattoos, piercings, circumcision, pubic shaving, wearing cockstraps, or whatever, there are lots of us who get a kick out of “doing something” with our dick. If it's a “turn-on”, where's the harm in that? It's certainly nothing to be ashamed, frightened or secretive about.

*Ray Hamble*

### Doreen Chase Answers

I was quite flattered by all the comments in issue 7/97 on my letter disapproving of female pubic shaving and men pulling their foreskins back on nudist beaches. They do seem unnecessarily defensive though, and their logic a bit strange in places. For instance, D.T. accuses me of being prudish and hypocritical – do prudes join nudist clubs and enjoy parading around naked, and seeing others naked? I am certainly not hypocritical either, but I will admit to being a naturist in the full sense of the word and, although I

can be outspoken at times, my opinion is shared by others, and deserves to be heard. Furthermore, I would not dream of trying to force my opinions on others, unlike your supporters of infant circumcision.

Then the guy who gave us the eye-watering story of self circumcision: although he assures us that he doesn't need the help of a psychiatrist, does he really think that self-amputation of a perfectly healthy part of the body, for no more than a whim, is a normal thing to do?

J.F. tells us that he had himself circumcised in adulthood "to maximise enjoyment of social nudity at clubs and beaches". I've spoken to some of my nudist friends about this and we are all puzzled that anyone should feel proud of having part of their penis amputated, while on the nudist beaches of Europe like Agde, it is considered at the least rather odd and even slightly shameful. Likewise the guy who was dragged unknowingly to a nudist beach in Greece. He says that he never saw anyone walking about with their foreskin worn back. Of course not! The only places you will see such things is on British beaches like Studland Bay, where a number of the older men are circumcised, and some of the younger generation, who are not, try to ape them God knows why! The thought of sunburn on a sensitive glans makes most normal people's eyes water.

J.T. from Australia assures us that his Swedish girlfriend claims that most of her partners from Europe had been circumcised, including most of her Scandinavian boyfriends! All the Scandinavian nudists I know (I lived in Denmark for two years) are horrified by circumcision and look upon it as child abuse. I can only think she was telling him a little white porky so as not to hurt his feelings. Of course, if they were second generation Australians it might be feasible. But even the Aussies these days are giving it up, and according to a recent documentary (see below), Australian women who enjoy their sex seem to appreciate a bit of foreskin. An interesting point J.F. raises is about whether Princess Grace brought any American pro-circ influence to bear on the Grimaldi family. The answer is no – I saw a picture in *Paris Match* last year showing one of Grace's daughters with her child waiting to board a gin-palace in the harbour. The photographer caught a poignant moment in the scene, since the boy is shown with his willy out having a piddle in the dock – and he is most definitely not circumcised. I should be amazed if he were!

My husband tells me that there is a US website which you can find by setting your browser on "Maggimagoo", in which foreskin and circumcision problems are discussed at length. In answer to a new mother's understandable ignorance (since most Americans are circumcised), the problem of the ballooning foreskin on urination in boys is discussed by several doctors and mothers of intact boys. They all assure her that circumcision is not necessary: ballooning does no harm and will go away in time. If not, they recommend a cream that will loosen up the orifice. They emphasise that no attempt should be made to pull the foreskin back. Another mother says that her boy has the same problem and has developed the obviously enjoyable habit of pulling his foreskin



downward to relieve it. She and another young mum were tickled pink to see that their kids could stretch their foreskins down as far as their knees. The doctor confirmed that this did no harm and their foreskins were loosening nicely. Another young man, fearful of the fanatical urge some U.S. doctors have for circumcising, recommends by name hospitals or doctors known to be sympathetic to foreskins, where mothers can have their babies without worrying about them being taken away and done “by mistake”.

Finally a tale to make your unhappier members eat their hearts out – and wow the others. BBC 2 broadcast a documentary about a hetero male prostitute in Melbourne the other night – and guess what? Those raunchy red-blooded Australian women who know what they like and aren't afraid to ask, prefer it long, thick and uncircumcised! His wife Catherine, who acts as Secretary (or “Madam”), answered a query from a potential customer: “Joel is blond, blue-eyed, 5'10" tall, nine and a quarter inches long, uncut and thick.” The lady gasped and licked her lips: “...uncut too – great, just right for me!” Then a number of ecstatic clients were interviewed, all glowing with satisfied lust, paying tribute to his impressive equipment, fantastic technique, (including cunnilingus), enormous staying power and permanent erection. As the wife of a struggling furniture maker, Catherine originally recognised his special talent in the pork department and his ability to keep a woman on the crest of orgasm, and comparing his equipment favourably with other men, jokingly suggested he hire it out. He now has a clientele of 1200 adoring women, and earns 85K a year.

The moral, if that's the right word, is: if you're an *Acorn* reader who is big, uncut and thick, don't listen to the advice of the circumcisers. Don't cut your foreskin off. Go to Australia and earn a fortune with it. Better read the Kama Sutra first though.

*Doreen Chase*

## Around the World

The *Acorn* newsletter continues to be a useful forum for various opinions and a clearing house for members' experiences, opinions, questions and bits of information. And this is as it should be, rather than becoming a pulpit for anti-cut or pro-cut views, or any particular agenda.

The remarkable letter from Doreen Chase has been amply (if not fully or completely) replied to by writers in 7/97, so I won't add more fuel to *that* fire.

Re charges for circumcision: a Muslim penpal in Dhaka, Bangladesh reported that his American born nephew was circumcised by a native practitioner during a visit to Bangladesh, at a cost of about \$70 US. My friend further reported that the operation (on a young boy) would have cost about \$1500 in the States. This is out of most people's price range if not covered by

health insurance. However, if circumcision is done 'neonatally' (shortly after birth), the charges are much less, and neonatal circumcision is still covered by most health insurance plans and HMO's in the U.S. One large hospital here, wherein circumcisions are typically done in the Pediatrics Clinic (rather than by the obstetricians and midwives who deliver the babies), quoted me an average cost of about \$140 for an uncomplicated newborn circ. I passed this information on to my friend in Dhaka. Another friend of mine, in the States, recently paid more than \$3000 for an adult circumcision. This included charges for anesthesiologist, pathologist, etc; and this friend further had the (for him) indignity of being attended by female nurses!!

Re circumcision among European royalty: wouldn't this be more likely among the British royal family (the Windsors) than among the Grimaldis of Monaco (though it cannot be ruled out in the latter case)? Also, are any of your readers able to confirm or refute anecdotal material about circumcision in the Spanish and Scandinavian royalty? It's frequently alleged that King Louis XVI of France was circumcised as an adult. However, it is also reported (and this certainly seems more probable) that the king was given merely a dorsal slit, not a 'full' circumcision, to relieve a very troublesome phimosis. The king's 'condition' was not only affecting marital relations with his queen, Marie Antoinette, but also (these things cannot be kept secret) making the royal couple the laughing stock of Paris at the time.

Clipping Parties in Schools? Another Muslim friend, in Malaysia, reported on *khenduris* (circumcision feasts) held there. He says, sometimes, schools, with the help of the PTA, will organise mass circumcision ceremonies for groups of boys. The favourite times for circumcision, he reports, are during school holidays. Clinics do a brisk clipping business at such times.

Of three correspondents I wrote to recently, via *Acorn*, only one has replied.

M.S. – U.S.A.

## French Pop Group

The very last comment in 8/97 about pop groups being into foreskins and circumcision rang a bell. Here in France, some years ago, the *Gay Pied* published a game featuring a five-man pop group (unfortunately I have forgotten their name and they are probably quite forgotten by now), who had dropped their pants to be photographed, but the middle section had been cut out and shifted around, and the object of the game was to match the penis with the singer. Of the five, two had ample foreskins, one a typical half-master, but two heads were bared and certainly appeared to be circumcised. Funny how non-pornographic photos are often the most sexy!.

J.H. – France

## Passions

As a relative newcomer to *Acorn*, who enjoys other members' letters and articles in the newsletter, I would like to share my thoughts, and indeed passions, with you.

As I had been circumcised at birth, very neatly and expertly performed I must add, I grew up knowing no other status. I never felt 'different' or ridiculed as circumcision seemed to be the norm in my immediate family and friends. I have now put that down to being Yorkshire by birth, post war, when all things American were in vogue, and the start of the NHS when, if it was free a Yorkshire man was all for it! It was only on reaching that magic age when realising that a willy came in useful for other things than peeing that I discovered what a foreskin was, and that there were other varieties of willies. And I haven't looked back since.

Even though I don't belong to any camp, for or against circumcision, and would never enter the arguments surrounding circumcision, the discovery of the joys that a foreskin can bring to its owner makes me wish that things had been different. That said, I enjoy my circumcised status and live in harmony with it, but I know that if I had a son, then he would have been left uncircumcised and educated to make his own penile decision.

Which brings me to my passion – foreskins, foreskins and more foreskins. I love the sight of willies encased in foreskins. I love the movement of the penile skin and foreskin when it is being wanked, or the willy used for fucking; the mystique of not knowing what is hidden behind that foreskin; the textures, taste and aroma both outside and inside the foreskin. Guys with foreskins can 'dock' with other glans, foreskins can be clamped closed when pissing to create balloons. Even sewn closed or pierced for extra fun if the owner is into that kind of fun, plus countless other ways the foreskin can be used for sexual pleasure. I love to watch men with foreskins having a shower at the gym just to see them pulling it back to wash the glans, so I can't fully appreciate why anyone would want to part company with such an enjoyable part of the willy. However, even with a foreskin fetish, I do have favourites, and go weak at the knees over tight and very tight fitting foreskins, especially with no 'tassel' over the end of the glans. Another favourite foreskin type is where the foreskin opening is totally covering the glans, but clearly open and angled away from the frenulum side (as in the style of certain newer Mercedes car headlights).

So, in finishing this short piece, you guys with a foreskin, remember you have the best of both worlds and your foreskins give pleasure to me, you lucky sods!

*D.T. – Manchester*

## Self Circ

I have been meaning to comment about something printed around the middle of last year. Annoyingly, I can't find the relevant article, but no doubt you can locate it. [Yes. 6/97, page 4, entitled 'Sensitivity'. – D.A.]. He was bemoaning the fact of being cut and left without stitches, and how sore and miserable he was as a result.

Well, he was talking a lot of nonsense as, in my own DIY circ. I left the severed edges to heal naturally without stitches. This you will recollect was written up fully in 1/93. Not only did the cut heal perfectly, but the result looks like a neo-natal circ, as it is difficult to detect a scar line even. Also around the frenulum a large amount of skin was snipped away leaving a quite raw area. This initially healed by scar tissue, but some months later this dissolved away to leave soft pliable tissue which looks and feels exactly like inner foreskin (mucosa). This can be verified by those who inspected me at the Heathrow meeting last year.

*R.W. – Surrey*

## Redundancy

I have a very old book about circumcision, published in 1891, in which reference is made to a French family whose male offspring are always born without a foreskin. Maybe one day the circumcision debate will be a thing of the past as genetics takes the matter out of our hands, perhaps sooner than we think with scientific intervention.

*C.H.A. – North Kent*

## Thoughts

I recently joined a gym and now feel that the phrase 'appearances can be deceptive' holds true, especially in the areas of locker rooms and showers. Those dark and hirsute gentlemen of swarthy middle Eastern appearance seem to have conspicuously long foreskins, whilst the blue eyed, freckled 'Celts' have surgically pared genitalia with prominent glans proudly on show.

Amongst my late mother's personal effects I found a solid silver acorn. I now wear this on a chain round my neck.

*K.G. – London*

## A Geography of Circumcision

Anyone who has travelled the world and visited saunas, swimming pools or gym showers has certainly noticed differences in the rates of circumcision, going from nearly 100% cut in the USA to 100% uncut in Eastern Europe, through roughly half and half places like Montreal. The countries of Western Europe though are very much more difficult to categorise. While a big majority of men are uncut, there is a significant proportion of circumcised men, which would seem to vary greatly, not only from one country to another, but also between different areas in various countries, and possibly between different classes and age groups.

To take France for example, there seems to be a much higher rate of circumcision in Paris than the rest of the country. I have been a member of several swimming and waterpolo clubs in Paris and one in Nancy. In Paris, there have always been cut men in the club, something like one in five. In Nancy however, of the thirty or so members I saw nude, not one was cut. Whenever I've been in Lyon, on the other hand, I've always seen a good number of cut men, as many as in Paris, but of course my sample is very biased – two or three cut men out of a dozen sightings each time. I am told there are more cut men in the south of France on the Cote d'azur. During European swimming championships, there is a chance to see members of other European teams under the showers, and there too are always cut men, especially among Belgian, German and Swiss swimmers, but in insufficient numbers to make any generalisation, except that the French proportions are probably common to neighbouring countries. There has been mention made in Chuck Thompson's newsletter of a relatively high proportion in Spain, but there are too few Spanish contestants at these competitions to gain any idea of this.

Age can be a determining factor too, as it is very clearly in Britain, though it is difficult to see just how. One of Chuck Thompson's correspondents in Germany reported that German national service intakes have 8% circumcised men joining the forces for national service, but casual observation in Gyms show a higher percentage, suggesting that a significant number of men are circumcised as adults. This could be the case in France too.

What people estimate to be the percentage varies too, especially as no-one really has access to a representative section of the male population. Whenever I get the opportunity I ask men what they think the percentage is, and the answer is often biased in favour of the status of the respondent, so uncut men think the percentage is very small, and cut men much larger. The most extreme case was a cut man from Brittany, who said he thought it was about fifty-fifty, though anyone walking along any Breton naturist beach would be hard pressed to find more than 10%. I've also asked the question to members of the swimming club, and the uncut members often fail to notice who is cut, perhaps because cut men cover up more than uncut. Perhaps as they are in a minority, cut men tend to be more observant, and note who else is cut in

a given group. It's quite common to hear from men who had a hangup about being cut until they did their military service and found that they weren't the only one in the dormitory. I've heard from several sources that career military men are more often cut than not.

Can anyone contribute to a more accurate geography of circumcision rates in Europe?

*J.H. – Paris*

## Size

A part from being somewhat obsessed during my boarding school days of being a cavalier and in a distinct minority in a world of roundheads, I have always been conscious of my small cock size – pushing 5" in length erect and with a base circumference of about 4.5" (perhaps it's time to have a size survey again and I can claim the smallest dimensions award). [From what I get from other members you wouldn't win by a long way. – D.A.]

My flaccid size doesn't generally worry me too much, as I see other guys in the locker rooms or showers with reasonably comparable cocks and, in any case, as soon as it gets warm it expands slightly (as I notice with others, too), and when I skin back to wash also helps.

However, the question of girth was brought home to me the other day when I bought a rubber sex aid, meant to fit around the base of the cock. It's much too large for me! When, many years ago, I used condoms (we've now resorted to other birth control methods) they were often fairly loose fitting, and I wonder whether such items shouldn't be made in different sizes. I know that cock size is a sensitive issue, but to me the criterion is how stiff it is and not the length or girth, and I've not had any complaints about my bedroom size!

The other thing I've been aware of is hairiness. Again, I would associate a macho image of a guy with a large roundheaded cock and hairy chest. I have always had some hair around the nipples, but have noticed in recent years, of late 40's and early 50's, that this has spread to an area between the nipples, albeit with a light covering, but still looking better than a completely smooth chest. More recently, I've noticed that my pubic hairs are starting to whiten, but only those on my ballbag directly under my cock.

I'm pleased up till now that I've decided to remain a cavalier and extra lubrication during sex (KY jelly or Boots baby oil) has improved a sore foreskin and sex in general immeasurably. I often think I would feel quite naked without a foreskin to play with, or have fondled, and it does add an extra dimension to sex, as well as being quite acceptable these days, unlike my schooldays of 35 or so years ago.

My knob now shows a faint difference in colour on the top third where I have managed to keep it exposed. Whereas I would prefer to be able to keep the skin back all the way if I wished, this is not possible because of a long and loose foreskin and small knob – but it's next best and is comfortable, and it means I don't have to pull the skin back to pee (question: do cavaliers generally retract their foreskins to pee? I never look, so I don't know!)

These ramblings may be of interest to others and possibly generate some comment or discussion.

*Anon*

## **Eat Your Cornflakes**

**I**n conversation, I was presented with a reworking of a quip about a person who had been accidentally locked in a synagogue overnight. Rescued the next afternoon, he was asked how he fared. "I found a silver dish on the table but didn't like the cornflakes!" The comic idea of a foreskin bowl being mistaken for cornflakes has a curious connection with that breakfast cereal.

John Harvey Kellogg made much money in the America of the 1880's writing books condemning masturbation, and describing 'diseases' attributed to it. He produced cornflakes and advocated circumcision as a cure!! At that time in America only 10% of males were circumcised, so the circumcision of infants was suggested to prevent masturbation rather than cure it. Just as one can conjure images in smoke coiling from an open fire, I can almost sense the 3,500 American infants circumcised each day in my bowl of cereal, with one flake symbolical of my own long lost foreskin.

The cornflake imagery is only relevant in Britain with very small helpings! I had calculated that the total UK circumcision rate amounted to 80 operations each day (or 8.6%). Recent NHS figures have made that earlier figure short of the mark. The total number of hospital boyhood circumcisions were 30,750 for 1985, and 36,000 this year. (In 1985 the NHS paid £390 for each circumcision, the cost rising to £694 in 1997).

Adding the ritual component of 10,000 circumcisions each year, 1,700 Jewish, and 8,300 Moslem, with a 350,000 male birthrate, the current overall circumcision rate is 13.1%. That's nearly one in seven which certainly confounds the 1% (or low) figure quoted in contemporary literature.

It looks as if the embarrassing curiosity of a solitary circumcised boy in an otherwise intact class of 30 or so has come to an end. The realistic component of 2 or 3 roundheads in a class seems possible now – thanks not to crank moral ideals or parental preference, but mainly to illogical thinking and wrong diagnosis by the medical profession, mainly of fictitious phimosis.

*Anthony*

## Smooth, Nude and Cut — The Perfect Combination

Foolish indeed was the first person who said about the male genitals, “If you’ve seen one, you’ve seen them all”. Nothing could be further from the truth. Our male sex organs are as different from each other’s as women’s breasts or any of our faces. They are all part of our personalities and make-up – and to be hairless in nude surroundings lets all those present see without hindrance the full value of our different types and styles with glorious openness. Those special additions to our personalities are enriched and made even more interesting when the owner also has a fully circumcised cock for all to see.

As the Organiser and original conceiver of the group for “Smooth and Cut Naturists” (S&CN), I feel I must respond to various points made by your contributor Doreen Chase in her article ‘Woman and Hair’ (5/97). I am, like she says she is, a regular contributor (of Feature articles) to the naturist magazine *H & E*, and have many contacts in the world of naturism, most of whom have views which concur with my own.

Ms Chase, in her article, makes some factual errors and unsupportable suppositions about the unquestionable preference of many women and men who increasingly like to remove their body hair – especially pubic hair and underarm hair – and who like to be (or like their male partners to be) fully circumcised also.

Almost every recently pubescent teenager questions why they start to grow body hair between their legs and under their arms. Then they find out the simple truth: it is nature’s way, rather crudely by modern standards, of providing lubrication at friction spots on the body. Of course, reproduction being nature’s most important bodily function, one must assume the mating act between the male and female to be a fairly frequent occurrence and, with the essential, sometimes vigorous, rubbing together of the genitals and pubic regions, to be a place where lubrication is essential. With modern lubricants, oils and natural secretions, this crude ‘hair lubricant’ may now be considered obsolete. What pubic hair is definitely not, as Ms Chase incorrectly states, is for ‘modesty’ reasons to cover the vaginal opening. On the contrary, nature does not recognise modesty and, given a free hand, would obviously encourage the opening to be displayed fully in order to attract the male and increase the chance of penetration, fertilisation and procreation. Forget your ‘covering the Venus flytrap’ nonsense, Ms Chase, body hair is for lubrication and warmth.

Body hair removal, from both the female and the male, is the modern way for anyone – especially naturists/nudists – to present their bodies in the cleanest best looking way. Without doubt, there can be unquestionable enjoyment in seeing skin (the largest organ of our body) which has an overall tan possessed by someone who takes pride in depilating regularly. The openness this brings



– highlighted if the male is also circumcised – engenders friendliness and confidence from the owner, especially in a socially nude environment. Shaving the body can be just as much part of the daily routine as the accepted practice of women putting on make-up to beautify themselves. Our whole bodies are wonderful things – we should display them in the best way for others to see and enjoy by means of hair removal. Who can deny the beauty of the male or female body, unimpaired by ugly body hair, with the fully displayed sex organs available for all to see and admire? Come on – admit it – we all (men and women alike) take interest in the wide variety of sex organs which we all possess and which are normally, as society unfortunately dictates, not able to be seen. The genitals are as individual as our faces – and *they* are not covered up.

As Ms Chase concedes, many letters to *H & E* support circumcision (not all are from members of S&CN either), but she is wrong in concluding that the number of pictures of circumcised men in the magazine is directed at the American market. All pictures are chosen on overall merit – I should know as I regularly contribute photographs to the magazine also.

Why should it be a “deplorable fact that some men choose to walk about on a naturist beach with their foreskins retracted”? Good heavens, we are all individuals with freedom of choice, so why shouldn’t we do as we wish? Most of these guys would probably wish to be circumcised in order, amongst other advantages, to show their attractive glans rather than hide it under an elephant’s trunk of ugly foreskin they probably possess. Good luck to them, and how much nicer for the rest of us to see – but why not make it permanent and be circumcised? And what is this load of garbage about UV rays, thorn bushes and rough towels? We cut men take care of ourselves and, thanks to clever body design, suffer none of these alleged drawbacks and can fully empathise with the self-circumciser whom Ms Chase mentions. He should be applauded for the courage and conviction he shows, and not castigated or recommended for psychiatric help as Doreen Chase states. Ms Chase (assuming you are a ‘real’ person), you are entitled to your views like the rest of us, but your accusations such as these are unwelcome, unhelpful and unjustified.

I originally conceived the idea for a mixed group of naturists who were both smooth (pubically at least – hopefully more) with the male members also being circumcised, towards the end of 1996 and have since been amazed and encouraged by the keenness of qualifying naturists to take up membership. Of all the initial inquiries for information made to our box number, well over 50% have resulted in membership. The interest shown has largely been as a result of the article and advert featured in previous issues of this magazine as well as other journals relating to naturism. Such has been the enthusiasm for membership (which is free) that S&CN not only is progressing in terms of numbers, but is vibrant with ideas from those members who meet in a socially nude environment from time to time. S&CN is a club for members to get to know each other and to talk openly and ‘compare notes’ with other

members who share a mutual interest in being smooth and circumcised. It is not a correspondence club.

We should very much like to hear from men and women over 18 who are pubically smooth (at least) and happy about being nude in a socially nude environment. The men **MUST** also be circumcised. Interested? Send a first class stamp or large SAE for a free information pack to SCN, PO Box 164, Northwood, Middx, HA6 2QR.

*Smoothy John*

## **Circumcision — An Englishman's Experience**

I was circumcised – very tightly – as an infant in the early 1960's. To this day I do not know precisely why, but my mother used to talk about cleanliness. Was it assumed that I was born with a dirty streak?

I very quickly understood what it meant to be circumcised and that, as a pure Englishman, I was among a very small minority. I have never been afraid to be different in most respects, but for some reason being 'cut' bothered me from about the age of eight. At junior school, I would often go to the toilet at break time with a friend who lived just a few doors away. As we stood in front of the urinal, I could not help noticing his very elongated foreskin and feeling extremely envious of him. With hindsight, I reckoned that my mother must have experienced some guilt over the operation, because she once asked me whether a classmate of mine with whom I had attended swimming lessons during an Easter holiday had been circumcised. In the most matter-of-fact manner I could muster, I replied that he had not, although I cannot deny the emotional discomfort which I felt at having to discuss such a sensitive subject.

At secondary school, insult was added to injury at what seemed like every opportunity. The fascination of the average 11-year old male with the shape of his classmates' penises seems innate and deep-seated, and to my mind does not imply homosexual tendencies. Communal use of toilets and showers on a daily basis soon enabled the class to memorise who was intact and who was not. "You've been circumcised", one such boy was quick to point out whilst standing next to me at the urinal. "You couldn't pee properly when you were young" said another. Something told me that it wasn't worth complaining to a teacher about this type of bluntness: even if I could overcome my embarrassment, what would be done about it? Indeed, just a few months later, the subject of circumcision was discussed very openly in a religious education class. The female teacher had the gall to ask who in the class had been circumcised – in a school where uniformity and conformity were everything, and respecting individual differences was seen as a weakness! I could see eyes looking in my direction, feel fingers pointing towards me. I just sat tight. Not for a million pounds would I put my hand up. Before anyone could mention my name

– and many would have not hesitated to do this – a classmate saved the day by owning up to being ‘cut’. How I longed to move to a mixed-sex multi-faith school.

It was nearly a quarter of a century after these incidents before I could do anything about my unwanted state, but that’s not to say that my grief for my lost foreskin went away in the interim. If anything it intensified. “What you never had, you don’t miss” is a principle that definitely does not apply to the foreskin. I had to wait until long after I had left my parents’ home before addressing the issue constructively. The turning point was a chance reading of the article on circumcision in *Maxim* of April 1996. By this time I was rapidly approaching middle age. I just had to jump on the restoration bandwagon before it was too late.

I bought some 2.5cm wide zinc oxide plaster tape from Boots, cut a strip 17cm long, folded the ends over to make it double sided, stuck one side firmly down on my glans, pulled as much shaft skin as possible over it, and pressed it firmly over the other side of the tape. I know that one should try to avoid tape making direct contact with the glans, but mine had become so insensitive with advancing years that I suffer no ill effects. I have been doing this every morning for nearly a year, and the end result is a very natural-looking foreskin. The tape is sufficiently invisible to pass unnoticed in public urinals and showers, and sloughs off during the night as a result of erections during sleep, thus allowing for washing in the morning shower. This process does generate a certain amount of post-urination dribbling, but that is a small price to pay for having a glans that is three-quarters covered. I have also tried taping skin over a Boots medium-flow bottle teat, as recommended in the Winter 1996/7 issue of *Norm News*, but find it impossible to urinate in a straight line no matter how much I trim the hole in the end of the teat.

My process will undoubtedly take a long time, but it is well worthwhile. I look forward to the day when my new ‘foreskin’ stays in place without the assistance of tape. May it come before I start acquiring grey hairs. And may I thank NORMUK, P.O. Box 71, Stone, Staffs, ST15 OSF, for their support during my labours.

*Norm*

## **Circumcision — Facts For Teenagers**

This leaflet, which was advertised in the publications list sent out with issue 8/97, has been re-titled and is now called *Questions Teenagers Ask About Circumcision*. The contents have not, however, changed and orders may be met by either title depending on what is in stock at the time.

*Vernon*

## Contact Corner

**C**an any member offer a source of medical items of a penis related nature? A plastibell, catheters or any other instrument or apparatus used on the penis in any way would be of interest.

*C.H.A. – North Kent*

[One source is:- Mediquip, Folly Gate, Okehampton, Devon, EX20 3AQ. (Tel. 01837 53710). Just ask for their catalogue. They're quite used to ordinary people asking for their urological items. – D.A.]

**D**avid, mid-sixties, would like to hear from others with same interests. I'm circumcised, 5.5" long, a very keen nudist who shaves his body hair. I love to sunbathe nude and get myself completely tanned – especially cock and balls! I like oil on my body.

Other interests are:- erotica of all sorts – photos, art, etc. rubber underwear, G-strings, thongs, stockings and suspender belts, photography.

*David – Bognor Regis*

**C**ircumcised status enthusiast, admirer of it, cut as an infant, aged 50+, but not passed sell-by date, would like to meet or correspond with like-minded guys. I'm friendly, easy-going and down to earth.

*N.G. – Thames Valley*

**M**ember in Indiana U.S.A. would like contact by phone or by mail with other American members (straight) who would like to discuss circumcision in strict confidence.

**G**ay, 53, tightly cut at birth, fascinated by all aspects of circumcision, especially style, method and tightness of cut and resultant position of scarline, seeks others with similar interests for correspondence and/or meetings. West Midlands, Hereford & Worcester, Welsh Borders, anywhere.

*R. – West Midlands*

**B**i guy, aged 37, would like to photograph young guys with circumcised dicks – especially scar lines and any that have been done recently

*A.C. – London*

# ACORN

Issue  
No 2 1998  
Editor  
David Acorn

## Editorial

**A**nother milestone has been reached. We are now on the Internet and can be reached by E-mail at [acornsoc@aol.com](mailto:acornsoc@aol.com), so I hope it makes it easier for some to write in material or even just to be chatty.

Since mentioning the magazine *Foreskin Quarterly* in last edition's editorial, I've been inundated with requests as to where it might be obtained. It is:

S.P.B. Distribution  
F2, 28 Carlton Road  
Bournemouth  
BH1 3TG  
Email: [100675.1545@compuserve.com](mailto:100675.1545@compuserve.com)

Last time I was in touch each edition was £8.99 and they had plenty of back copies. Just ask for their order form and everything will be revealed.

I've been asked to make a plea. If you get an answer to a contact corner ad, please answer it even if it's in the negative. Otherwise the writer doesn't know if it reached you and wonders who might have got hold of it.

David Acorn

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## Correspondence

Please send all correspondence to:

THE ACORN SOCIETY  
P.O. BOX 113  
WESTON SUPER MARE  
SOMERSET, BS23 1DJ

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

## I Love It Now

I was stunned to hear of the existence of *The Acorn Society* (how come I'd never heard of it before?) and almost beside myself with excitement when all eight copies of 1997 landed on my doormat. I read them cover to cover in sequence with both an actual and figurative raging hard-on. Everything that I've thought, felt and fantasised about, for as long as I can remember, was touched upon at some point, and I could have wept for joy.

I was circumcised at the age of three and it traumatised me for years and years. I have the most vivid memories of sitting in the bath, post op, fiddling with the plaster around my tiny dick, waiting for it to soak off. Curiously though, I have no memories, from only days prior to that, of what I looked like with a foreskin, and my little brother's dick was now my only point of reference as to what had fundamentally changed about me. I was certainly puzzled by this development, but like all small children I just accepted what had happened to me and adapted to my new situation. As I grew older, however, I got more opportunities to look at other boys' dicks. Firstly in games of "I'll show you mine if you'll show me yours", and then in school changing room situations, and it soon became apparent that I was the only person in the world who looked the way I did. In retrospect, it amazes me that I, alone out of all my friends and school colleagues, should have been the only 'roundhead', but I was, and consequently other boys used to point and laugh. Things weren't much better at home. My dad joked about it a couple of times, and I once heard my mum tell my sister that I'd had half of my willy cut off. My parents' comments soon led me to conclude that my dad, like my brother, was not circumcised, meaning that I was the only one in the family that had been done, and ergo, it must have been done as a punishment.

I also remember, in my early teens, experimentally wrapping various types of paper and material around the end of my dick to (a) see what a foreskin would look like on me, and (b) ascertain whether any of these materials could actually pass for 'real' in a changing room situation. But needless to say I never tried any of them out publicly. It's really no wonder that, for years, I felt like a freak, skipped games at school as often as possible to avoid being naked in front of people, and felt only deep depression about the state of my dick, and it was at this time that my obsession with cut dicks developed.

A few years later I came to the realisation that I was gay and started buying gay porn where, thank God, there were many images of circumcised men, probably because much of the porn was American. So I now knew that I wasn't alone, and rather than dip my toe in the water of my newly realised sexuality I dived straight in to swim out and meet all these guys who were just like me. Shock number one was that, again, most of the men I met, and had sex with, had foreskins, including those I developed longer term relationships with, and shock number two continues to annoy me still. A lot of foreskinned guys are really dismissive of a circumcised dick because they have never taken the

trouble to figure out how it 'works'. In my experience, very few will think to apply direct stimulation to my knob, the only way I can be brought to orgasm, and fewer still will think to apply any lubricant. I've had conversations with gay friends who have admitted that their heart sinks if they get a man home and he is circumcised, because they don't know what to do with 'it'. I find this situation very depressing, and in an effort to increase my chances of meeting cut men I now visit gay saunas where I can see what I am getting and, yes, the quality of my sex life has improved, and not only because cut guys know how to work a cut dick. The visual aspect of sex has always been very important to me, and I just get very turned on by the sight of a circumcised dick. I realise that there is a lot more to my life than being gay, and a lot more to being gay than the type of sex I have, but, as some of your readers will appreciate, I am tired of wanting one thing and having to settle for something else.

In the last year or so I have really come to terms with being circumcised, which I think has a lot to do with the public nudity of the sauna environment. I love showing off my cut dick in the showers. Completely flaccid it isn't exactly a showstopper, and even half cocked it's only of average length and girth, but my bell end swells to quite a size, almost out of all proportion to the rest of it, which always draws glances and comments (of course I now realise why I was given the op in the first place). The skin on my shaft moves easily back and forth, but there is no way I can pull any of it over my knob, and my scar is a noticeable uneven brown line 2cm in some places, and only a  $1\frac{1}{2}$ cm in others, from the ridge. There are also a few lumps and bumps of skin, mainly on the underside, and I realise from reading *Acorn* that this is generally not judged as attractive, but I think it gives quite a rugged appearance.

It's taken me many, many years, but I can finally and honestly say that I am very glad I was circumcised at a very young age (and perhaps only a circumcised friend or two during my school years would have helped to banish my sense of freakishness during my adolescence). I am happy with its look, feel and performance and, incidentally, it has got increasingly sensitive as my embarrassment about it has diminished. My obsession/fetish for cut dicks continues unabated (see my ad in Contact Corner), and it has deepened immeasurably since discovering this publication. I'm determined to attend the imminent Spring Meeting, mainly to meet everyone, but also because I am desperate for someone to point out my meatus, frenulum and sulcus (the idea of getting an inspection appeals to me). I think I've figured out what my corona is, and that I've got a fully exposed glans with a tight cut, but some of the language you use puzzles me still.

I'd like to thank you all for this opportunity to finally 'speak' to someone about all this, and many thanks for *Acorn*. Keep up the good work!

M.P. – Brighton

## Photography

Some members may be interested in a recently published book called *Naked New York* by Greg Friedler, published by Bloomsbury at £12.99, ISBN 0 7475 3326 1. This comprises 72 photographs, 37 male and 35 female. A page is devoted to each person with two 3.75" x 4.75" photos of each, one in normal clothes and one naked. Males range from 19 to 75 years and females from 19 to 46, with the majority of the females under 30. 27 of the males were circumcised, 8 uncircumcised, 1 uncertain and one hidden. I make that 77% circumcised, which is perhaps a little less than might have been expected, but obviously a lot more than a similar exercise in London would be likely to show. A few of the males were depilated but none of the females, although some trimming is in evidence. The book is in black and white only, but none the worse for that.

W.T.

## Dilemma

I am a 45-year-old bi-sexual with a substantial and loose (after years of manipulation) foreskin, often worn retracted, because I have several cockhead piercings – and the aesthetic value is reduced when the foreskin is pulled forward.

However, I move in rather conventional circles (most of the time), and reluctantly remove my jewellery on these occasions, replacing it as soon as I get home.

So sometimes, when peeing, I have to pull my foreskin forward to avoid spraying like a showerhead. The temptation is to change my social habits, go for broke, get circumcised, and have to wear my jewellery permanently (a sexy idea), or should I keep my foreskin intact, or even have it modified or pierced.

I would like to correspond with anyone who shares this quandary, and with anyone who appreciates genital piercing and tattooing (contact with experienced and skilled genital tattooists would be helpful).

Finally, (and briefly at this stage), I would like to express my strong opinion that any form of physical modification should only be practiced by, and upon, consenting adults. The only reason to operate on a child should be a medical one. I find religious and superstitious practices (such as circumcision and piercing), especially on young children, abhorrent, and an infringement of basic human rights.

J.D. – Leeds



## Two Balls Too Many

A judge in Kuala Lumpur, sentencing the woman to one day's imprisonment, said "Just because a prostitute disapproves of a client's genital ornamentation, that is no excuse for beating him into unconsciousness with a broom."

The *Singapore Straits Times* report goes on to reveal that, like many Malaysian men, the plaintiff had two small ball bearings inserted into his penis to heighten sexual pleasure.

The court heard that the sight of the man's penis with its gleaming, highly polished balls had so disgusted the prostitute that she screamed, seized a broom and began clubbing the man, breaking his left forearm.

"This annoyed me, so I reminded her about her promise of total satisfaction, and asked for my money back," he said. "That must have been when she struck me across the skull. I awoke next morning in a hospital bed. I have still not had a refund. It is disgusting," he wailed.

And you thought it tough when your local naturist club threw you out for having a few rings too many.

*Reprinted with thanks to H & E*

## Statistics And Cornflakes

I was surprised to read Anthony's assessment of the circumcision rate in Britain today. His figure of 1 in 7 is what I and many others have estimated from observations made over the years. His other figure of 13.1% is, of course, somewhat lower than fact because he fails to account for the number of medical circumcisions performed outside of NHS hospitals both in infancy and more especially at, or soon after, puberty. There are no statistics kept for these operations but when they are added in it is likely to put the true circumcision rate in Britain close to 14%.

I would be very pleased to learn exactly which official statistics publication gives current British circumcision rates and their cost to the NHS. Since Anthony has never been one to write to *Acorn* in favour of circumcision I can see no reason to doubt his figures which certainly disprove the wildly inaccurate claims of the American anti-circ fanatics that less than 1% of British and European men are being circumcised.

The claim in his article with which I must take issue is that the Kellogg who invented cornflakes and the one who publicly advocated circumcision were one and the same. I cannot now find the original references, but it is widely known that the two men were brothers who didn't always see eye to eye with one another. One, a doctor, advocated circumcision (as did most of

his contemporaries) as a preventative for masturbation – which society of the time saw as a great evil. His brother, a grain merchant, invented corn flakes in the hope that, being more attractive for breakfast than the usual grits/gruel/porridge of the time, boys would want to get out of bed for them in the mornings and thus avoid the temptation to lie there and masturbate.

Finally, Anthony once again misrepresents the medical profession in his last paragraph. Circumcision as a cure for the very distressing and sexually debilitating conditions of phimosis and paraphimosis is not illogical but very sound medicine proven over thousands of years of practice. Phimosis is certainly not fictitious to those who suffer from it. The embarrassment, pain and, in many cases, eventual need for a circumcision anyway, engendered in a young boy by the so called alternative treatment of manually stretching the foreskin is the true child abuse.

*Vernon*

## Penis Types

The initial comment is reference Issue 8/96 and the drawings of the cut/uncut penis. In a subsequent issue there were some comments on the drawings. As with most things, there are many variations. The uncut penis drawing is one example of how one may appear. Other variations include:- a) foreskin which overhangs the end of the penis and tapers off to a small tube; b) cases where the coronal ridge is not visible under the foreskin – the entire penis may appear as a straight tube with no apparent ridges; c) where the opening at the end of the foreskin is off to one side and not dead centre; d) where the skin is quite excessive and appears as very wrinkled.

The cut penis may also be seen in many variations:- a) depending on how the circ was done, the skin may still cover the coronal groove or even part of the glans; b) the cut may be higher on the shaft to fully expose the groove with no excess skin and a smooth appearance. It would seem that most American circs are done in this style; c) the scar may be darker or lighter than the skin; d) the scar may be symmetrical or rough and uneven; e) there may be evidence of where stitches were used, depending on the type of circ done; f) there may be a few ripples of skin when flaccid, as in the drawing; g) there may or may not be a frenulum left after the circ; h) the glans may have a slight bend or twist to the left or right.

This brings to mind that there appear to be identified three types to the glans or head. They are either of the bottle type, blunt type or prow type. When being identified to a particular group, doctors would take into consideration the angle that the glans curves up from underneath to the top of the penis, the presence or absence of a very defined coronal ridge – some have quite an extended or high ridge, while others quietly roll over to join the penis shaft. Also, the length of the glans is taken into consideration. Some are small caps,

while others can extend to a fuller distance. Variations also exist between their flaccid and erect appearance.

And an update from Canada.

As a bit of information, it seems that clothing catalogues which model underwear and also underwear/swimgear catalogues here are now quite free in what is being shown. In the last four that I have seen it is apparent that all models are cut, as the glans and coronal ridges are plainly visible through the cloth. What is the situation there? Are printers just as free? Do you have mail order clothing/underwear catalogues? If you do have such firms, can you please forward their addresses to me?

National magazines have recently published articles regarding a new topical cream which is to be applied to the infant penis prior to the circ, so that pain is lessened. Several studies have positively confirmed its effectiveness. It seems that circ is certainly very alive and well in America. As well, the Mogen clamp can now take care of the procedure in a matter of just minutes or less.

A recent article in a European published magazine indicated that Muslims and Jews were the only ones that routinely circumcised their males. Yet they also published a photo of Antonio Banderas – clearly fully cut. I think they need to read about the styles and customs in America.

While I continue my urological research on the subject, it is very interesting to note that there is so much interest there, and definite attitudes towards the cut/uncut situation. Even if the subject is cut, there is definite discussion on how the circ was done, its pros and cons. Aesthetics are also very important to most people. Hospitals here still circ very often. The doctor will make the rounds on given days and take care of things in very short order – usually with the Plastibell, Gomco Clamp or Mogen Clamp (preferred by mohels).

As a final note for now, I found it very interesting to see that magazines published in England freely advertise cosmetic surgery clinics – and circumcision is always listed as one of the procedures available there. Has anyone looked into this – is it a common procedure there... what procedure is utilised for adults... what is the cost... being cosmetic surgery in some cases, can the patient specify how much skin they wish to have removed?

*R.Y. – Canada*

[Over to you, Vernon. — D.A.]

## A Complaint

Enclosed is my renewal for my membership of the *Acorn Society*. I wasn't going to renew it after writing a number of letters to the magazine which were never published, having read a request for more letters to be sent in by members. And one more thing, some of the letters regarding circumcision more or less have had negative undertones regarding Islam by so-called educated people.

I do really enjoy being a member of the *Acorn Society*, which I joined in 1990 when I lived in Dundee. The *Acorn Society* still do a good job in supporting circumcision in a society that is getting more and more anti-circumcision, thanks to the medical profession who is not Muslim or Jewish.

What can I say that hasn't been said before in the defence of circumcision? Perhaps if more of the Uncut brigade practiced more personal hygiene there will be less germs and cases having to go to the doctors. Personally speaking, from an artistic point of view, I find the foreskin very attractive to look at and admire, and even erotic.

I do not expect this letter to be published, so keep up the good work and more power to your arm, and, as mentioned, I do still enjoy being a member of the *Acorn Society*, but why all this anti-Islamic feeling?

*Yahya Ahmed N.I.M. Lamont – Manchester*

[There, Ahmed, your letter in its entirety. I presume the negative undertones you refer to are the stories of forcible circumcisions by Moslems on their prisoners over the centuries. This, I'm afraid, is fact and not anyone's opinion.

Your last letter but one was published in 3/96. I didn't publish your last letter because it was all about religion and conversion to Islam. In the joining questionnaire, I ask for religion just for statistics. By far the majority say 'none', the next highest is 'atheist', and one went so far as to say "Religion. Not likely, they kill". So I took it that it wouldn't be very popular.

That said, the next item came from the Internet and may be of interest to you. — D.A.]

## A Moslem Circumcision

My wife's family is from an Islamic country where all men are circumcised. Therefore, before my marriage, I had agreed to let myself be circumcised. After the marriage I still agreed but hadn't the nerve to go to a doctor to ask for it. Finally, I told my wife that I would have it done but that I hadn't the nerve to go to the doctor, and asked her to arrange it.

A few weeks later, we had an invitation from my wife's parents to visit, and just before leaving my wife told me to take a shower as I should be clean for my circumcision party. This was a situation with no way out. The family was waiting. All were informed – me, the last. I asked her for the name of the circumciser, the so-called Sunnetci. When I heard his name I was a little bit less nervous, because I had met him earlier when I was attending the circumcisions of the sons of my brother-in-law. I knew him as a professional, and saw that for the boys it was not a big deal. I was aware that he never uses anaesthetics because his opinion is that these can destroy some nerves, and lost sensitivity can result. I have no idea whether this has a scientific base.

When we arrived we were welcomed by the Sunnetci and directly guided to a separate room. First he gave me a sedative (a high dose of valium) to calm me down. I was instructed to take off all my trousers but keep my shirts on, and place myself on a prepared mixture of deck-chair and couch covered by white linens. Cushions were hidden under the linens to bring me in the right position and to expose the parts of interest to optimum access. I was surprised how perfect everything was arranged.

He started to examine my prepuce, moving it forwards and backwards resulting in an erection. He told me that with an erection the skin to be removed could be much better estimated than when in a flaccid state. He explained that he would do it in the traditional way and would remove the frenulum after cutting off the foreskin. The normal cut, he told me, would cause only little pain, but the excision of the frenulum might hurt a little bit more. The traditional method is to pull the skin tightly forwards over the glans, fix it with a clamp, and then cut it along the clamp. The result is that most of the mucosa is kept and the scar at the outer skin will be later exactly at the corona in flaccid state with the movable mucosa left. Then he swept a disinfectant fluid over the complete area including scrotum and belly. He called for assistance and my brothers-in-law came quickly and fixed my arms and legs, pressing them down. Simultaneously, the big door to the neighbouring room was opened. This was a surprise for me because I thought it would be done in this separated room.

Outside, the whole family was waiting, my parents and grandparents-in-law, another brother-in-law and the sisters of my wife. The Sunnetci saw my surprise but told me that it had to be done as with all other family members. However, in my case, the small uncircumcised boys and all the girls were excluded.

I felt as he grasped my foreskin, drew it forward and clamped it. He spoke a prayer. I couldn't see what was going on. I heard applause from the family members and then I felt the pain like a cut in the finger. When the knife was swept along the clamp and the foreskin was off and shown to the family, they all applauded. I had some delay in noticing the pain, but immediately the Sunnetci blew a cooling spray on the cut. The clamp was taken off. With some more cooling spray, he excised the frenulum, and this hurt. He sutured the

cut with eight stitches. Normally he leaves the cut without sewing. He told me that he stitched only because of the cut frenulum. The doors in the meantime were closed again. He covered the wound with some layers of gauze. At that time already all the pain had vanished.

After about half an hour I dressed again and went to my circumcision fest. I was really proud to have had it done, and my family looks on me as a hero because they had always told my wife that I would never do it. I did it – with the help of my wife. I love her. This was 12 years ago and I do not regret being circumcised.

Last year I met the Sunnetci (he lives near the western border of Germany) again, and he told me that now he performs at big annual circumcision fests, where on one day up to 200 adults and boys are circumcised. It is during the autumn or Xmas vacation time. The boys are mostly between 4 and 9, but also adults are circumcised on the stage in this big fest with some hundred guests in a hall. The boys are circumcised in public on the stage, waiting in a queue, but the adults can choose to be operated on in a separate room with or without family members.

*Unknown – Internet*

This is an account by a German of his Muslim/Turkish circumcision. As a matter of curiosity, it seems unusual that he also had his frenulum excised, since I understood that this is not normally done during Muslim circumcision. Can any reader enlighten us on this topic?

*P.T. – Hastings*

## **Hindus Sue Hospital Over Circumcision**

A Hindu man and his wife from India have sued East Alabama Medical Centre for malpractice, claiming their infant son was circumcised against their wishes and counter to their religious practices and beliefs. The circumcision will cause them embarrassment and humiliation when they return to their native country and might affect their son's ability to marry within his faith. The hospital action "violates the acceptable standard of care" at the hospital and caused emotional and mental anguish to the child and his parents, the lawsuit states.

The couple are seeking unspecified damages, although a claim filed against the hospital last year requested compensation of just under a million dollars.

According to the court file, the day after Mrs Punna's son was born, she signed a release allowing hospital personnel to perform a circumcision and a Hepatitis B test. She knew little English and her husband interpreted for her in conversations with hospital personnel. The hospital violated its own

policy by apparently not using AT&T Language Line service that provides interpreters.

The hospital denies the allegations, stating in court documents that “it exercised reasonable care, skill and diligence in all aspects of the care and treatment” of the infant. The hospital claims that there was contributory negligence that prevents the Punnas from recovering any damages.

Bharat was born Sept. 6th 1995. The circumcision was performed the next day. The lawsuit was filed in May. According to a Dec 20th letter from their lawyer to the hospital administrator, Mrs Punna signed the release forms “not being aware of what she had signed. Hospital personnel failed to ensure what she was signing when she signed the release. Therefore this release was not an informed, willing or voluntary consent.” Mr. Punna, an Auburn university student, had spoken to several nurses and other hospital personnel expressing his wish not to have circumcision performed on his son.

The Punnas are citizens of the Indian area of Hyderabad, which is inhabited mostly by Hindus. Hindus deeply oppose circumcision, which is a distinction between Hindus and Moslems in their native culture. When the family returns to India they “will suffer further public humiliation, ridicule and emotional distress.”

*Montgomery Advertiser, Alabama*

## **Wasted Space**

**T**oo much space is wasted in the newsletter by replies from members who are under the impression that the letters from women are genuine. Let's get three things straight. First, the Society has only one female member, and the letters don't come from her. Second, it is unlikely in the extreme that so many wives and girlfriends would know about the newsletter and, even if they did, want to write to it. Third, and most important, it doesn't take Dr Anthony Clare to tell you that the phoney letters use exclusively masculine terminology. I've nothing against members indulging their fancies in this way but, for the benefit of new recruits, these letters should be appended with words to the effect of 'This is probably a fantasy' and, better still, a comment from someone qualified to analyse the fantasy.

*Gary – London*

## **Contact Corner**

**N**ew to the Society, gay, 38, good looks, trim. Circumcised at age 3, jagged scar, large bell end. Looking to meet good-looking, circumcised guys, singles or couples, 30-40 for fun times. Let's compare 'notes'. Into videos, saunas, polaroids. Brighton/London.

*M.P. – Brighton*

## Girls Find Out

**M**y husband thinks I ought to share a memory with your readers, particularly the female ones. Can you remember when you first came across a hard adult-sized cock, and how it impressed you? It is still a vivid memory to me.

Like many girls, I was always interested in babies and used often to get to look after them and play with them. So I was aware of the difference between little boys and girls at an early age. It was fun to hold the little boys' cocks when they wee'd. I don't recall any of them getting hard. I remember being surprised to see my first circumcised one. Up to then I hadn't realised there was a knob inside the end. I didn't like to ask about it at the time (I was about 8), but later remembered it and put two and two together.

When I went to secondary school I got a new friend, Sally, and we spent all our time together. We were both intrigued about sex though we weren't particularly precocious. I was an only child and had never seen my dad naked, so apart from babies, I didn't know anything about cocks. She had a brother two years younger, but she hadn't seen him erect, so we weren't at all clear how things were meant to work. Our knowledge of the mechanics of sex was rather patchy anyway, to say the least.

In due course there were necking parties and long kissing sessions, but it was all really very innocent. Sometimes the boys would quickly hold your breast, but underneath their bravado they were as shy as we were (this was the early seventies). You were meant to push their hands away if they 'went too far'. I got an occasional impression of adult male equipment from a statue or classical painting (which tend to be rather moderately endowed, don't you think?), but I still hadn't managed to see any actual live examples of what men had between their legs; what made those funny little shapes in their trousers.

Somehow we picked up the idea that sex involved insertion, but this still didn't square with Sally's talk of her brother's dangle thing, and what you could see from men's bathing costumes. I don't remember at that time ever feeling a hard cock being pressed at me through a boy's clothes while we were necking. So we just didn't know that there was such a thing as an erect penis.

Enlightenment finally came when we were fifteen, one summer weekend when we went to stay with her gran. There was a new boy we hadn't met before, about a year younger than us, living a few houses away. He was attractive, medium height, friendly but seemed very innocent, and soon we were teasing him. That night Sally and I were talking about sex and boys as usual, and the subject came round to him and we planned to get him to show us his cock. The next day we found him and wandered down to some long grass and lay down. Sally got round to the subject fairly quickly, and next thing slid her hand up his shorts. There was a lot of squirming and giggling and he got her



hand out. Then I wanted to, and he wouldn't let me, but the two of us were too strong for him and we pulled his shorts off.

We got him to calm down and let us inspect him. For some reason I hadn't expected him to have pubic hair even though I had some myself. His cock was bigger than I had expected even though it was soft. He was very tense and ticklish to start with, but we insisted on touching it and he didn't really resist. Pretty soon he began to relax, and then it started to move and swell. That really got us interested, how it was changing in front of our eyes and responded to being touched. Soon he was lying back and his cock was fully extended like a twitching pink stick. How weird! I hadn't known what to expect, but this! He must be a freak. Surely men didn't normally have a growth like this. Perhaps my memory is exaggerating, but I picture him about 7 ins long and reasonably thick. Anyway, he must have been pretty well fully developed.

After a bit, he pushed back his foreskin to show us his shiny red knob and make it appear and disappear. Another trick – whatever next? (We soon found out.) Of course we had to have a go with it. Then we wanted to see his balls, so he opened his legs and we had a feel of them too.

We were playing at pulling his cock down and letting it spring back. Suddenly, he said, "please squeeze it". It seemed a strange request but I did, gingerly. Was that what he wanted? He said, "hold it tight", and started thrusting into my hand. Sally wanted to do it but I wouldn't let go, so we were both holding his cock while he was thrusting up and down, with his knob sliding in and out of his foreskin. This went on for about a minute, with him alternatively slowing down and speeding up. I was mystified. By this time he was panting and we were giggling, when he suddenly said, "I can't stop it", and sperm jetted out over our hands. We dropped his cock in horror and he quickly grabbed it to finish himself off. He held it for a while and told us that was just spunk which always came. Then when he took his hand away his cock was slowly shrinking back, all wrinkly. What a business! He lay there rather self-conscious. We all wiped ourselves on the grass, then I took hold of his cock again, which felt quite different now that it was soft and damp. But he was sensitive after coming, so we let him put his shorts on and he went home.

What excitement. At night, Sally and I couldn't stop talking about it, and how it was finally obvious how insertion worked. I remember we were somewhat worried at the thought of something that size going into us. We were all a bit shy the next day when we saw him, but curiosity got the better of us and we spent most of the afternoon at the bottom of the garden, taking it in turns to wank him off, about 5 times I think. All fascinating stuff for two sex-mad girls.

We had to leave that evening and didn't come back for about a month, but we had another session then. We didn't want to try having him inside us, so it was all hand work. I don't remember how many times he came. Funnily

enough, he never saw or touched our fannies or breasts. We never offered and he was too shy. Anyway, he was happy enough to let us play with him. The next time we visited he was gone and we never saw him again.

Up to then we hadn't discovered masturbating ourselves, but we did straight after. We never did it to each other, but we used to do it individually at the same time when we were in bed in the same room, exciting each other with sexual talk and fantasies. I had a large old doll with plastic limbs, and holding its leg kind of filled up my hand and was reminiscent of how he felt. It was always in my bed!

In spite of being nervous about how big and hard a cock was, it wasn't long before we got into proper sex. We used to compare notes about boys and how they were equipped and performed. We still keep in touch and you could say we have both had active sex lives, particularly in the early years. but I will never forget my amazement and excitement at my first sight and handful of an erect man-sized cock.

*Mary*

## Measure Your Treasure

*from Maxim*

### **H**ow long is your schlong?

Next time you get a boner, push it down until it's horizontal, and measure along the top from the base of the penis (that's from the pubic bone, not the flab covering it or the pubic hairline) to the tip. That's how the docs do it.

### **How does it compare?**

Badly, if your yardstick's a rhino's two-foot wanger. The average human erect penis is a more modest 6 inches, and 90% of male members fall 1" either side of this. The average circumference is about 5". The longest stiffy on record is a whopping 13".

### **Does it matter?**

Sexologists tell us the only thing that counts is what you do with what you've got. And it's certainly true that the vagina can feel stimulation only in the opening two inches. But do women find a larger knob more of a turn-on? In a survey for a women's sex mag, 90% felt penis size didn't affect their orgasm, but about the same number considered penis proportions to be 'sometimes' or 'always' important while on the job.

### **Can it be lengthened?**

Probably. Surgery can increase both length (by at least an inch) and girth – but it's expensive, can be painful and isn't always successful. If your todger's genuinely small (under about 2" when erect) see a doctor. Don't forget,

abdominal fat can conceal up to 2" of penis, so if you're on the porky side, slimming could reveal its true scale.

### **Clever dick facts.**

A humpback whale's penis measures 10ft, an armadillo's extends one-third the length of his body, and a pig is blessed with an 18" knob shaped like a corkscrew.

Smaller dicks expand more than larger jobs. A study comparing men with limp penis lengths averaging three to four inches found the smaller organs increased by about three inches, whereas larger horns expanded by just two inches.

For every 35lbs of excess weight, an extra inch of your penis will disappear into your spare tyre.

## **MUSE**

### **MUSE stands for 'medicated urethral system for erection'**

**I**t consists of a small pellet which comes in a small applicator. It is a device by which drugs can be inserted and subsequently absorbed from the urethra (the opening at the end of the penis through which urine and semen are passed) to give an erection.

It will only be available on prescription after February 1998. A factsheet on MUSE is available from:-

The Inpotence Association,  
PO Box 10296,  
London, SW17 7ZN

A helpline is also available on (0181) 767 7791

C.S.

## **Dreamscape**

**W**hen I was a child, usually if I was ill, I had this recurring dream. I used to hate it and would try to wake up if it came. It was always the same dream and went on for years. I have never told anyone about it until now – it was in black and white.

I am standing on a chair in a white room. I know it's me on the chair but I see it from the side. Behind me is a lady in a white diamond shaped nurse's hat and in front of me is a black man in a white coat. The dream was so vivid that even now, 40 years on, I still feel queasy remembering it. It's like opening up my soul. The man has a pair of small scissors and he is snipping bits off

of my penis until it's all gone and I fall crumpled onto the chair. Then I'm standing on the chair again and it starts all over again. It happened time after time, and went on for years.

In conversation as a teenager, my mother gaily told a girlfriend of mine that she had sent me off for a little snip to stop me wetting the bed, on the advice of a coloured midwife who was dealing with her second child. I was two and had a dorsal slit with no anaesthetic. I was gobsmacked. It all suddenly came home to me.

The revelation answered so many questions that I had never even thought to ask, like why was I so different to look at than other boys. Why did I pee in such a messy way (split stream). Also an unreasonable fear of a doctor examining me on entry to the RAF, and school medical inspections.

I so much miss a penis as nature had intended it. I would love to have a long tight foreskin like D.T. of Manchester's 'passions'. He seems to have far more opportunity to indulge. I can't even find a good video of a foreskin in action. V.Q.'s circumcision video is the nearest. What a terrible waste! I hope the 'patient' is happy with the result. It looked so much better beforehand.

In the Editorial you mentioned a magazine called *Foreskin Quarterly*. Where can I get it? [See this editorial. – D.A.] Finally, Doreen Chase, what a sensible woman you are. Such a shame that my mother didn't share your ideal. I suppose that's the cost of ignorance – it's just that I had to pay.

Anon – West Country

## The Patient Replies

At the recent AGM David gave me a chance to see the previous article prior to publication. I don't know why Anon puts inverted commas around 'patient' as if he believed that I was unwillingly circumcised or done outside of a purely medical situation. I can assure him that I was not pressured into being circumcised but chose it freely and willingly. Furthermore the operation was performed in a strictly medical environment without any sexual overtones.

I have now been circumcised for 3 years and my only regret is that I was not circumcised even sooner. Prior to circumcision my foreskin was somewhat tight as well as it being very painful when my glans was distorted by my short frenulum during full erection. My foreskin might have looked better to you, but I can assure you that it most definitely wasn't better *on me*.

I work in a hot kitchen all day and can assure readers that my penis used to be sticky, smelly and uncomfortable in these conditions – a situation that I am glad to say has been completely eliminated by circumcision; I am now comfortable all day as well as having erections which are no longer painful.

K.H. – London

# ACORN

Issue  
Nº 3 1998  
Editor  
David Acorn

## Editorial

I feel we must apologise again for the time taken to get the newsletters out. The team is very sorry but our working lives have been more than overloaded. In my case I also took my first proper holiday in 3 years in April. I needn't have bothered really either, as the England team got humiliated in the 1-day tests in the West Indies. Still, it was a wonderful experience around the Islands. Brian also has been super busy as well as helping to run a national speedway team. He has promised to get the celebrity lists out with this issue, of which so many of you have asked about.

The recent meeting was another success (see the following letter). It was great meeting so many new members. Two of them told me that it was a major event in their lives. They are major events in my life too.

On a sadder note, any one who was in touch with Graham Cox of Stafford should know that he passed away recently. He was an enthusiastic member and came to most meetings.

I think this is a more informative issue than normal. I hope you enjoy it.

*David Acorn*

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## Correspondence

Please send all correspondence to:

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P.O. BOX 113  
WESTON SUPER MARE  
SOMERSET, BS23 1DJ

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

## Acorn Weekend — High Wycombe

The weekend for fellow enthusiasts so ably organised by Brian and the Committee was to my mind a great success. This was my second meeting since becoming a member of *Acorn* and I well remember the October 1997 event, again at High Wycombe, when I was a little apprehensive and so unsure of my reception.

I was so delighted by the friendly way in which I was met by Brian and yourself, and quickly thereafter introductions were made to the rest of the group, some of whom were also attending their first meeting.

Second time around, so many familiar faces, and a warm and interested atmosphere, allowed early and earnest discussion of the topic for which *Acorn* was born – circumcision/foreskins and the penis.

Each individual has his own thoughts, desires or fantasies associated with his manhood, whether it be cut or uncut, and could reveal or keep private his own particular feelings. Yet this still allowed full participation in the ideas and comments made by others, whether in the main meeting or in smaller individual groups.

As all participants knew why they were attending, there was no ice-breaking period required, and when in your inimitable way, David, you boldly stated **"You are here because you are interested in cocks"**, this left no-one in any doubt.

I believe about 35 attended, some for the Friday evening and the meeting on Saturday afternoon, with others attending the formal meeting only, and yet some staying the whole weekend. Such attendance must have been gratifying for you, the Committee, and Brian in particular, without whose efforts we would not have the *Acorn Society* and meetings such as this AGM.

The formal meeting on Saturday afternoon was well attended, and the Committee, having given their reports, were justly rewarded with suitable 'gifts', on this, the tenth anniversary of *Acorn's* inception, by a generous, if waggish, member on behalf of all members, who applauded his sentiments.

I shall look forward to the next event with renewed interest, and in the meantime have much to think about from the discussions in which all participated this weekend.

E.T.

## The Video

I have just watched *Adult Circumcision* video and found it very interesting. But I think it would have been more interesting to see and hear the discussion between the surgeon and patient when it was decided that that particular

method be used and also the amount of foreskin to be excised. From my observation of the inner foreskin, when it was reversed, it appeared that a little of the outer foreskin had also been left on the tip. I would have thought that if the foreskin had been tight before circumcision that this would have formed a constricting ring at the scar line.

Since this was only one method of circumcision, I hope we may soon see 'Adult Circumcision 2', '3' etc., showing other methods of performing this fascinating operation. I would like to congratulate the patient for his courage, both to have the circumcision and to let us see not only the procedure but the 'before and after' shots. I liked the finished article, but then, I thought it was a magnificent specimen with the foreskin. (I like the extremes – long tapered foreskins and radical circumcisions with nice obvious scar lines.

N.J.B. – S. Yorks.

[It would have been nice to have had a good commentary, but filming had to be discrete and there was no chance to 'mike' the cast. As a result the sound track was indistinct and unusable, as well as being mainly inconsequential banter with little relevant to the circumcision itself. The 'before' and 'after' shots were accompanied by much direction of which way to turn, etc.

Whilst ensuring that all the inner skin was retained, a small piece of outer skin was left attached to the inner skin at the tip. This causes no problem since the tightness related to the wider coronal rim rather than the shaft diameter.

Additional videos showing other methods would be nice to have, but require the active co-operation of doctor and patient. Any volunteers? — V.Q.]

## Arthur C. Clarke

In my eternal quest for informed and interesting comment on the subject of circumcision, or preferably, foreskin retention, I was recently advised to leaf through Arthur C. Clarke's latest book, *3001*. Arthur Clarke is a well-known science fiction writer who has an uncanny knack of accurately predicting the future, and is considered by those who know to be a latter-day Nostradamus – the 16th century astrologer who accurately predicted a number of phenomena happening this century. So impressed were NASA by his accurate space odyssey, *The Fountain of Paradise*, that the crew of the spaceship Atlantis took it with them and sent Clarke an autographed copy on their return to earth. In 1945 he predicted satellite communications, and did it so well that when the first commercial satellites were launched twenty years later they could not be patented. So it's worth listening to what he has to say.

Frank Poole, an American spaceman from the year 2001, who died in deep space, was discovered perfectly preserved a thousand years later and revived. To cut a long and exciting story short, he sets out to help his rescuers in their quest to survive an alien threat, and eventually gets used to life in the 4th millennium.

Inevitably he comes across a bit of 4th millennium crumpet called Aurora McCauley and gets to know her very well. Eventually she decides to treat him to a bit of rumpy pumpy and they get into a clinch. Total disaster! As he described it to a friend, a medical professor, the next day, "Everything was going splendidly, when she suddenly became hysterical and pushed me away. I was afraid I'd hurt her somehow –" Apparently she then turned on the light, jumped out of bed stark naked and in a terrible tizzy. Finally she relaxed and said to Poole something he never forgot: "I'm really sorry, Frank. We could have had a good time, but I didn't know that you'd been – mutilated". (Snap – more than one of *Acorn's* contributors have experienced similar humiliations, including me.)

Frank's friend was hugely sympathetic, but told him that in thirty years of practice he'd only seen half a dozen cases of circumcision – all for valid medical reasons, which, as he surmised, would not have applied to Frank. He explained that there may have been a case for it in backward countries in those days, but otherwise there was absolutely no excuse for performing circumcision – and several arguments against it, as Frank had just discovered! He had checked the records and discovered that by the mid 21st century there had been so many malpractice suits that the American Medical Association had been forced to ban it! The arguments among the doctors at the time were very entertaining! (I'll bet!)

He went on to say that in some countries it went on for another century, then some unknown genius coined a slogan – "God designed us: circumcision is blasphemy". He then offered Frank a transplant, telling him that he wouldn't be making medical history, by any means. Frank declined. (The fool. I'd love to have the chance!)

For consolation, Frank turns to another woman friend, Indra, only to find that she's not all that sympathetic. She is an expert historian of the period Frank originally lived through, and lamented how, right up to the early 2000's, atrocious behaviour of that sort was still going on, and people like Frank allowed it to happen. She was also shocked that in some countries young girls also suffered genital mutilation, again, purely for the delectation of selfish men. Shortly afterwards occurred the transition from barbarism to civilisation. Circumcision finally disappeared. Religion was condemned as a form of homicidal lunacy and banned. Toe-rags, scrotes and law-breakers in general, instead of being sent to prison, were restrained by the new technology and forced to perform tasks which character analysis decided suited their temperament, and once they had been cleared of their anti-social tendencies, were allowed back in society again. (If only!)



Arthur C. Clarke is described as the greatest prophet of the space age. Not only are his books entertaining, they are entirely feasible, and his predictions should be taken seriously. My big regret is that I shan't be around in the mid 21st century to gloat over the final and irrevocable demise of circumcision.

R.B.W.

## Hypospadias

I have just become a member of the Society and have been looking through back issues. I was pleased to read the short article about hypospadias in issue 2/97.

I have this condition and am quite self-conscious about it. When I was younger, in the showers at secondary school, I didn't think I was too different as hypospadias means that I still have the upper part of a foreskin. To the untrained eye it would appear that I have a short foreskin which doesn't completely cover the glans. Therefore, if any boy should have looked across at me, he might not realise.

My first sexual experiences, at 15 years old, were with friends masturbating each other after school. This made me aware just how different my penis was to others, although they didn't ridicule.

I have gone through stages of wishing that I was circumcised and having my meatus (opening) 're-positioned' at the tip of my glans, to wondering if I could have the underside part of my foreskin restored (with a skin graft) after having my meatus re-positioned to the tip of my penis. Either scenario would have psychologically meant to me that I was either one thing or the other. At the moment, half a foreskin means that I am 'in-between'.

After talking frankly to my last partner, he said it really didn't look different and that he was able to push my short foreskin back far more easily without the possible problems of it 'sticking', and not being able to be returned.

I believe I will always long to have a complete foreskin as all the experiences I have had have been with uncircumcised men, even a gorgeous 26-year-old Australian blonde in Melbourne last year! His presence of foreskin really surprised me as I was convinced that most Australian men were circumcised!

If any other members also have the same condition, hypospadias, please write your views whether you are content with how you are, or wished that you were circumcised or completely uncircumcised. Also, does anyone have any interesting statistics on the percentage of Australian circumcisions recently, and over the last 20 years or so.

*David – Essex*

## Circumcision — Another Englishman's Experience

I was born in 1935 and circumcised (I believe) at between 6 and 12 months for hygiene reasons. I had a very isolated upbringing in the country, and had no experience of other boys. Starting school was a frightening experience, and the first visit to the urinal horrifying. I saw three boys standing holding their penises and they were completely different from mine! This completely shattered my confidence – there was no way that I could stand alongside and expose myself. I could never use a urinal again after this – for the whole of my life.

My next experience was starting grammar school at 11+. I had to shower with 10-12 other boys, and I was the only one different! In the next couple of years I came to realise that the difference was only the absence of foreskin – confirmed by a further startling incident.

When playing rugby I was made hooker in the scrum, and while locked in the scrum the boy behind me slid his hand up the leg of my shorts, found my naked glans, and felt very carefully around the rim. Immediately afterwards he said in a very astonished and concerned voice, "You've got no foreskin!" After this I felt extremely conscious of the naked exposure and sensitivity of my glans. I have never been able to use a urinal throughout my life as a result of these experiences. I finally sought counselling about three years ago. I have now come to terms with my circumcised state, and, in spite of some disadvantages, believe this to be preferable to a troublesome foreskin. The problem was lack of knowledge. I can now cope with stripping off in company without too much discomfort, but cannot conquer the fear of the urinal. I do not think I would consider restoration.

*G.H.*

## Paeon To The Penis

With all the current arguments for or against the retention of foreskins viz a viz the circumcised model, I think it is high time men (and women) came to appreciate the penis for the work of art it is.

Many cultures actively worshipped the phallus and great commemorative statues were erected in praise of the member virile.

All penises are a thing of beauty, whether cowled with copious hoods of prepuce or whether of the surgically pared variety with prominently helmetted glans proudly on display... Size should not matter, although of course, exceptionally large cocks with pendulous scrotal sacs are particularly eye-catching! Perhaps even willies of the button mushroom type should be appreciated? Think of the pleasure they give their owners and those lucky individuals who get to share their mechanics...

After all, most men don't worry about the size of their feet or if their eyes are blue instead of the more unusual shades of green. Therefore they should be happy with what nature has endowed upon them. A lush, dark, thick pubic bush is not more handsome than a delicate dusting of pubic curls! After all, there might indeed be characteristic standards of beauty for the male genitalia that encompass standards of size, shape, colour etc.?!!

Whether in their relaxed and happy flaccid states or rearing upwards in their tumescent pride, I happily endorse penis power.

*K.G. – London*

## Celebrities' States

Do any members have inside information on sportsmen's states? Football uncut: three for a start. Vinny Jones, Gary Lineker and David Beckham.

*D.B. – Lancs.*

[And another one, from his own diary (1970), Kenneth Williams. Circumcised as a small child. — D.A.]

## Comments

Congratulations on joining the net, David! I thought it might happen sooner or later.

A few comments on Issue 2/98: firstly let me spring to the defence of Anthony (although I'm quite sure he's capable of doing his own springing). Vernon tells us that Anthony has got it all wrong from almost every point of view. Firstly he quibbles about a minimal discrepancy in the percentage of boys circumcised at birth in this country when the real point of issue is that, if true, it is a scandal that so many children are pointlessly and cruelly disfigured by their parents, aided and abetted by the dinosaurs of the medical profession.

On the point of phimosis, a number of eminent specialists and consulting paediatricians have now generally acknowledged, in the literature, that tight foreskins and by association, paraphimosis, can easily be resolved conservatively by the use of steroid creams and simple manipulative exercises, with the option of minor non-destructive surgery as a last resort (chapter and verse can be provided). Others claim that the only true phimosis needing circumcision is BXO. Incidentally Vernon writes with such feeling about the miseries of those afflicted by terminal phimosis that one could almost believe that he'd suffered them himself – but did he not tell us somewhere that he was circumcised at birth?

With regard to which of the Kelloggs was the circumcision freak, who cares? Some people might say a plague on both their houses.

Once again a whinge from someone who disapproves of the views of women being aired in *Acorn*, although in this case he is no doubt correct in claiming, as I myself have previously, that some at least are phony. But an awful lot of them clearly are genuine, from their very content. I've a feeling though that what he really disapproves of is the commendable anti-circumcision views most of them advance. I was glad to see that our editor printed a letter from a 'lady' almost immediately after his, no doubt in implementation of our terms of reference which specifically ask women to give their views. The possibility that the writer might not be who she says she is cannot be proved and anyway, if a letter is worth printing, let it be printed!

Next a plea for consideration for those whose lives have been blighted by a hated and resented legacy of unsolicited circumcision and who turn to our pages for comfort. If you accept that they have to wade through a lot of corrosive stuff which identifies the writers as the sort of people who enjoy the idea of needlessly circumcising babies, at least material or information which might help them in their distress should be published where possible. I am referring in this case to the details I sent of the *Symposium on Sexual Mutilations* which is to take place from 5th to 8th August. After all, the notices column should not be reserved purely for gays drumming up trade.

Oh, and finally, I am beginning to lose count of the number of letters we have had over the years about the bloodcurdling and tedious experiences of all those guys who have had the supreme joy of having their wicks trimmed by a Muslim circumciser, all expressed in suspiciously familiar phraseology. But having gone to town on the genuineness of our so-called 'lady' contributors, I can hardly complain – but you see what I'm getting at. And in the Muslim context, I strongly identify with your comments on religious bigotry in rebuttal of Yahya Lamont's complaint.

As is so often the case, I seem to be the only contributor who fights the anti-circumcision corner with the same sort of gusto employed by the circumcision drum-bangers (is that better?) in support of their case. So in the interests of fairness, please let my views have an airing – preferably uncut!

R.B.W.

## For The Bookshelf

**T**he *Life and Times of J.S.Barrington*, by Rupert Smith. Male physique photographer of the 50s, 60s and 70s. An interesting reading. £14.99

*Male Nudity Video Guide*, by Steve Stewart. A must for all those who like naked men on film or video. £12.95

*Penis Size and Enlargement*, by Gary Griffin. The title speaks for itself. £15.99

*The Joy of Uncircumcising*, by Jim Bigelow PhD. Again, the title tells all. £19.99

*Foreskin, a Closer Look*, by Bud Berkeley. A must for those who enjoy the foreskin. £9.99

Information regarding the above books may be obtained from:

Gays the Word (Bookshop),  
66, Marchmount Street,  
London W.C.1. Tel: 0171 278 7654

*Men and Sex*, by Bernard Zilbergeld. £7.99

*The MANual – The complete man's guide to life*, by Mick Cooper and Peter Baker. £7.99

*The Complete Book of Men's Health*, by Dr Sarah Brewer. £9.99

*The multi-orgasmic Man*, by Mantak Chin and Douglas Abrams Arva. £9.99

The above four books are published by Thorson Harper Collins.

*Men's Health Matters*. The complete A-Z of male health. £9.99 Vermillion

Information on all five books can be obtained from Dillons Bookshops.

*D.B. – Lancs.*

## Enthusiasm

For many years I had regarded myself as a 'cock freak', thinking this to be perverse at the very least. May I say that I enjoyed my 'perversion', having no preference either for the uncut or the cut equipment. Nor did I have any specific opinions for or against circumcision. I just enjoyed the sight and feel of a cock, whether mine or another.

On a trip to America some 20 years ago, I was introduced to the *Uncut Society of America* by way of a handsomely documented and illustrated book entitled *Foreskins*. Commonly called the *U.S.A.*, the group was formed to promote the retention and enjoyment of the foreskin, and I was introduced to men who obtained such enormous pleasure from their foreskins, and it was difficult not to become part of their enthusiasm.

I returned to England with a determination to track down fellow foreskin enthusiasts, and suddenly my world opened up as I discovered all those special pleasures – and perversions – of the male overhang. Whilst I encouraged others to enjoy their foreskins, I got even greater satisfaction by decorating my cock and knob with tattoos and piercings. I continue to love and admire cocks, but I'm especially proud to be a cavalier myself – and maybe a little lucky!

*M.F. – Brighton*

## My Circumcision — Mike's Story

**A story told to one of our members by one of his hotel patrons.**

Because of a continuing infection under my foreskin, my doctor advised me that I should consider circumcision. In any case, a second opinion should be sought. He made an appointment for me at the local hospital, but advised that it might be months before I could be seen. Meanwhile to continue using the cream. I had to agree it was a problem which just wasn't getting any better, although I was none too happy about losing my foreskin.

The day arrived when I was to visit the hospital seeking specialist advice. After an hour's wait I was taken into a small room, told to undress and lie on the table to wait for the doctor. He was a small grey-haired man in a white coat. With rubber-gloved hands he pushed up my shirt, exposing my now shrivelled penis and said, "Your doctor writes you have a problem."

"That's right," I answered. He was now moving my foreskin back and forth.

"If you continue using the cream your doctor has prescribed for you I don't consider an operation is necessary. You can get dressed."

"So you are not prepared to operate? I asked him.

"I have told you I don't consider it necessary."

"You may not, But I do. I have used the cream for months and still the infection returns. I want you to do it."

Removing his rubber gloves, he sighed. "Very well, but it may be some time before you hear from us," he said, and left the room. A nurse appeared and told me I could leave.

During the waiting months the problem persisted. It was with great relief when a letter arrived informing me that due to a cancellation I was to ring the local hospital the following Monday morning at 8am to see if a bed would be available. I arranged time off from work explaining that I had to go into hospital for tests. The girl in the admittance office was quite pleasant, took my details and told me to go up to ward 8. A nurse asked me if I had had a shower, told me to undress and put on a white gown and wait for the doctor. It was the same one I'd seen before. Stoneface, I called him. He told me the porters would be collecting me soon, but it was another hour or so before they arrived.

"On the trolley with you. Have we got the right notes? You're for a circ? Are you? Well, it's only a little prick, you'll be OK." Little prick, indeed. I did feel the two injections into my penis. Very painful.

The operation was over in about an hour and I was back on the ward. The nurse told me I could have a light lunch, adding that I must pass water as

soon as possible, and then let her know if I had any problems. Day passed into night. Half asleep, I realised I needed the toilet. However, there was a problem. The once white bandage was now soaked in blood. Back on the ward I rang the bell for the nurse, who fetched the duty doctor. He explained that I had split two stitches which would have to be replaced. Afterwards he gave me some tablets to stop it happening again, and I went back to sleep.

I was able to go home the next day after being told to have a salt bath every day for a week. The tablets worked, I got no more night time erections and the stitches fell out after a few more days. My penis was still tender to the touch and very sore. It no longer hung down the way it did before the operation. It was tight and more pushed forward. It no longer relaxed. Then, I had my first nocturnal erection since the operation. Pulling up my knees to relieve the pain in my aching penis, I stumbled to the bathroom to see if a pee would help. It was only then that I realised just how much skin had been removed by necessity or revenge by Stoneface, who had performed a completely radical circumcision. In the weeks, then months, ahead I used huge amounts of soothing creams trying to regain a little surplus skin. It has taken many months to achieve this. None-the-less it is still a very tight cut cock.

The question is, should I have taken old Stoneface's advice and not have had it done? Or was my own decision correct? You decide!

Mike

## Pieces From The Press

Actor Liam Neeson's wedding tackle is the biggest in Hollywood, it was claimed yesterday. He boasts a 12 inch-plus whopper according to a club for well-endowed members in Los Angeles.

Liam, star of *Schindler's List*, inches other stars out of the reckoning, Jim Boyd of *The Hung Jury Club* said on ITV. Dolph Lungren, Frank Sinatra and Willem Dafoe are all members of the 12 inch club. But Irish-born Liam tops the lot.

Boyd, who is seeking new members in Britain, said on the *This Morning* show that Gene Simmons of Kiss boasts a ten-incher. He told host Judy Finnigan: "For millions of women the ideal is a well-hung man." But Dr Raj Persaud, the show's resident doctor, claimed size was not that important. He said: "The majority of women are disatisfied with their sex lives because there is not enough kissing and cuddling in a relationship."

In an adventure story straight out of *Indiana Jones*, a team of American scientists have recovered lost treasures hidden behind the foreskin of American actor Anthony Quinn. Tales of lost treasures buried deep beneath the actor's helmet have been rife in Hollywood for over half a century. And

last year a team of scientists from the University of California set out on a pioneering expedition to explore the uncharted area known as “Quinn’s Polo Neck”, and salvaged items rumoured to have been lost there over the years.

Several items were successfully recovered by the expedition, but the finds were not as spectacular as had been hoped. The items recovered, which have been put on display at the Institute of Foreskin Research in Glendale, California, included a large piece of cheese, thought to be 42 years old, and some fluff. Evidence suggested that the Greek actor, born ironically in Iceland to Mexican parents, may have been ransacked by bell-end robbers in the early nineteen fifties.

[What a load of old trosh! He must be in his dotage to allow an item like this.  
— D.A.]

*Both sent by D.B. – Lancs.*

## Ten Years Of The Acorn Newsletter

I have been a member of the *Acorn Society* since 1995 but only received a complete set of back issues of the newsletter at the High Wycombe meeting in March. It has been fascinating to look back at the way members’ interests have been reflected in print during the past 10 years. The second issue, which appeared in March 1988, was the first to have contributions. ‘Andy’ felt that gay males would not be welcome in the group, a contention that was to prove pretty wide of the mark. By 1992 only 6 contributors to an *Acorn* survey claimed to be heterosexual against 20 who were bisexual or gay. The longest letter, an anonymous member’s life story, stretched over 10 issues from 1992-1993, after which we were told that the general response was “thank goodness it’s over”. The character who appeared most regularly was Rahbi, a very obliging Malay chauffeur who was the subject of several reminiscences by ‘H.C.’. Probably the most useful letters came from Dr Ray Hamble, who began writing in 1992 although, regrettably, not lately. Along the way, other regular features have included The Dictionary, with the terms for ‘circumcision’ and ‘foreskin’ in foreign languages (even Manx!), sightings (mostly from Dr Hamble) of celebrities’ cut/uncut status, and jokes and poems from ‘Anthony’. The letters that have provoked the most replies have always been detailed personal experiences from men and opinions from ‘women’. More about the ‘women’ later.

It has been particularly interesting to chart the progress of the Society’s meetings. The first, in Oxford in September 1988, attracted 7 members (from a membership of about 25). The second, in Weston-super-Mare in June 1989, was by all accounts a disaster, and David, who organised it, deduced that “meetings are probably not the right thing.” It goes without saying that they



did continue, but amid controversy. David reported that, after one meeting, uncut members resigned, complaining of victimisation from the cut majority, and that at another meeting, he was one of many who had to turn away from a video showing ritual circumcision in relentless close-up. It was only very gradually that the Society learned how to make meetings suit the needs of most of the membership, the result being the well-organised and friendly three-day events we know today.

The look of the newsletter changed in 1994 with the arrival of a professional designer, Vernon, but the style had changed three years before in 1991 with the change of editor. Basically, Tony appears to have been forced to use everything he was sent, no matter how unsuitable, but was able to give long, knowledgeable replies to the serious letters. David adopted a much more light-hearted and tongue-in-cheek approach to the subject. He was often (and still is) short of material, but admitted at the last meeting that he doesn't use some of the more bizarre items he is sent. A few of the contributions in the early years now make astonishing reading. In 1989, two low-lives got off on describing (hopefully fictitious) sexual encounters with children in South America. Complaints from other members soon put a stop to this. More harmless fantasies were lifted, possibly word for word, from the letter pages of girlie magazines. Month after month writers described how they were sexually initiated as teenagers by older women (the au pair, my old nurse, my best friend's mother) or were given hand-jobs by doctors during medical examinations. My favourite tall storyteller was 'J.H. of Helsinki,' who sent in a completely wild fantasy about being shaved, circumcised and masturbated by a Turkish barber. All this despite the fact that, only months earlier, he'd claimed that he'd circumcised himself! It's a great shame that J.H. hasn't been in touch for a while.

For almost the whole of the Society's existence, however, the most enduring fantasy has been circumcision from a female point of view. Writing as a woman is common practice in men's magazines, where most of the fiction, and a good percentage of the letters, is done in first person 'confessional' style by men using female pseudonyms. Even Fiona Richmond's famous series for *Men Only*, in which she supposedly travelled the world, road testing men, was ghost-written by male journalists. You probably don't need Dr Hamble to remind you that it is far more of a turn-on to imagine that women are conspiring in men's fantasies about women. This attitude seems to have spilled over into the *Acorn* newsletter from the very first year, when there was a letter from 'Y.Z.' who claimed to be a Jewish woman who preferred men with foreskins. Clearly, editor Tony was not taken in ("Your interpretation of the Talmud [is] more original than orthodox,") but nor did he blow the whistle. Accordingly he opened the floodgates for letters from correspondents with wonderful *Penthouse*-style names like Sue, Samantha and Cathy, all of whom revealed remarkable knowledge of male circumcision. To date there has been something like 35 (probably many more) letters from 'women', not one of whom has been a member of the Society, nor provided a real address.

As far back as 1991, David hinted that these letters were not genuine (Sorry, you Hertfordshire girls!!) but this has done nothing to affect their popularity. Of course it is quite possible that some of the letters imploring more 'women' to write to the newsletter, and then responding to the 'women' that do, are also phoney [I'm certain that they're not. – D.A.], but it is certainly true, at least from the response recently to 'Doreen Chase', that there are members who really do want to believe that there are women out there who are passionately devoted to the subject of foreskins, so much so in fact that they even use male jargon when discussing them ("My present partner is blessed with a cock like a policeman's truncheon, with a foreskin like an oiled sock," revealed 'Ms A.C.' in 1992.) Unfortunately, as David pointed out more than once, it is more likely that at least 50% of women couldn't even identify a circumcised penis if it reared up and bit them.

It is a pity in a way that the obsessions and fantasies of *Acorn* members, which have provided such exciting and informative reading over the past decade, are enjoyed by a relatively small readership. There is much in the 80 newsletters, which kept me up until 3am last night, and busy this morning writing this, that would fill a column in a national newspaper and an hour on daytime TV, not to mention a psychiatrist's case study. I fully expect that, before the next ten years are up, the Society will have been discovered by someone influential and become a cult to rank with the *Society for Psychical Research* and the *Test Card Fan Club*. In the meantime, keep those letters coming in.

Gary – London

## Feast Of The Circumcision

**Letter sent to the *Church Times* by Lord Morris of Castlemorris, ex Labour Deputy Chief Whip in the House of Lords.**

Looking back to January 1st, we seem, at least in our parish, to have overlooked that other slightly uncomfortable liturgical celebration, the Feast of the Circumcision, which is now held to be more a matter for the doctor than for the priest.

It was not always so. The story goes that in the 19th century, a bishop preached on January 1st about the new year and all its promise. After the service he greeted at the church door an ancient, holy and godly matron, who gently reminded him of the feast he had apparently overlooked: "Thank you, my lord, for a most uplifting sermon, and may I take the opportunity also to wish you a blessed and happy Circumcision?"

As she left, she turned back, and added, enthusiastically, "And many of them."

G.J. – Devon

## Cold Comfort For Life Model Equipment

**O**K, so I have a confession to make, and require some help from *Acorn* members to overcome it!

You see, amongst my many other naturist activities and my liking of being smooth all over and circumcised too, I have been a life model for artists for some three years or so.

Last year on January 1st, I made a New Year's Resolution to be totally nude in the company of others (apart from the family at home, of course) every day of my life and my, by now, many bookings as a life model help to maximise my days of nudity to meet my aim.

I am more than happy with the length and girth of my cock when erect – as is my girlfriend, who often calls it my 'secret weapon'. 'Secret' because when it is flaccid it is of perfectly average dimensions or – on a cold day – even smaller!

Now for the connection with life modelling. My sessions typically start in a cold art studio at about 10am and continue, with a break for lunch, until 4.30pm. By the afternoon the studio is sufficiently warm for my flaccid organ to be of reasonable size, and my balls are hanging nice and low as I would wish. The morning session is the problem.

Have members any tips as to a method of keeping the genitals from 'bunching up' and reducing in size in the colder morning temperature of the art studio? First impressions are important. I have tried applying baby oil which has some limited effect of keeping things a bit warmer but, even with a fan heater blowing straight at the crotch, it takes a time for things to hang large and low enough to make an interesting drawing. "If only those artists could be offered my erect cock to draw, they would see the real size of what I have to offer!", I keep thinking.

I have noticed at our naturist club, and elsewhere, that older men seem to have cocks and ballsacs which retain their larger size despite low temperatures. Could it be that their skin lacks elasticity – perhaps one of the few advantages of old age? Also, do *Acorn* members who have used them, reckon penis expanders (such as the Chartham Method) actually work? If you have used one of these devices, what frequency and method of use do you adopt to maximise its effect? Would it help with enlarging the flaccid penis, ie my 'cold cock' problem?

The editor and I would like to hear your views on all the related above-mentioned topics. If any other members are also life models, how do you cope with the problem of the cool art studio, and how would you advise me how to feel more confident by being able to present my artists with larger and more interesting genitals to draw earlier in the session

*Smoothy John*

## Mandella

I was recently staying at a hotel in which were piles of back copies of glossy magazines. In *Country Life* for Jan 12th 1995 was a book review of Nelson Mandela's autobiography, *Long Walk to Freedom*. The review, which was written by Sir Geoffrey Howe, included this sentence:-

"The Africanism of Mr Mandella's adolescence in Thembuland's royal household (he was indeed 'to the manor born') is underlined by the chilling account of his own circumcision ceremony."

The book is priced at £25 (published by Little, Brown) and is rather a lot to buy if you are not interested by the rest of Nelson Mandella's life, but I should think it will be available from public libraries.

It would be interesting to have the extract published in *Acorn*, but I suspect it would be infringing copyright laws to do so.

*E.S. – Lancashire*

## Contact Corner

Gay 40-year-old roundhead, keen on photography, wishes to create the ultimate *Acorn*-style photo collection. If you are either roundhead or cavalier and would like to be included in this collection (not for publication, just personal enjoyment) write to me via the *Acorn* address. Hope to hear from you soon.

*Les W. – Southend-on-Sea*

Happily adult circumcised, now intending to have Albert piercing. I would like to have my piss-slit extended and would like name of sympathetic (enthusiastic?) doctor in Kent or South London.

*I.S. – West Kent*

## Confidentiality

Members are reminded that the membership lists are strictly confidential and only those of the committee who need to know have access to them.

Letters for other members should be sealed, stamped first-class, and marked with the member's identifier. They should then be enclosed in another envelope and sent via the PO Box address.

Members receiving correspondence from other members are requested to always acknowledge it, even if only to ask for no further mail.

# ACORN

Issue  
No 4 1998  
Editor  
David Acorn

## Editorial

In this issue I have purposely included a number of contentious items in the hope that it will provoke a large number of hot replies, as I've run out of personal items. Somehow articles from newspapers, magazines and the Internet never seem as warm as personal ones from the members. If you have e-mail it's very simple to drop an item in. Don't forget, it's [acornsoc@aol.com](mailto:acornsoc@aol.com).

*David Acorn*

## Islamic Cuts

I may be able to help following I.P.T.'s request in the last issue for information regarding Muslim circumcisions, including removal of the frenulum, as I was circumcised over 10 years ago in Saudi Arabia by a (Saudi) Muslim surgeon and learned quite a lot.

Whether or not the frenulum is removed often depends upon the religious tradition of the particular Muslim country. There are four Muslim law 'schools' – Hanafite, Shafite, Malikite and Hanbalite. The latter is the most puritanical (or fundamental) and is widely spread in Saudi Arabia.

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## Correspondence

Please send all correspondence to:

THE ACORN SOCIETY  
P.O. BOX 113  
WESTON SUPER MARE  
SOMERSET, BS23 1DJ

Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

The surgeon who circumcised me was, unlike the Turkish circumciser your correspondent described, highly qualified with medical degrees from London and New York. Again, unlike the Turkish case, he used a local anaesthetic in a scrupulously clean clinic and worked with the assistance of an (English) theatre sister. Both were masked and gloved, and I would estimate that 30-40 stitches were inserted. The whole procedure probably took around 45 minutes.

Adult Muslim converts were frequently referred to him by the local religious authorities and he had developed a standard technique. This involved a radical excision of the foreskin including the frenulum for reasons I shall explain below.

Although I wasn't converting to Islam I underwent the same form of circumcision, and what was my frenulum now only appears as a faint outline, rather like a sandcastle which has been washed over two or three times by a wave. The whole of the glans is permanently exposed and there is literally just enough loose skin left on the shaft to allow for a straining banana-shaped erection. This is in contrast to the type of circumcisions practised in other Muslim countries such as Morocco, where a different one of the four law schools prevails. In this area, part of the glans (up to a half) is often left covered and the frenulum is quite untouched. The ritual is purely symbolical but none-the-less regarded as essential.

The reasoning behind the Saudi or Hanbalite form of circumcision is quite different. Once a Muslim, always a Muslim. Apostasy (abandoning Islam) is punishable by death. In the early days of forcible conversion to Islam a male captive in war could be 'badged' by a mild form of symbolic circumcision. He could often stretch back the remainder of his foreskin and, if he was freed or escaped back to his own (non-Muslim) people, could deny he had ever been converted and undergone the humiliation of circumcision at the hands of his enemies. By practising a radical form of circumcision and removing the frenulum as well, devout Muslims believe they are not only carrying out their religious obligations to the letter, but also ensuring that the circumcisee remains conspicuously marked forever.

As far as intercourse is concerned, the absence of a frenulum is good news, in that there is nothing to become sore or even slightly torn. The bad news is that masturbation is difficult without a liberal application of KY jelly to compensate for not having a foreskin rubbing over the glans.

Whilst some of your members clearly see the absence of a foreskin as a humiliation, I am proud to have submitted to the ritual (especially at the hands of a Muslim practitioner) and to be effectively marked for life. If any of the members are nudists, they can see the results of his work at Eureka's 'library', which includes poses of my pretty shaven wife (another highly commendable Muslim custom!) who, like me, is a member of the SCN group.

*J.F. – London*

## Impotence and Adult Circumcision

**A paper written in the *Journal of the American Medical Association* by  
Joseph M. Stinson M.D., of the Department of Physiology and Medicine,  
Meharry Medical College, Nashville, Tennessee.**

**E**xtensive debate on the advisability of circumcision in the neonatal period was initiated by Preston in 1970 (Whither the Foreskin? A consideration of Routine Neonatal Circumcision. *J.A.M.A.* 212:1853-1858, 1970), who suggested that boys could always elect circumcision later if desired. On the other hand, evaluation of patients undergoing circumcision between the ages of 4 and 7 revealed extensive detrimental psychological effects (G. Cansever. Psychological Effects of Circumcision. *British Journal of Medical Psychology*, 38:321-331, 1965). It is the purpose of this report to suggest that greater attention be given to the potential for psychological problems related to elective circumcision in the adult.

The patients presented as case reports were all on active duty with the USAF and had some problems peculiar to this status. All had complete physical and laboratory examinations, including examination of external and internal genitalia, neurological examination, complete blood counts, oral glucose tolerance tests, protein bound iodine and T-4 uptake, serum electrolytes, VDRL, sperm counts, and 24-hour urinary keto-steroids and hydroxysteroids. All were within normal limits with the exception of reactive hypoglycemia in one patient, who had a blood sugar of 40mg% at three-hours postprandial.

### Case Reports

Case 1. W.J., a 23-year-old black father of two, was circumcised at age 22 while on a tour unaccompanied by his wife. His first post-operative attempt at intercourse, which coincided with his first attempt at extramarital intercourse, was a failure. Impotence continued after he returned to his wife. He refused psychiatric consultation and was treated with Halotestin, 10 milligrams daily, with temporary improvement.

Case 2. J.G., a 31-year-old white father of two (ages 9 and 10) underwent elective circumcision at age 28, and vasectomy at age 30. The latter was done while the patient was separated from his wife, and he noted the onset of impotency as that tour of duty was nearing completion.

Case 3. M.J., a 29-year-old black father of two, had an elective circumcision at age 23. He also gave a history of intermittent low back pain since the age of 20. Impotence was transient but recurring. When first seen by the author he complained of impotence accompanied by low-back pain with radiation into the posterior aspect of both thighs.

Evaluation by cardiovascular surgeons, neurologists and orthopaedic surgeons failed to disclose any physical basis for the pain, and all symptoms were considered psychological. He was treated at various times with Halotestin

10 to 20 mg daily, Cytomel 5 to 25 mg. daily, or Valium 20 mg daily without any change in the recurrent nature of his impotence or low-back pain.

Case 4. B.A., a 34-year-old father of three, was circumcised at age 22. He was seen initially because of chronic epigastric pain. Upper GI series, oral cholecystogram and barium enema were normal, as were liver function studies. He was treated with Valium for a functional gastro-intestinal syndrome, and later reported that Valium reduced his libido. Further questioning revealed that impotence had been present periodically for several years.

Case 5. B.S., a 31-year-old father of two, had elective circumcision and vasectomy while serving a tour of duty requiring separation from his family. On returning home he learned that his wife had filed for divorce. He had a full-blown psychotic reaction requiring extensive hospitalisation and psychotherapy. On return to an acceptable level of function he found himself impotent.

### Comment

Since the widespread adoption of vasectomy as a means of voluntary sterilisation, follow-up studies have led to the recommendation that pre-operative evaluation include psychological assessment. No such recommendation is made for elective circumcision in the adult. While this report cannot claim to show a causal relationship between circumcision and impotence, adult circumcision is the one common thread in the five patients presented. In addition, two of the men had vasectomies, two first noted impotence during extra-marital intercourse, one had impotence accompanied by low-back pain, and one noted impotence after a severe psychotic episode. The latter had been treated with various psychotropic drugs. There was probably a great deal of interplay between circumcision and these other factors. Nevertheless, it is felt that these case reports are adequate to recommend psychological evaluation prior to elective circumcision, and post-operative psychological counselling when the procedure is done on an emergency basis.

## **Muslim Directory**

**I**n answer to 'A Muslim Circumcision', on the Internet, inserted by P.T. of Hastings in Newsletter 2/98, according to the Sunnah, in regarding circumcision, only the foreskin is removed and not the frenulum, because, anatomically speaking, the latter mentioned is not a part of the foreskin. I am a Muslim and have many Turkish friends, and when we discuss circumcision only the foreskin is mentioned. One of these friends is an authorised medically qualified circumciser, and he removes only the foreskin, and from time to time when his services are required, a Turkish mosque that I always go to when in London contacts him when he is needed to carry out circumcisions.



I know that *The Acorn Society* is making up a list of circumcisers in this country, so may I suggest to them that they can get a list of doctors listed in the Muslim Directory, which also lists all the mosques in the London area where circumcisions are carried out. Below is the address of the Muslim Directory, fax number, telephone number and e-mail.

Muslim Directory, 65A, Grosvenor Road, London, W7 1HR.

Fax: (0181) 840 8819

Tel: (0181) 840 0020

E-mail: musdir@enterprise.net.

*Yahya Ahmed. O.A.N.I.M. Lamont – Manchester*

[Many thanks for the Muslim Directory details. Appropriate details had already been copied from the Greater London edition in our local library. — V.Q.]

## Different

I recently joined my sister on holiday on the south coast. The weather was brilliant and the beaches were packed. These days, younger children usually go naked and, whereas my sister's son, Peter, aged 7, had happily swum in the nude the year before, this time he refused to join all the other kids, but stayed moping in his swimsuit and refusing to talk to anybody. I asked my sister what was wrong and she looked worried. She explained that she had taken Peter to the doctor because he had a tight foreskin and the doctor had referred him to a surgeon for circumcision. Since the operation poor Peter had gone into his shell and refused to talk to his friends, hated school and sat in his room all the time watching telly instead of playing football like he had previously. His whole outlook on life had changed, and from being a happy sunny little boy he had developed into a recluse who moped all the time. She had gone to see the doctor about it who said that in his opinion there was nothing wrong with Peter. He would soon forget about his operation which was a perfectly normal procedure, and become his old self again. He suggested that a word with a counsellor might be useful.

Having been a social worker for a couple of years and then done a long course on counselling, I suggested to my sister that I should have a word with Peter and see what the trouble was. She was very relieved since she was so worried about him and had no idea on how to cope with his moods.

When I spoke to Peter I was saddened to see how troubled he had become. He totally refused to discuss his problems until eventually I raised the subject of his circumcision. He burst into tears, said that he hated the doctor, hated his mummy and hated the appearance of his altered penis. I did my best to jolly him out of it, telling him that lots of other boys had the same thing and some of them even preferred it. This was no consolation at all, I'm afraid. Peter told me his penis still felt sore to the touch, and since he was the only

circumcised boy in his circle of friends he was cruelly aware of his different status, especially since the other boys sometimes pulled his leg about it.

So I had a word with a friend who was a doctor and asked her about circumcision. She sighed and said it was a throwback to the 1930s, and since so few kids were done these days, those that were were very conscious of their disfigurement and often suffered agonies of self-consciousness among all their normal friends. She went on to say that the reason for its perpetuation was simple ignorance on the part of the medical profession. In medical school, trainee doctors were given absolutely zero instruction on the anatomy of the foreskin and care of the penis. The majority of the medical textbooks in English were American, and would you believe it, the foreskin was never mentioned in them, nor did they ever feature in illustrations of the penis. In her opinion the Americans loathe the foreskin so much that they cut it off as soon as a boy is born and try to pretend that it never existed!

She said that she herself had studied in Germany, where the Anglo-Saxon phobia for the foreskin was a standing joke. She was taught there that circumcision never needed to be performed for medical purposes since penis troubles could easily be treated without recourse to the knife.

She went on to say that so many mothers who had absolute faith in their doctor were thereby condemning their little boys to a painful unnecessary procedure which would affect them for the rest of their lives. It may not have been so bad when a high proportion of other boys were circumcised, but it was a very cruel thing to condemn a little boy to being so different from the rest of his friends, and for so little reason. The point is that if there are any mums out there with worries of this sort, do not accept the advice of well-meaning friends, enthusiasts or doctors until you find one who realises that treatment of minor penis problems should not involve a scalpel.

*Ms A. G.*

## Roast Meat

In view of the apparent strengthening of the sun's rays over Britain, whether due to the thinning of the 'ozone layer' or global warming et al, I felt it timely to draw your readers' attention to the deleterious effect of nude sunbathing on a circumcised penis. The glans surface can become so tanned and desensitised as to resemble fine leather, with consequent lack of sensitivity and pleasure. This is bad enough for the man, but also very frustrating for the partner, requiring exhaustive fantasising and game playing, not to mention manipulation, to achieve a short explosive orgasm. As far as I can see, it is non-reversible, so be warned. Wear a high factor sun cream. Happy sunbathing.

*Mrs E.R. – Scotland*

[I can vouch for this lady. — D.A.]

## Observations

He emerged from the shower and proceeded to vigorously dry himself. His back was to me but it was evident that he had a gym-trained body with the broad shoulders and trim waist of an athlete. Unusually, he was not overly developed with the prominent breasts and bulging biceps of the professional bodybuilder, but rather his physique was graceful and had the classical perfection of a statue.

He was a handsome man, strong of jaw and clear of eye. Unlike most physical fitness enthusiasts he had left his body hair to its own devices, there being a proud puff of dark fur on his chest with a thick trail of black curls tapering down to his flat stomach. From the back I could see his muscles rippling as he roughly dried himself off.

As he bent I could see the curve of his small buttocks which looked in size more like a teen-aged boy than the mature specimen he was... Save for the thick dusting of coarse tendrils, that is, that peppered each pert cheek!

He seemed God-like and remote, and almost like the chiselled perfection of a classical Greek statue. He was entirely unself-conscious in his bending and stretching activities, and was more intent on removing the last droplets of water from the densely forested areas of his chest and groin. He seemed oblivious to any onlookers and, in a child-like way, relaxed in the security of his own naked form.

When he turned it was obvious he was well blessed in his lower regions with a darkly pendulous scrotum swinging between his strong thighs, his heavy testicles suspended smoothly in their weighty sac. His penis was also hefty with prominent glans penis stretching his prepuce taut in the early morning rays of the pale summer sun. His foreskin, however, marred this vision of loveliness as it 'dripped' from his proud penis for several redundant inches, and simply resembled the wattled protruberances of the turkey bird in its coarse redundancy. Oh, to see the proud curve of his enviable corona or the prominence of his sulcus... That fleshy shroud had obviously cowed and obscured his mushroom head since boyhood and must have made showering awkward and masturbation cumbersome.

Such a pity that a sympathetic medic had not spotted our fine young man's hidden potential at those school medicals of days gone by, and arranged for his proud appendage to be surgically unsheathed in all of its glory?

The perfect 10? Sadly, no, though an impressive 9. No amount of bench pressing and weight training could have tamed that lax penile preponderance! One can but dream...

*K.G. – London*

## Rethinking a Custom

**An Article in *U.S. News and World Report*, 15th June 1998**

Even before their son, Emmet, was born in 1989, Philip and Penelope McGuire knew how they felt about circumcision. Without much agonizing, the Michigan couple decided that they would leave their son's foreskin intact. Recalls Penelope, "Circumcision seemed ridiculously unnecessary and painful."

A generation ago, Emmet would have been in the noticeable minority of uncircumcised American males. Attitudes are changing and neonatal circumcision rates have dropped steadily during the past three decades from 90% to 64%. However, the United States stands out as the only nation where circumcision for non-religious reasons is widespread. In Western Europe, only 5% to 8% of newborn boys are circumcised.

Circumcision remains the most commonly performed surgery on males in this country – some 3,300 operations a day. The popularity of the procedure in America is historically related to what some scholars say was a national obsession with hygiene, heightened by prudery. It is said that it was introduced during the late 19th century as a means of preventing sexually transmitted diseases; the Victorians also thought that it curbed masturbation. In the years after World War II, circumcision had become so ubiquitous that many hospitals offered it as a routine part of birth-related services.

The trend away from circumcision has its roots in the natural childbirth movement of the 1970s, which sought to make birth as gentle as possible for the infant. Women who undergo a drug-free labour for their baby's benefit hesitate to subject him to surgery a few days later. But a more strident anti-circumcision movement, centred mainly in the San Francisco Bay area, is trying to influence parents. These circumcision opponents, who include some doctors, promote their views through pamphlets, books, videos and the Internet, arguing that the procedure violates medical ethics and human rights by subjecting infants to what they see as disfiguring surgery. They liken it to female genital mutilation, which was outlawed in the U.S. in 1996. Despite little medical research, the activists hold circumcision responsible for male sexual dysfunction and psychological problems. Some have even staged protests accompanied by recordings of babies screaming during circumcision.

Parents in the mainstream who decide not to circumcise mainly want to spare their sons the pain and risks of surgery. Oakland, California resident, Donald Bivin, the father of an uncircumcised son, says, "Humans have been around for millions of years without being circumcised, and it hasn't been a problem." While the risk of complications from circumcision (most often infection, not lopping off the penis) is small – between 2 and 6 incidents per 1,000 procedures – credible research is showing that infants do feel pain. Most doctors defend the surgery as low risk and point out that a local anaesthetic

can eliminate the pain involved. (The American Academy of Pediatrics, which is neutral on circumcision, is expected to update its guidelines later this year, recommending the use of a painkiller.)

There is reliable medical evidence that removing the foreskin reduces the incidence of first-year urinary tract infections in boys and ensures that they won't develop penile cancer, which does affect uncircumcised men. But penile cancer is rare (occurring in about 9 out of a million men), and first-year urinary tract infections occur in only 1% of uncircumcised boys. There's no clear evidence that circumcision reduces rates of sexually transmitted diseases. All the same, some physicians acknowledge that the demand for circumcision in the U.S. is based on religious or cultural, rather than medical, needs. "There is no proven, documented medical reason that says circumcision is better, as long as you teach your child to pull back the foreskin and wash," says Dr Karin Blakemore, director of the maternal-fetal medicine division at John Hopkins University School of Medicine.

Despite circumcision's slipping popularity, couples who decide against the procedure are often left with the impression that doctors and nurses expect the surgery nonetheless. Susan Flanagan decided not to have her son circumcised at birth. Then during her three-day hospital stay, nurses came by repeatedly and asked about circumcising her baby – "as if to say, 'are you really, really sure?'" she recalls.

*M.S. – Utah*

## Indonesion Ceremony

Reading the back copies of *Acorn* for 1997, I came across references to Rcircumcision practices of Indonesians and Malaysians. Having this time lived out in Indonesia for 14 months, I have had the opportunity to watch the operation being carried out on three separate occasions. It is the latest occasion which I would like to describe.

On November 27th last year, I was invited, through my wife, who is Indonesian, to attend the circumcision of our 11-year-old nephew. What I didn't know was that this was going to be a mass circumcision and, unusually, it was outside the June/July school holidays when most circumcisions are traditionally carried out on Indonesian Muslim boys by doctors and even by midwives.

Having asked my brother-in-law's permission to bring along a camcorder, I set off at about 5am in the car with my nephew and in-laws to my brother-in-law's office, The Department of Transmigration, in Jakarta. On arrival I quickly realised that this was going to be a much more elaborate affair than the two previous occasions. According to my brother-in-law, about 30 boys, aged between 6 and 11 were due to be cut that morning in a large

hall by a team of 5 doctors plus nurses. On entry to the Department building, my nephew accompanied his father to the toilet where he changed into a sarong and donned a black hat, the same type of hat that President Soeharto wears, and is called a peci (pronounced 'pechee'). Meanwhile, his mother and younger brother went into the hall to join the other parents, many of whom were employed by this government department. At about 7.20am everyone seemed to be in their places. 16 boys sat in two lines at the end of the room with a huge banner above them proclaiming the aims of the Department of Transmigration. The parents sat on chairs at right angles to their sons and facing a long white screen/partition. Behind the partition stood a row of 5 tables, each one draped in a white sheet.

This being Indonesia, there had to be a ceremony and a speech given by a top employee. The youngest initiate, 6, was invited by the speaker to cut a cone-shaped mound of boiled white rice. It was very appropriate that he cut the top off and put the food onto a plate, I remember thinking. With that, Muslim prayers were offered, presumably asking for Allah's comfort in what was about to happen to these boys, and guidance for the medical staff.

And so the event got under way, accompanied by the taped music of 'Allah Akbar' (God is great). Boys came over to the tables where they lay down and hauled up their sarongs to expose their bare crotches. It may interest *Acorn* readers to know that one of those doctors performing circumcision that morning, was a woman adorned in a headscarf (Indonesian Moslem women aren't veiled like their sisters in other Moslem countries), and that I wasn't the only person capturing the highlights on film. A photographer and I witnessed what I would regard as an extraordinary occasion.

I will not bore readers with all the procedures of the circumcisions, since they are already well-known. My ten-minute film shows close-up shots of my nephew being circumcised, from the time that he was given the local anaesthetic to the bandaging of his bare glans. What I found also surprising was seeing so many of the boys, including my nephew, having to have adhesions to their glans removed first. This can't have been very pleasant.

On completion of the circumcision of each boy an announcement was made. It was rather sad and a little comical to watch boys clutching their sarongs out in front of them, whilst they waddled slightly bow-legged out of the hall with their concerned parents. I ended up accompanying my nephew and his bemused brother and mother in a taxi at about 8.45am, and even as I left other circumcisions were going on. Amazingly, throughout my nephew's circumcision, his father was not by his side, and indeed, straight after the circumcision he just said goodbye and went off to his desk job at the Department.

The conclusion to this mass circumcision was a reception two days later (it is normally a week later, to give the boys time to recover). Although I was absent, I have a fair idea of what probably happened, because I attended a

reception, or *selamatan*, of a neighbour's boy last summer. Probably, from about 10am onwards, my nephew sat in his living room and greeted invited guests who gave him money to celebrate his coming of age. He would have sat, I imagine, in some discomfort, dressed in his sarong and black hat, and wished he could have enjoyed the food and non-alcoholic drink laid on in his honour. Poor boy!!

I discovered recently that circumcision is advocated by some members of the Chinese Indonesian community. This is surprising, since non-Muslim Indonesians, especially the Balinese, frown upon the practice. The boy in question is 5 years old, a Catholic, and Chinese. Since both he and his mother are students of mine, I was able to ask her about her son. She said he was cut on grounds of cleanliness, to which my reply was, "What about retracting his foreskin and washing the glans with soap and water?" Surely 5 is the wrong age. What do *Acorn* members think?

*H.F. – Jakarta*

## Fetish

I have received two responses to my proposition (issue 8/97) that circumcision can become a fetish because of the mixture of fear and shame that surround it, at least in my experience. The first response came in the form of a personal letter from a British *Acorn* member. We've been in correspondence now for several months, and although we don't agree on the origins of the fetish, we find that we share many common experiences. It continues to be a very interesting and pleasurable letter exchange. The second response came in issue 1/98. Another British reader, Ray Hamble, explained that he has never felt any shame about his circ or about his penis in general. I congratulate him on his self-satisfaction and self-acceptance.

I've begun to wonder if my reaction and the reactions of British readers are different because of differences in British and American cultures. As I read the various *Acorn* articles, I marvel at the fact that British members assemble to discuss circumcision matters in person, including, if I understand correctly, the display of circumcised cocks. In addition, I have read about nudist beaches for circumcised men and for women with shaved pussies. And what about nudist beaches where men wear their foreskins pushed back to mimic circumcision? We have our share of eccentric people in America, along with the truly dangerous, but I know of no one who participates in any of these activities. There are adult bookstores (sex shops), J.O. clubs, self-help groups, etc., but there are no activities specifically planned around circumcision. Furthermore, they take place in private venues. In other words, the circumcision fetish is a secret issue in the USA. Why is this so?

One explanation might be the pervasiveness of clipped cocks among American men born before the 1980s. A good deal of shame was felt by men

who were uncut, a state that could signify lower class status, poverty or foreign birth. Thus, any shame men might experience about circumcision could stem from the lack thereof. To avoid this shame, some men have not been eager to display their cavalier status. To be circumcised as an adult would necessarily signify that you've possessed the dreaded foreskin for your entire life, a badge of low status.

Another explanation comes to mind. The British seem, to the eyes of an outlander whose English relatives arrived in New England in 1630, to be very tolerant of eccentricities. For all of our boasting of living in the land of the free, we are conformists (even to the state of our cocks). Conformity is a necessity where there is so much diversity. When Americans harbour ideas, fetishes and lifestyles which differ from the norm, they are explicitly and implicitly pressured to conform. For many the solution is psychotherapy. They feel, "If I'm different, I'd better fix it." Thousands of Americans avail themselves of this service. While those in therapy don't brag about it, they would be much more willing to discuss their experiences on the couch than ever mention their circ or circumcision fantasies and fetishes to anyone other than their therapist. How does America enforce conformity? Through shame. In America children are admonished: "You should be ashamed of yourself!" And usually we are. "He has no shame," is one of the more damning observations made of people of whom we disapprove.

What about the fear, the second component in the circumcision fetish, in my view? I doubt that British and American men are any different on this account. Men, in general, are conditioned to repress their fears. Masculine does not equal frightened. I cannot imagine a man or boy who would not be afraid of having his dick trimmed. The fact that anyone – parents, doctors, mohels – could have this power over a guy's penis is mind-blowing. In several of the *Acorn* articles, men have stated that their fascination with penises and circumcision dates from a threat or veiled threat: "Johnny's going to have his willy trimmed because he can't keep it clean." Conclusion: THIS CAN HAPPEN TO YOU! WATCH OUT! Or, the first sight of a playmate's naked glans at the urinal or locker room is engraved into a boy's consciousness: "He's different. He's lost something. Somebody's done something to that boy's pecker. Could that happen to me?" A corollary to this thought might be: "I want to control it (maybe do it myself)." On the other hand, the realisation that a boy has had alterations done to his pride and joy without his consent must trigger feelings of vulnerability and powerlessness – precursors of fear. I propose that many men eroticise their fear, rather than experience it. In other words, it is easier to get a hard-on about circumcision and feel, in some way, in control than to fear it. All in all, I'll bet that the British acceptance of their fetish, whatever its causes, is far more enjoyable than the American alternative. It does, however, give us common ground for discussing an uncommon subject.

*D.P.R. – New Jersey, USA*



## Culture Clash

### News Item from *The Guardian*

An Aboriginal circumcision ritual witnessed by Australian government ministers wearing tribal paint, and intended to help reconcile black and white Australians, has instead caused bitter controversy. Some doctors have called the initiation of the son, aged 7, of a senior Aboriginal leader, child abuse and not custom.

The boy's father, Chairman of the Aboriginal Parliament, said the attempt to promote understanding between cultures had highlighted the lack of it. "For people to criticise my culture now is another form of trying to take away my culture", he said.

The federal Aborigine affairs minister, John Herron, and the health minister, Michael Wooldridge, both doctors, flew to Arnhem Land, east of Darwin, for the event last week. A television crew, journalists and photographers were also present when the boy was prepared for his initiation into manhood. Dr Wooldridge said there was nothing barbaric about the custom. But publication of details of the rite, which can involve splitting the penis down its length, has led to argument over whether it should be allowed.

A Brisbane doctor who has worked with Aborigines said, "Doctors Herron and Wooldridge are to be condemned for watching an operation that I would be sent to jail for performing without an anaesthetic on a white child."

## Odd Comment!

Some time ago my wife and I went to a local village hall to hear a local group give a concert. At the interval I went outside for a cigarette, but as it was raining hard I stood in the entrance with several other men and women sharing the same intention.

We got chatting about the weather etc. and then one of the ladies expressed the view that it was a pity that we didn't live in a perfect world – all babies being breast-fed and all men being circumcised. Nothing was further from my mind at the time and I was somewhat gob-smacked. None of the men commented on this so I lit another cigarette and waited to see if I could get this lady on her own so that I could ask her to expand on her feelings – but no such luck.

I later established that she and the other females were nurses, but I never saw them again, which was a pity in that she obviously felt so strongly about the male appendage. I could have asked her to write down her reasons which I could have sent for inclusion in one of the issues, comments from the ladies being always interesting.

C. – Cheshire

## Men Circumcised As Adults

Excerpted from *Circumcision: The Hidden Trauma*  
(Boston: Vanguard Publications) 39–40

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Only men circumcised as adults can experience the difference a foreskin makes. In the *Journal of Sex Research*, Money and Davison from the Johns Hopkins University School of Medicine reported on five such men. Changes included diminished penile sensitivity and less penile gratification. The investigators concluded:

Erotosexually and cosmetically, the operation is, for the most part, contraindicated, and it should be evaluated in terms of possible pathological sequelae.<sup>(1)</sup>

Other men circumcised as adults regret the change.

I play guitar and my fingers get callused from playing. That's similar to what happened to my penis after circumcision.<sup>(2)</sup>

After the circumcision there was a major change. It was like night and day. I lost most of the sensation. I would give anything to get the feeling back. I would give my house. [This man's physician persuaded him to be circumcised by warning he could otherwise get penile cancer. When the man complained of the result, the physician replied, "That's normal" and would not help him.]<sup>(3)</sup>

Slowly the area lost its sensitivity, and as it did, I realized I had lost something rather vital. Stimuli that had previously aroused ecstasy had relatively little effect... Circumcision destroys a very joyful aspect of the human experience for males and females.<sup>(4)</sup>

The greatest disadvantage of circumcision is the awful loss of sensitivity when the foreskin is removed... On a scale of 10, the intact penis experiences pleasure that is at least 11 or 12; the circumcised penis is lucky to get to 3.<sup>(5)</sup>

The sexual differences between a circumcised and uncircumcised penis is... like wearing a condom or wearing a glove... Sight without color would be a good analogy... Only being able to see in black and white, for example, rather than seeing in full color would be like experiencing an orgasm with a foreskin and without. There are feelings you'll just never have without a foreskin.<sup>(6)</sup>

After thirty years in the natural state I allowed myself to be persuaded by a physician to have the foreskin removed — not because of any problems at the time, but because, in the physician's view, there might be problems in the future. That was five years ago and I am sorry I had it done... The sensitivity in the glans has been reduced by at least 50 percent. There it is, unprotected, constantly rubbing against the fabric of whatever I am wearing. In a sense, it

has become callused... I seem to have a relatively unresponsive stick where I once had a sexual organ.<sup>(7)</sup>

### Notes

1. Money, J. & Davison, J., "Adult Penile Circumcision: Erotosexual and Cosmetic Sequelae," *Journal of Sex Research* 19 (1983): 291.
2. Letter to author, 1993.
3. Telephone conversation with author, 1993.
4. Milos, M. & Macris, D., "Circumcision: A Medical or a Human Rights Issue?" *Journal of Nurse-Midwifery* 37 (Supplement 1992): 93S.
5. *NOCIRC Newsletter*, Fall 1990, 3.
6. Edell, D., Circumcision report for television news, *KGO*, San Francisco, 1984.
7. "The Unkindest Cut of All," letter to the editor, *Playgirl*, July 1979, 108.

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## **Natural Circumcision**

My first real sighting of a circumcised cock came when I was about 13. I'd gone swimming with my best friend, and afterwards, while we were in the showers, he took his costume off. The head of his cock was completely visible, and at short range it was very clear that he had no foreskin, just a slight change in skin colour behind the head. I was surprised that my best friend had been circumcised, and it turned me on just thinking about his skin having been cut away. I began to wonder what it felt like, so I started to keep my skin pulled back. It felt good, and I wished that I had been done as a kid.

By the time I was 18 I was an undergraduate at Bristol, and during the breaks a few of us would head off to France. It was during these trips that I began to make some new discoveries. We were lying on the beach in Brittany, and my friend was wearing a small pair of 'speedos'. They were wet after he'd been in the water, and as he lay there on his back I was fascinated by the clear shape of his cock head, especially the rim, through the thin material. Mine didn't look that good even when the skin was back. I thought that he had been cut. Then he took them off to sunbathe naked and it looked as though I was right, but there was no sign of a scar. We were really open with each other, so I asked him whether he'd been circumcised. He said he hadn't, and that I wasn't the first to think he'd been done. It was just that he'd been born without a foreskin. "Do you want to look at it closer?" he asked. I did.

Since then I've been really envious of guys with naturally circumcised dicks. They look so good.

A couple of my other friends had really short foreskins, just about covering the rim of their glans. That was great as well, just a bit of skin that couldn't be pulled forward to cover the head, leaving no choice but to have most of their head exposed (for all to see). When they got even slightly hard, their cocks would circumcise of their own accord. Again, after we'd been in the water, these guys had such a distinct shape through wet trunks.

More was to come. Another one of our Brittany crowd had been cut in his early teens. His circumcision was very radical: frenulum removed and a scar line most of the way down his shaft. He used to tease other guys passing by on the beach by leaving part of his cock hanging out of the side of his trunks so that they saw the head and cut cock. Most came back for two or three looks. By now I knew that I wanted my cock head exposed like theirs. I couldn't wave a magic wand and have the same as my friends with token foreskins, so I opted for the radical cut that looked so amazing...and it's just great.

There is a sequel to this. Two years ago I was in Prague, at an outdoor pool. A Czech teenager approached me and in excellent English told me that he'd seen that I was circumcised (he'd seen me change). He'd noticed other West Europeans like this and wanted his to be done that way as well. We talked, and the only reason that he hadn't had it done was because he couldn't afford it. I had a simple solution which he seemed quite pleased about, and by the following day we'd found a doctor who would do it for a very small amount (by UK standards). By that same evening he had received much the same cut as me. He's really pleased with it, no frenulum, and a thin scar just over halfway down the shaft. And now I hear that a number of his friends are interested as well.

It would be great to hear from anyone who would like to contact me, but only those who are pro-circumcision.

*A.C. – London*

# ACORN

Issue  
Nº 5 1998  
Editor  
David Acorn

## Editorial

**T**ime for apologies again. The magazines have been out late because poor Brian has a really stressful managerial job at which he works all hours, and has to fit the sending out of the issues as he can. But this time it is me that is tardy, and that's simply that I've had very little material I can use of a personal nature. The Internet is chock full of items on foreskins and circumcision, but in the main it's all what we've had before. We've had loads of new members in the past year but very few contributions from them. How about it chaps? Short pieces on why you joined, what you expected, what are your disappointments if any, how you begat your more than normal interest in penises – in short, anything. We've been going over 10 years now and it would be a shame for it to pack up due to non-participation.

Also, I know I've asked before, but if answers to articles could be in the form of an open letter, everyone would benefit. It irked me to have to pass on four letters to one contributor alone, with nothing for the book.

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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

Reading the article about the Sexual Mutilation Meeting in Oxford, I couldn't help but think that, although it all sounds way out, their sentiments are the same as the overwhelming number of our members i.e. circumcision should be done for two reasons. Need and Desire. The majority of our members fall into the latter category, and I know it's made most of them happier men.

*David Acorn*

## The Frenulum

In 2/98 I saw two references to the 'frenulum'. The first in M.P. of Brighton's article, 'I Love It Now', where he is "desperate for someone to point out (his) meatus, frenulum and sulcus...", the second in the Internet quote, 'A Moslem Circumcision', where the Sunnetci (circumciser) informs the Muslim convert that he would lose his frenulum as a part of the ritual operation. P.T. – Hastings rightfully wonders if this is standard operating procedure in Muslim circumcisions. The loss of this part of the penis/foreskin is unnecessary and is certainly not a requisite of a circumcision, especially in adult procedures.

The frenulum, actually a diminutive of *frænum* – latin for 'bridle', is a gathering of the foreskin on the underside of the cock. The foreskin, like folds of a curtain, is gathered up to a point where the sulcus forms a 'V' in the glans, just below the 'meatus', or peehole. The sulcus is a narrowing of the penis shaft, just before the flair of the corona, making the glans look like a knob on a post. The frenulum is hidden, covered by the foreskin, when the dick is flaccid. However, with an erection, which usually reveals the glans, the folds of the frenulum sit snugly in the indentation of the sulcus. However, a foreskin can be skinned back even further, revealing its inner layer, the mucosa. When the foreskin is drawn back to its limits, the frenulum stretches into a vertical band and will begin to pull the tip of the glans downwards. Sometimes the frenulum is short and only a slight tug will put a strain on the end of the cock, causing pain, when pleasure should be the order of the day. Many docs might recommend a circumcision for this condition, although the frenulum itself can be divided or removed without a complete circ.

What is the purpose of these folds of flesh? Its Latin name might be a clue. Like a bridle, it reins in or puts the brakes on the foreskin, making sure that it is not pulled back too far, thus tearing the delicate mucosa. Interestingly, the French word for 'brakes' is *les freins*, a word whose origin is found in *frænum*. The frenulum of the cock is not the only example of this formation on your person. Your tongue is also anchored to the bottom of your mouth with a frenulum. It can be too short as well, and cause a 'tongue-tied' condition which requires a judicious slice to allow articulate speech. Having reached maturity with my penile frenulum intact, I can also attest to it being a source of pleasure. The stretching of the frenulum is viewed by many cavaliers as an essential part of achieving orgasm. They would be quite upset at its removal.

When M.P. – Brighton wonders where his frenulum resides, he may wonder in vain. His childhood circumcision may have eliminated it altogether. In the U.S. where, until the 80s, most men were cut, the use of the Gomco Clamp or Plastibell ripped away the frenulum entirely, leaving the 'V' of the sulcus smooth, or with the hint of a vertical line where the frenulum once lay. Sometimes, this area is bright red with a 'sore' appearance when the cock is hard. A circumcised friend claims that this area remains quite sensitive and pleasurable, although the frenulum has been removed. To each his own! Perhaps our medically-trained *Acorn* members can clarify if the use of either of these two circumcision devices inevitably rips away the frenulum, or if it is cut away on purpose. The most modern circumcision device, the TaraKlamp, has been developed in Muslim Indonesia to facilitate both boyhood and adult circs as an initiation rite. The TaraKlamp web pages clearly show that the adult frenulum survives the procedure intact.

When I was planning my own circumcision four years ago, I tried to maintain as much control over the operation as possible. I asked my urologist if the removal of my frenulum was necessary. He said that he would leave it in place. In fact, he said that a professor in medical school had said that it should be left intact, since it plays a role in controlling the shape of the meatus. Why is this important? The shape of the meatus is crucial in maintaining a single, spiralling piss stream. If you have a divided stream, you know how messy this can be. Is your frenulum missing?

The frenulum can be easily retained in a circumcision. The circumciser must make the circular cut horizontally below the frenulum. When the frenulum is freed from the foreskin, it retracts into the 'V' of the sulcus. Often, the doc trims the remnant edge of the foreskin into a 'V' shape which rises to meet the frenulum remnant, and they are sewn together. The most accurate means of achieving this procedure is the 'sleeve resection' circumcision, where a tube of foreskin and mucosa is isolated and eased off the dick shaft. This operation is performed with the foreskin retracted. In the cases of the two most common freehand procedures, the foreskin is either stretched forward, past the glans, and severed, as in the 'Moslem Circumcision', or the foreskin lies in its normal position as it is trimmed away. Doctors tend to do the operation as they were taught. The sleeve resection is the neatest freehand procedure. I didn't know about it before my circ, so, even though I retained my frenulum, my circ scar is quite uneven. I advise anyone contemplating a circ. to discuss the procedure with his doctor before he cuts. Ask him if he can perform the sleeve resection. If you want the 'tight look', he'll probably cut away the frenulum to try to achieve it. But do you really want to lose this site of pleasure for a 'look'? Give it some thought. Be in control. Once it's gone there's no turning back.

I'm curious to know how other men who were circumcised as adults have come away from the cutting. Did you have input? What kind of procedure did you have – do you know? Were you able to watch the procedure? And finally, did you retain your frenulum? If you don't care to discuss any of this in *Acorn*,

write me. I will respond to any serious correspondent in the USA or UK. [I do hope however, that most letters are open letters to be printed in the newsletter. — *Editor*] I am, however, especially anxious to hear from Americans, since we seem to form such a small minority of the *Acorn* membership.

*D.P.R. – New Jersey*

## The Philippines

I have a young friend who comes from Asia, the Philippines to be precise, and I guess how surprised I was to learn that male circumcision is universal there! He was cut when he was ten. I asked him about any traditional or religious background of that operation in his country, but he just told me that cavaliers would be ridiculed at school when they had passed a certain age. Do you or anyone else in the Society know when and why circumcision became such a common practice in the Philippines?. He has the typical 'High and tight' cut that is so popular in the U.S. So maybe it is just another Americanism.

I have had some contact with a Jewish gay group in Germany, and with it had the chance to evaluate a Mohel's 'job'. I was actually quite disappointed to see that apparently this was just one of those "only a little bit off the top, please!" jobs. Actually it looked rather like a short foreskin to me. So I wondered whether I had been seeing a rather conservative sort of a 'Bris Milah', or whether a Jewish circumcision in general leaves plenty of skin over the glans? As I have learnt from my stories set in Nazi Germany, Jews were often identified because of their circumcisions, so I had always thought that their circumcision status must have been rather obvious. Do you know of any requirements (rabbinical or biblical) of how much preputial skin has to be removed in a Jewish 'Bris'. I have a genuine interest in this question.

*Patrick – Germany*

## Rings and Things

In issue 2/98 J.D. is wondering whether to wear jewellery permanently in his cockhead piercings. I say, "Go for it!", what's stopping you? He says that he removes his rings because "he moves in rather conventional circles", but how conventional can these circles be if others even know whether he is pierced? Even when I go swimming at the leisure centre, it's my large and obvious nipple rings that cause comment rather than my hidden genital piercings – though, as a keen naturist, I hardly keep them to myself all the time!

I've had my Prince Albert for almost 20 years. I've never regretted it and never removed it other than when replacing it with a thicker one (I'm on 5mm now). I was only sixteen and much influenced in my original decision by my



room-mate and lover at school, who was already pierced and proud to show everyone in the school showers. I remember that my piercing caused a brief stir when I first displayed it in those showers, as I was not so outwardly gay as Jon, but it quickly conveyed the message that we were an item. The clink of our rings as they touched is a more private memory of those days of youth.

Jon and I drifted apart when we had to go to different universities, but I have never parted from my PA ring. Indeed, it is very difficult to remove my current ring and I am intrigued by the idea of having the next larger size virtually permanently fitted. My foreskin can't naturally cover my PA now, and it retracts easily, particularly because a piercing in the frenulum was stretched until it gave way! I recently had two hafadas fitted in the scrotum, and I'm considering having another piercing in the front of the cockhead – which would probably require removal of the foreskin. I know someone who wears a diamond stud in that position and it's not a fake; with a durable mount it is feasible to adorn one's most precious organ with such treasures.

At the recent A.G.M., I was asked "Why?" by someone as he visibly winced at the thought of my Prince Albert. I can only say as they said when climbing Everest, "Because it's there." I'm not circumcised yet, and I've never had the guts for a tattoo, but my piercings are my declaration that my body is mine to modify and to enjoy. In naturism I enjoy the liberation of the naked body, but my rings allow me to go even more naked – to display my inner self. Circumcision uncovers the cockhead but piercing is for me the ultimate uncovering of all that I am, and literally the final touch.

*Andrew – West London*

## Celebrities

I have just received the first instalment of the U.S.-produced lists of cut/uncut celebrities. Thank you. It makes very – and sometimes surprising – reading. I wonder how Rupert Everett and Daniel Day Lewis, both English born of the younger generation, came to be cut?

I first came across Bud Berkeley's lists when I lived in the USA: they came as enclosures with a newsletter containing some very revealing accounts of the celebrity 'sightings', ie. how and where they had spotted the celebrities and how they had found out their circumcision status.

Can we not do something similar here for more British actors, sportsmen and celebrities? Here are a few names as a starter:

1. Sir Derek Jacobi: British actor. Jacobi has written a chapter in a book celebrating the life and times of Noel Coward. According to Jacobi, Coward 'had a thing' about circumcision, and on one occasion came round to his dressing room after a performance to ask whether he was circumcised.

Jacobi explained that, as a matter of fact he wasn't, but why the question. According to Coward, you could never make a great actor unless you were circumcised! An interesting story, especially since the Berkeley list has Jacobi down as circumcised.

2. Sir Michael Tippett: composer. Tippett begins the very first pages of his autobiography, *Twentieth Century Blues* with an account of his circumcision, without anaesthetic, in early infancy. Apparently, the healing after the original circumcison as a baby had been botched and they had tried to undo the damage while he slept. An example, according to Tippett, of the power of the collective over the individual.
3. Barry Humphries/Dame Edna Everidge: Australian born actor and comedian. Ditto – page one of his autobiography reveals that he was circumcised immediately after birth in an Australian hospital.
4. Auberon Waugh: writer and critic. I cannot remember the original reference, but Waugh has written that one of his earliest memories was his childhood circumcision to correct a medical condition (phimosis?) He wrote movingly of the painful experience and how this memory had accompanied him through adult life.

Waugh's article appeared about the time of the birth of Prince William, when I remember distinctly a newspaper report that a prominent Jewish Mohel had attended Kensington Palace for the traditional circumcision of a royal male. In fact, Waugh's confession was a reaction against this practice. Perhaps Diana put her foot down and objected, for there is a consensus that this British royal tradition was broken by the princes William and Harry on her insistence. Whatever the case, I certainly recall it being mentioned as if it had been scheduled to take place (The Times?) at the time.

5. Prince Albert of Monaco: I once had a very pro-circumcision American friend (every good American should be 'cleaned up') who had roomed with Prince Albert at a college in the USA. I badgered him to know the details of the Prince's private parts. According to my friend, he was uncut ("sort of") and unremarkable. The problem was, my friend hardly knew what a foreskin was supposed to look like, let alone what it was for, or what it could do for you in adult life. Shame.
6. 'Lofty' in *East Enders*: I'm afraid the only first hand experience I have of a celebrity was in the showers of a swimming baths in London. The fellow soaping himself next to me turned out to be the actor who played Lofty Watts in the BBC soap. The sighting? Uncut, moderate overhang, thin, not big.

Now, does anyone out there have any sightings that they would wish to share? How about Tim Henman, or Michael Owen, or Gary Barlow, or.....

*E.J.P. – Aberdeen*

# Directory of Perversion

## (What the doctors call the funny things that people do to each other)

**Acuculophilia** – An attraction to men who are circumcised.

**Algolagnia** – Love of pain, as taken from the Greek. A psychological term to describe S.M., preferred by sexologist Havelock Ellis, who saw it as “pain given in love”.

**Altocalciphilia** – A fetish for high heels.

**Asphyxiophilia** – or auto-erotic asphyxiation (if solo play), is control or restriction of breathing via compressing the carotid arteries, or putting things over the mouth and nose to reduce the level of oxygen that can be breathed in. Hanging, where the body is suspended from the neck, though a relatively common fantasy, is very difficult to stage in a non-harmful way for S.M. scenes. Most dangerous is auto-hanging. Also called **Hypoxiphilia**.

**Bestiality** – Having sex with animals. In America it is now trendily known as **Zoophilia**.

**Coprophagy** – Eating shit. And enjoying it.

**Coprophilia** – Gaining sexual pleasure from playing with shit. [The O.E.D. puts it much more nicely. – D.A.]

**Dacryphilia** – Sexual arousal from seeing tears in the eyes of one's partner.

**Klismaphilia** – Obtaining sexual enjoyment from enemas. (That's having lots of water gently flowed up your arse).

**Macrophilia** – Sexual arousal derived from the idea of a person being trampled, swallowed or controlled by a larger human being.

**Microphilia** – A fetish for tiny people, imagining people who have shrunk or are little fairies.

**Necrophilia** – Having sex with corpses.

**Polyamory** – Multiple sexual and/or romantic relationships. Otherwise known as swinging.

**Retifism** – Fetish for boots and shoes.

**Techno-Sexuals** – Those attracted to robots. This may take the form of a partner who acts like a robot or human doll, mechanical dolls, wind-up toys or machines created for sexual intercourse.

This directory came from a magazine called *Bizarre*. It causes me two concerns.

1. The term *acuculophilia* is one which I have never before met, purporting to refer to 'love of circumcision', which strikes me as an appalling amalgam of Greek and Latin elements to create an unlikely neologism, based on the latin *cucullus*, 'hood', presumably referring to the foreskin.
2. I find it worrying that love of men who are circumcised should be deemed a perversion.

P.W. – Surrey

## Oxford

Being a member of *NORM UK* as well as of *Acorn*, I attended the recent meeting in Oxford of the *Symposium on Genital Mutilation*. It was over three days and took the form of about 6 areas of debate (mornings and afternoons). Anatomy, Religion and Culture, Legal and Ethical Considerations, Universal Campaign to end Mutilation, Psychological Aspects, Foreskin Restoration and Medical Publications.

Both male and female circumcision featured on the agenda (currently, millions of females in the world still have the whole of their genitals cut away – without anaesthetic – from the age of about 8 and upwards). Speakers came from all over the world and, regardless that they were all in unison, it could be seen that they all felt deeply about what they thought was right, without any semblance of personal self-importance. There was no bending to religious or cultural customs. In fact one speaker was a Jew from Israel who was taking the Israeli parliament to court for perpetuating the custom on 8-day-old boys, and was praised for his courage, although somehow I don't think he'll win.

What sticks in my mind is the history of circumcision in the U.S. It started between the end of the Civil War and the end of the century, with doctors coming forward to state that foreskins caused dozens of ailments and congenital conditions – bed-wetting, hernia, epilepsy, hip joint diseases, diarrhoea, clubfoot, heart disease, nutrition deficiency, convulsions, paralysis, muscular incoordination, water on the brain, tuberculosis, gangrene, arthritis, eczema and warts, to name a few, and the only cure was circumcision.

There must have been pressure put on the doctors by bible punching type religious bodies, because the underlying enemy was – yes – MASTURBATION. A paper was circulated at the symposium giving quotes by doctors in medical publications of the 1800's (one of them was called *The Journal of Orificial Surgery*, I wonder which orifice?) Here are some of those quotes.

1. In cases of masturbation we must break the habit by inducing such a condition of the parts as will cause too much local suffering to allow of the practice being continued. For this purpose we may circumcise the male patient with present and with probably future advantage. The

operation, too, should not be performed under chloroform, so that the pain experienced may be associated with the habit we wish to eradicate.

2. I refer to masturbation as one of the effects of a long prepuce. Not that this vice is entirely absent in those who have undergone circumcision, though I never saw an instance in a Jewish child of very tender years, except as the result of association with children whose covered glans have naturally impelled them to the habit.
3. Viewing the world over, the shameful and criminal act of masturbation is the most frequent, as well as the most fatal of all vices. Nothing but a sense of inexorable duty, in the hope of effecting a radical reform by awakening the alarm of parents and teachers to the enormous frequency and horrible consequences of this revolting crime, could induce the author to enter upon the sickening revelation.
4. Hip trouble is from falling down, an accident that children with tight foreskins are especially liable to, owing to the weakening of the muscles produced by the condition of the genitals.
5. There can be no doubt of masturbation's injurious effect, and of the proneness to practice it on the part of children with defective brains. Circumcision should always be practised. It may be necessary to make the genitals so sore by blistering fluids that pain results from attempts to rub the parts.
6. A remedy for masturbation, which is almost always successful in small boys, is circumcision. The operation should be performed by a surgeon without administering an anaesthetic, as the pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment.
7. Measures more radical than circumcision would, if public opinion permitted their adoption, be a true kindness to many patients of both sexes.
8. The child had indigestion, screaming fits at night, and failed to thrive. My advice that circumcision be performed was concurred. I did the operation without any anaesthesia. The wound healed without any trouble, and the child's indigestion and screaming were gone almost from the hour of the operation. Used when required, there is no doubt of the value of this little procedure.
9. Masturbation can be, and often is, the sole cause of insanity.
10. Circumcision not only reduces the irritability of the child's penis, but also the so-called passion of which so many men are so extremely proud, to the detriment of their wives and married life. Many youthful rapes could be prevented, many separations, and divorces also, and many an unhappy marriage improved if this unnatural passion was cut down by a timely circumcision.

Two things occur to me after that. Firstly, you can bet that all those doctors who made those statements masturbated themselves. Secondly, in America now, to combat AIDS, gay men are entreated to masturbate as a form of safe sex. What a turn round in a 100 years!!

Although the pressure groups in America have succeeded over the last few years in diminishing the national rate of circumcision from 90-something % down to 60%, it would appear to me that it will eventually cease because of that favourite modern American pastime – litigation. Someone, somewhere, in one state or other, will win a court case for being circumcised without his consent, and the damages will be so prohibitive that the medical profession will run scared.

At the Symposium, not one speaker spoke out against elective adult circumcision, in fact some of them showed approval, as being an informed choice.

Anon

## TaraKlamp

Surfing the 'Net can yield some very fertile circumcision sites. There are those that hold forth on the evils of circumcision and others that graphically demonstrate the steps necessary for undoing the evil – each step illustrated with photos of the Website owner's own cock. There have been very few Websites, however, which extol the operation itself. Until now! For an interesting excursion into the most up-to-date world of circumcision, type *TaraKlamp* into your search engine. It takes some time to scroll through the various offerings, but there are at least two which show this interesting device in action.

The TaraKlamp is a medical device invented in Malaysia with the sole purpose of simplifying circumcision. Remember, many Malaysians are Muslim. Islam requires the sacrifice of hundreds of thousands of foreskins each year. Young boys are the usual participants, but adult converts, too, must fall under the knife. As illustrated in one of the sites, the TaraKlamp is a plastic mechanism, maybe 4 inches high, attached at a 45 degree angle to a plastic ring. A second part is a flared, hard plastic tube, shaped rather like an infant's bottle nipple. The sequence of events illustrated with colour photos on the Website is as follows:-

1. A man stands with his flaccid willy displaying his droopy foreskin.
2. The man is shown lying on an operating table. He is draped, but his dick is in view through a circular cut-out. A line has been drawn around his foreskin to outline his corona.

3. His foreskin is retracted and the vaselined 'nipple' is placed over his glans. The flare of this tube accommodates the glans: the narrow end of the tube extends well beyond it.
4. Once in place, the wide edge of the nipple, now covered by the foreskin, is adjusted to match the previously drawn outline.
5. Now the plastic mechanism is put into place. The ring is slipped over the foreskin and positioned on the outline. It is still loose. The mechanism attached to the ring forms a truncated triangle. It has two arms, resembling certain wine bottle uncorking devices.
6. When the two arms are pulled upwards, away from the penis, they cause the ring to compress and engage the edge of the flared nipple, crushing the foreskin between the nipple's edge and ring. The space between the two surfaces is so tight that the blood supply to the foreskin is interrupted. Hopefully, the patient has received some form of anaesthesia, since the resulting pain must be excruciating at this point. At this point, without cutting, the foreskin would die and eventually slough off. But doing so might also have health risks.
7. The circumciser now takes a scalpel and cuts away the foreskin. A few drops of blood appear at the incision.
8. The foreskin itself is shown as a detached ring of flesh encircling the end of the nipple.
9. Part of the mechanism is broken off and the skin is removed, leaving the extended open end of the nipple/tube as a peehole. The arms and the constricting ring remain in place for 8 days, dangling between the legs of the new roundhead. There is no bleeding; the circle ensures a tourniquet-like fit. The ridge of skin still clasped between the tube and ring dies, but the remaining inner and outer foreskin behind the ring fuse and heal together.
10. After the 8 days, the mechanism is released and the nipple falls free. A dark ring encircles the circumcised dick, marking a visual separation between the inner foreskin and the shaft skin. This line is, in reality, a ring of dead flesh which was captured between the nipple and compression ring. It sloughs away and a normal circumcision line remains. Voilà, a trimmed dick!
11. The last photo shows a completely healed, semi-erect cock. The dark ring has disappeared. The circumcision scar is about halfway up the member. The frenulum appears to be intact.

I've been circumcised for about four years, but if I hadn't already had the operation, I think I'd be tempted to do my own. Or, perhaps this is the kindest cut one *Acorn* member can do for another. It looks simple and sanitary. Everything arrives in a sealed packet. Does anyone know if the TaraKlamp is

available in the UK? Have any of you had a TaraKlamp trim? Are there other members who are interested in circumcision procedures?

*D.P.R. – New Jersey*

[Bil Brierley, who has the sole sale rights in the U.S., told me that it isn't licenced yet in the U.S., or the U.K., although it is actually manufactured in England. – D.A.]

## An Irish Story

I am currently living an alternative lifestyle – in a threesome relationship with two men friends, half my age, one circumcised and the other intact, and I have developed some views on the subject which, I am told, might be of interest to your group. I hope your members won't be offended at the explicit wording of my letter, but it loses impact without the detail.

I was brought up in a rigid Catholic home in the west of Ireland, and was taught from an early age that all sex was sin, except for the purposes of creating children within marriage. Even then it was better for a girl to remain single and celibate, the better to serve the Lord, and I was under pressure from the beginning to join a religious order, having attended a strict convent school. I did so but, realising I had no vocation, avoided taking my vows, although I remained with the order as a long-term postulant to help out in teaching art etc. at the school for boys which they ran.

Having no brothers or sisters, I was wholly ignorant of male sexuality, and it came as a shock to me when I was asked to supervise swimming for the 8-year-olds, to find they all swam in the nude. The sight of so many willies, some of them quite big, had me brick-red with embarrassment, and naturally enough, the kids noticed and started to play up. Since there is no tradition of circumcision in Ireland, the boys all had foreskins, and one of them came up to me holding his penis out, telling me it was sore. I asked him what he meant, and to howls of glee, the little bastard pulled his foreskin back and exhibited the blood-red knob beneath it to me. To someone as ignorant as me on such subjects, it really did look quite sore – until a circle of giggling boys formed, also complaining of sore cocks, and also producing similar bright red knobs! I realised I'd been had, and that it was normal for a permanently covered cock-head to be that colour in a young boy.

My knowledge increased shortly after as I was helping matron, the only married member of staff. A thirteen year-old came in who really did have a problem with his penis – he could not draw his foreskin back at all and feared he might have to be circumcised. "Fiddlesticks!" said the matron as she stripped his pants off and studied it. "I'll not have any of my good Catholic boys with a Jewish cock". She looked at me, knowing my commitment to celibacy, and winked. "You can stay and watch this if you like. It might improve your



education." I watched as she pulled the boy's foreskin forward as far as it would go, so it looked like a 3" length of bicycle valve rubber stretching from the end of his penis. Grasping the tip at each side by the thumb and forefinger of each hand, she pulled the small hole apart until she created an opening you could push your finger into. The boy responded by getting an erection the size and shape of a large beef sausage – another shocking revelation to me! "Good," said matron, and pushed some vaseline into the opening with her fingertip. "Try pulling your skin back," she ordered the boy, who pulled it back enough to reveal a small circular area of red. "That's no good," said matron, "here, let me show you," and I was shocked to see her start running the skin back and forward quite hard a couple of times until the whole knob emerged. "Do that a few more times and you'll have no more trouble," she told the boy. If they'd known, the nuns would have had blue fits.

Having reached the age of 36 without any sexual experience with the opposite sex, my powerful urges, sinfully satisfied manually in bed every night, made me realise that I had to get away from so much female repression imposed on the staff, in such contrast to the blatant and rampant sexuality of the pubescent boys. A couple of years ago I came to England where suddenly the restraints of Ireland were discarded and I realised I was free to do what I wanted!

I immediately started to make up for lost time, quickly discovering what I'd been missing all those years. I cast my inhibitions aside as so many convent girls do and entered body and soul into the free-wheeling sexual scene, having 10 sexual partners in as many weeks. I reached my present arrangements a few months ago when I met my two boyfriends at a wing-ding, anything goes drinks party. Fancying them both and thinking it would be a bit of a lark, I led them to a sofa upstairs and sat the two men on either side of me. Then I aroused their lechery by hinting to them the fact that I had no knickers on. Immediately two hands burrowed under my skirt to check. I responded by undoing their zips and pulling out two fine stiff-standing penises, curious to note that one of them was tightly circumcised, the first time I had come across such a thing. We spent half an hour fondling each other, me with a cock in each hand while two sets of fingers explored my "vertical smile" – absolute bliss! Finally the two men came within seconds of each other and produced copious jets of seminal fluid which shot over the carpet.

Both men were close friends and we decided to link up as a threesome. Since the two men had such different willies, they were as curious about each other as I was about both of them, and we had long discussions – and practical demonstrations – on the subject of foreskins and circumcision. I tended not to take sides for obvious reasons, but listened with interest to their views. The circumcised man (his parents had lived in the States) was very conscious of his minority state in this country, and although his sexual performance could not be faulted, would in general have preferred to have a foreskin. The intact guy quoted all the stuff about cleanliness, health hazards and female preference for the cut member, which the circ'd guy immediately contradicted,

saying that the medical experts had now discounted all such arguments in favour of leaving the foreskin intact. As far as women's views were concerned, I made the tactful – and accurate – point that women generally preferred what they were used to, ie. American women generally preferred a cut cock while European women favour the foreskin.

My own private view is that circumcision is unnecessary, provides no advantages, and is cruel. It also affects sexual function to some extent. I prize the mobility of all that extra skin which is so rewarding to wank up and down, and so beneficial in insertion, especially when a long-skinned man's bunched skin provides extra bulk at the base of the penis at the end of the in stroke, which I find highly satisfying. I've had enough experience now to recognise that the hygiene claims are a myth, and have a sneaking suspicion that whatever the reasons for the operation, it is not done for the benefit of the child. It wouldn't do to over-egg the cake though, and although my preference is for foreskins, I still find the other sort highly acceptable. But for maximum enjoyment, you can't beat an educated tongue.

C.O.

## **How Smegma Serves the Penis**

**(From *Sexology Journal*, New York, 1970)**

**I**s smegma useful? Yes, certainly. It lubricates the cavity between the foreskin of the penis and the glans, thus allowing smooth movement between them during intercourse. During an erection, the glans increases in size. The foreskin, on the other hand, does not change its dimensions. It is yielding enough, and thin enough, to accept the enlarged glans. Furthermore, the foreskin is pressed backwards during intercourse, and on subsidence of erection returns to its normal position. These movements are not entirely passive, but are aided by the relaxation of the muscle fibres within the foreskin.

But could these movements be comfortably performed if the surfaces between glans and foreskin were dry and harsh? Of course not. There would be difficulty, delay, need for manipulation. Nature has therefore provided a 'natural ointment', smegma, to ensure easy lubrication and protect this delicate region of the male genital organ. To secure its even distribution, smegma is formed from the whole inner surface of the foreskin cavity.

Recently, Soviet researchers at the Botkin's Hospital in Moscow have discovered important details of this process. Smegma production, they find, is concentrated in the cells of innumerable small prominences, minute microscopic protrusions of various shapes and sizes found on the inner surface of the foreskin cavity. The process is a continuous one: living cells are

constantly growing towards the surface, only to undergo fatty degeneration in their turn, and separate off as freshly formed smegma.

These smegma-forming prominences vary with the age of the individual. The prominences may be present in fair numbers, even in infants and young children, but they reach their largest size and greatest number in men between ages 20 and 40. Thereafter, they regress until, in elderly men, they can be detected only in atrophied form. These findings tally with the amount of smegma produced at various ages. Comparatively little is formed in childhood. A noticeable increase occurs during adolescence, with its great acceleration of penis growth. This is understandable because the penis is developing into its mature and adult form. Smegma is needed for the smooth operation of erection, particularly during adolescence, when sexual thoughts and dreams, nocturnal erections and masturbation are common.

The adult stage follows with its period of maximum sexual activity. Sexual intercourse becomes a regular feature of life, and the function of smegma for lubrication assumes its full value. Middle age follows with a decline in amount until there is a virtual absence of the substance in old age. These findings are, of course, subject to individual differences; in some men, the penis remains well preserved and functional even into extreme old age.

Does smegma also contain sebum, the natural oil produced by the sebaceous glands on ordinary skin? This question has been debated for many years, but Soviet researchers have at last supplied the answer. They find that in childhood sebaceous glands are, in fact, present in the inner surface of the foreskin. As age advances, these glands decrease in number, and in adult life occur only at the base of the foreskin, inconstantly and sparsely. Other researchers have found them in rather large numbers in some individuals. But, in general, it is now clear that, while sebum forms an essential part of smegma in childhood, it makes no significant contribution to it in later life.

Attention has also been directed to certain papules present in some men on the corona of the glans. Recently naming them 'pearly penile papules' – or P-3, for short, an American physician considers they are probably more common than is generally realised. They rarely cause trouble and, since they consist only of a network of blood vessels surrounded by connective tissue, they take no part in smegma production.

Smegma is a substance of considerable chemical complexity, but little is known of its exact composition beyond the fact that it contains neutral fats, fatty acids, sterols, other lipids and cell debris. Scientific investigation is difficult because, on exposure, smegma readily undergoes changes in chemical composition and physical consistency. It can differ in colour from yellow to white and may vary between individuals at different stages of life. It also varies in amount in relation to the so-called 'smegma producing capacity' of the foreskin cavity. In other words, a long or wide foreskin produces more smegma than a short or narrow one. This is to be expected, since the function

of smegma is to produce a uniform general lubrication between foreskin and glans.

How do these matters affect American men? Circumcision in infancy is a near routine procedure in the US. One must suppose then that most men would lack smegma through an absence of foreskin. This will be true for those whose circumcision is complete. However, the operation is by no means an 'all-or-none' procedure. Surveys have shown that as many as one-third of circumcised men are left with a portion of foreskin that partially covers their glans. Adding to their number those individuals who have not been circumcised, we find a sizeable portion of men are still in possession of foreskins. Hence, from the practical point of view, it is important that they should realise the need for cleanliness of the foreskin cavity. This means, in effect, keeping it free from an undesirable collection of smegma.

In its fresh state, smegma is a wholesome and functional lubricant. But, if allowed to accumulate in the foreskin cavity, it becomes changed into an unpleasant, unhealthy and bad-smelling substance. Such changes are due to chemical splitting of smegma fats and the action of skin germs, which are otherwise harmless. In addition, foreign material may gain access to the smegma deposit in the form of dirt, dust or sand, urine and semen. Normally, a healthy foreskin may be retracted for cleansing, and smegma can be removed by washing. The fact that it is a superficial substance renders its removal easy, provided cleansing is performed regularly. Particular attention should be paid to the depths of the foreskin where smegma is liable to lodge in the pocket between foreskin and glans.

A very tight foreskin requires attention also. Without correct treatment, ill health of the foreskin is liable to occur. Deposits of smegma collect and harden within the foreskin cavity, which can lead to chronic disease and even prepare the way for cancerous changes. Cancer of the penis is not common in the US, but is frequent in certain tropical countries. It is almost always associated with uncleanliness and long-standing ill health of the penis. Since the tumour commonly develops within such a closed foreskin cavity, it has been considered that retained smegma could be the cancer-inducing agency. [*Sexology* editor's note: Cancer of the penis is now known to be associated with the presence of the human papilloma virus (HPV). Cancer of the penis may occur in both circumcised and uncircumcised men if HPV is present. Additional risk factors are hygiene, genital warts and number of sexual partners. Smegma is not now believed to be carcinogenic.]

Personal hygiene and cleanliness rank high as a protection for the penis. Remember that it is stale and accumulated smegma that is a source of ill health. Freshly formed smegma, washed away regularly and constantly replenishing itself, is a wholesome lubricant – making for ease of erection and smoothness in sexual intercourse.

*Joyce Wright, MD*

# ACORN

Issue  
Nº 6 1998  
Editor  
David Acorn

## Editorial

I recently went on holiday to Cap d'Agde, in the south of France, the largest naturist complex in Europe, and I thought that I should report back. On the first full day there, all the British who had arrived the day before were invited to a wine party by the travel agents. Looking around, it appeared that about half were circumcised, all of an older generation. Launched into the company of the other few thousand there, the percentage went right down, and those few that were, probably were British as well, and, of course, some Jews. The French were predominant, closely followed by the Germans and Swiss, with a few Spanish, Dutch and Italians.

What surprised me most was the conformity of foreskins. I would have thought that, as circumcision was so uncommon in these countries, I would find quite a few that, to our way of thinking, needed circumcising. But not so. 90% were open at the end to show the tip of the glans, or were short and showed up to half of the glans. The rest were almost closed at the tip. I saw no long overhangs, and only

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

about five that might or might not be phimosed. There seems more variation in foreskins at home here. I asked myself if this was why circumcision took off in this country and not the rest of Europe, or maybe the Europeans with abnormal foreskins wouldn't go to a place where they could be seen. I asked a German why he had been circumcised, and he told me that he hadn't, but had a very short, almost non-existent foreskin.

Another thing that I noticed was that young men now appear to have bigger flaccid penises than were evident when I was young. You can't compare them with older men now, as half an inch is lost off the penis length for every stone overweight, and let's face it, most of us are overweight, so it has to be done from memory. There aren't all that many young people in naturism. They go with their family until they reach puberty and disappear until they are young marrieds in their early twenties, presumably because they are so self-conscious about their bodies during that period.

*David Acorn*

## Prince William Again

I read on the Web ([www.circlist.org](http://www.circlist.org)) that there had been sightings of tabloid reports that Prince William had recently been circumcised at his own request. Have there been any other sightings of these reports? Which tabloids? When? Is the information considered reliable enough to warrant a change in the celebrity list status?

*C.B. – Cambs.*

[The original assertion appeared in a newsgroup well known for its trolls. The story has never been given chapter and verse by its author, nor corroborated by anyone else. It is unreliable and almost certainly untrue – especially given the tacit agreement amongst the press to allow William and Harry privacy in their personal lives. — V.Q.]

## Ragged Skin At Penis Opening

I am 20 years old and quite concerned about a particular characteristic of my penis. Perhaps your consultant could give me some information on the subject. At the tip of the glans I have a little protrusion of flesh where the urethra opens. I guess the best way to describe it is that it looks like ragged skin. Also, the frenulum is stretched quite tightly even when I don't have an erection.

A friend says that he has heard of people having things called strictures which block the urethra and can sometimes resemble what I have described. He suggested that I try applying hydrocortisone cream to this little ragged

spot to shrink it. Will this help? What could have caused this? Perhaps it might be important to mention that I masturbate by rubbing my penis just under the head at the frenulum between my thumb and forefinger instead of the seemingly more popular up/down stroking method. Please give me some help with this problem.

**Answer:**

First, there's no point in using a hydrocortisone cream. It won't do anything to shrink this piece of skin. You don't have to worry that this might be a urethral stricture, which is an internal problem that affects the flow of urine. Nor is this ragged skin related to your masturbatory technique.

This flap of extra skin may simply be part of your anatomy. Some people have a bit of additional skin in some places on their bodies. If you're circumcised, it's possible that this ragged bit of skin resulted from the circumcision. When the penis is circumcised it is very small, and may grow in ways that result in such variations. This flap of skin should not affect your enjoyment of sex, or of your partner's. If you remain concerned about it, I suggest that you consult a urologist for advice.

*From the Internet*

## Islamic Cut

I wonder if I can add a little to the Islamic circumcision correspondence. I have no religious leanings whatsoever and was referred to a Harley Street doctor specialising in both male and female genital surgery. It was only during his examination of my foreskin that he mentioned that he was a Muslim, and that his normal practice was to undertake a radical circumcision, although adding that he would do partial circumcisions if asked to do so, i.e. leaving some skin at the base of the glans.

I confirmed that I would like to be cut right back and to lose my frenulum, which is what he did. As he finished, I remember him saying, "There, you are now fully circumcised in the Islamic way." This was of no significance to me, although the fact that it was radical meant a lot to me then, and continues to give me great pleasure.

To any member contemplating circumcision, I would recommend the radical version, but whatever you decide, do have your frenulum cut. It not only looks good but stops the glans from being held down.

*I.S. – North Kent*

## Lone Voice?

**A**m I alone, or have other members noticed the worrying trend for *Acorn* to become a platform for the anti-circumcision lobby.

I cannot be the only member who is happy with his circumcision, and it would be nice to read more about the benefits and pleasures. Current trends discouraging mothers from allowing their newborn boys to be circumcised will mean that we will be a dwindling minority (maybe even a freak show to be pitied).

To those who want to keep their foreskins – it is your choice – but you don't know what you're missing. If you are cut and happy, now is the time to put pen to paper, either to *Acorn* or to me via *Acorn*.

*S.S. – Twickenham*

## Further Observations

**I** have of late taken more than a passing interest in the genitalia of my fellow gym users, and it has come to my attention that great many health conscious young men in the prime of their lives, and presumably at the height of their sexual vigour, seem to suffer (if that indeed is the correct term) from what can only be termed as 'the anteater look'.

Their foreskins are very tight, all enveloping, and protrude from the head of their penises by several centimetres. Their cocks therefore look like eye-droppers!

How I would like to carefully retract these heavy drapes of flesh to expose the glistening, sensitive bulbs of their glans penis for all to see. The purple and glistening jewel in their crowns with its single sad eye!

Whilst variations in penis size and shape add variety to the spice of erotic life, it would require the boldest of connoisseurs to find those cowed hoods appealing. No. The circumcised penis is bold and to the point: what you see is what you get, and no hidden surprises there...

*K.G. – London*

## Comments On 'Paeon To The Penis'

**I** have 'Paeon to the Penis' (3/98) in front of me as I write, and compliment K.G. of London on expressing sentiments with which I 95% concur. "I couldn't have expressed it better myself" is the cliché which springs immediately to mind. So why do I only give the piece a 95% rating? It's the phrase "all penises are a thing of beauty" which worries me. Some, admittedly only a few, strike



me as being decidedly ugly. I'm not thinking about distressing deformities or pre-pubertal penises, which in the first instance are sad, and in the second instance are usually insignificant and (to me) just plain boring. I believe that, just as there are pretty or ugly faces, pretty or ugly hands, and even pretty or ugly general physiques, so some penises are emphatically prettier than others.

It's a topic I've often discussed before. It is very hard to define, but there is a certain balance between shaft length and thickness, and between shaft and scrotum, which I find more attractive in some guys than in others. Sometimes the whole ensemble seems to be set further forward on the lower abdomen than on other occasions when it seems to hang further back between the legs. Those which stand forward (or proud) always strike me as being more attractive. The level at which the scrotum hangs (slung low or held tight and high) also has a bearing on aesthetic appearance.

These are subtle qualities which subconsciously affect the degree of pleasure that I experience when viewing a 'genital set' for the first time. But they do not detract significantly from my general accord with K.G.'s view that penises are a joy to behold. It matters not whether they are large or small, thick or thin, cut or uncut, black or white, hard or soft – they are all beautiful. And that's why I can never understand why men, traditionally, tend to hide this wonderful asset from public gaze. This is in direct contrast to women who do everything in their power to make the most of their breast cleavage and voluptuousness, and dare the fashion designers to produce even skimpier bikinis and mini-skirts.

But there is more to 'Paeon to the Penis' than just K.G.'s praise of its appearance. At least another three of the recognised Five Senses contribute to its joys. Take feeling and touch for example. First of all there are the magnificent sensations within the organ itself and, indeed, in the whole body corporate of sexual arousal and orgasm. These ecstatic joys, surely, are more fundamental even than its visual appeal. But there is also a great sense of pleasure in fondling the texture of the skin and feeling the increasing fullness as tumescence advances. Yes, the touch of a good penis is as glorious as its sight. As a sexual 'oralist' I know the pleasures which are generated by taste and smell are not only mine, but are experienced by all those who share my predilection.

Only hearing is of questionable value when assessing penile attributes – although the rhythmic slapping of carefree masturbation can be music to the ears.

*R.H. – South Wales*

## Doubts

I have always been an ardent enthusiast for circumcision, but recently I've begun to wonder about it. For example, at work yesterday I walked into the toilets which have unshielded urinals side-on to the entrance to see a young guy there gazing down in satisfaction as he took a leak. He had the sort of over-developed foreskin which I used to hate so much in myself, and which he obviously had no intention of retracting since his urine jet emerged from its tip. Meanwhile, I went and did what was necessary, washed my hands, and, as I left, noticed that he was still standing there staring contentedly down at his cock as he stretched and released the surplus skin adorning the end. This had the effect of increasing the unease I have felt for the last few months about having got myself done (and incidentally gave rise to this letter) since my observations in the toilets, and the sight of dozens of blokes previously performing at the stall, bring home to me the fact that none of the other guys at work, of my age, are circumcised, and furthermore, none of them choose to pull back their foreskins when they pee. In the past, I'd always thought this was a common practice for hygiene. The niggle at the back of my mind is that, as far as circumcision is concerned, I appear to be on my own, and I also seem to be the odd man out over the necessity for foreskin retraction.

I always wanted to be circumcised ever since my first girlfriend was reluctant to have sex with me because I hadn't been done. She told me her brothers had been circumcised and that girls were liable to get cancer from uncircumcised men. This made me feel terrible about my foreskin and I resolved there and then to get it removed. It took me a couple of years to muster the courage to do so. After leaving college I took a job in the Midlands and found lodgings with a landlady who turned out to be an absolute tart. She was about 15 years older than me and had a really filthy mind, every conversation being full of double meanings, and the phrase 'nudge, nudge, wink, wink' fitted her perfectly. I found all this quite worrying since I was desperately naive sexually, and was still not quite sure of my sexual orientation. Within three days of my arriving I found myself called into her parlour, where I was dumbfounded to see her ironing her knickers, fully dressed above the waist and totally nude beneath! She grinned at my evident dismay. "Don't worry about me, love. I don't believe in standing on ceremony", she said. I was prepared to believe her too as I feasted my eyes on the untidy black powder puff between her thighs, noticing with interest that lower down the lips had been depilated. I have since discovered that a lot of 'professional ladies' do this.

I began to understand what it was all about when a procession of commercial travellers stayed, and to my knowledge quite a lot of them were offered extra 'entertainment' for a consideration. I doubt if it got declared on her tax return. Eventually of course, I found myself escorted to her bedroom after several suggestive comments that it might be worth my while. I was as nervous as a kitten as she undressed me, eyed my limp penis speculatively before stripping

off herself. I'd never seen a woman of her mature years nude before, and was desperately excited at the vista of massive female flesh as she revealed her over-ripe melons to me with another view of her powder puff and nether lips. I sat there on the bed, red as a beetroot, while she chuckled at my continuing state of dick droop. She told me not to worry but just give her a kiss, whereupon she grabbed me in a tight embrace and laid on top of me as she ran her lips over my neck and chest. I felt plenty of excitement of course, who wouldn't? But at the same time I was overwhelmed by panic and still failed to respond. She told me to relax, not to worry, and then said a little 'gam' would soon do the trick. Whereupon she seized my pathetic little flopper in her fist, dragged the skin down off the head, and popped it into her mouth like a boiled sweet!

I then started feeling sensations I'd never even dreamt about before and within seconds found myself rising to the occasion like a true hero, and the party started on its inexorable path to a crescendo of sexual bliss. I could hardly believe what had happened to me, since it was more like the sexual boasting of my friends which I knew was only fantasy. But here I was actually making the grade with a genuine nymphomaniac (tart, in fact, but I didn't realise it fully at the time). She looked on me as relaxation rather than a meal ticket, which was just as well since I was broke most of the time.

This became a regular treat when she had 'nights off' from her usual clientele of commercial travellers. She seemed to prefer oral sex, and I was also required, despite severe misgivings, to 'give my tongue a treat' before she'd consent to the finale. The most exciting experience for me though, was when she gripped my shaft between her teeth and pulled her head back, grazing the knob through the stretched foreskin before biting and tugging at the foreskin tip. I could only stand a little of this before being overwhelmed with feeling and flooding her mouth with come.

Eventually I revealed to her my enthusiasm for circumcision and intention to get it done. She smiled and said a lot of older men had had it done, but she reckoned it deprived a man of his male scent down there and made it less interesting for oral sex. Anyway, I was finally circumcised at the S.A.S. Clinic, and about three weeks later was just about fit to renew our sexual activity. She was dead curious to see what had happened but was not too keen on the still raw-looking wound, and refused from then on to apply her mouth to it or let me have normal sex. Instead she made me perform orally on her while she gave me a hand job. This was not very satisfactory for me, but what really got me down was the constant demand she made on my tongue. After giving her a couple of comes in the evening and falling asleep, I'd wake up to find myself fighting for breath as she straddled my face with my cock in her hand and demanded yet more oral satisfaction. This was all very fine, but I found myself waking up tired, and have been unable to face kippers for breakfast ever since.

She seemed to really enjoy belittling me and treating me in a high-handed way. She had a tarty friend of the same age and inclination, and used to

invite her round so they could both heap indignities upon me. This systematic humiliation by two strong-minded women made me wonder if I'd done the right thing by getting myself circumcised. Although neither of them made disparaging remarks as such about my altered organ, their disgraceful conduct in pissing all over it could not have made their feelings any clearer. Immediately afterwards I moved out, feeling in the depths of depression when I should have been rejoicing at getting my wish to have myself circumcised granted. Afterwards I got myself a normal girlfriend and settled down to a more normal and contented life. My new girlfriend made no comment at all about circumcision except for her initial surprise since it was an unfamiliar sight to her. When I try and raise the subject though, she seems to find it embarrassing and refuses to talk about it.

Sex is fine now, but the excitement of the appalling things my landlady did lives on and I can no longer reach the heights of sensation I used to feel, especially when she used to apply her teeth to my foreskin. My present girlfriend is not too keen on giving me oral sex, but when as a treat she does, I have to admit I find it quite boring. Anyway, what's done is done and I'm determined to make the best of it. Have any other members had doubts about it after getting themselves circumcised? It would be useful to know.

*Anon*

## The Frenulum

There is often a lot of controversy about the frenulum whenever circumcision is mentioned. In my own case I never had a tight or even obvious frenulum when I had a foreskin. However, a great number of uncut men have this obvious 'string' which causes them a great deal of discomfort when erect, with it being stretched tight so that intercourse can be quite painful. It brings to mind the letter from 'Amanda' (about 1994?) and how she helped her boyfriend by cutting his tight frenulum. This resulted in his being able to properly retract his foreskin, and completely changed their sex lives.

It seems to me that in this day and age when the medical world wants to leave nature alone, and circumcision is sadly not as popular a neonatal procedure as it should be, boys should be examined. Since there are often adhesions which prohibit an infant's foreskin being retracted, most will have been broken down by the age of 5 or so. During routine school medicals at about that age, a careful examination of the frenulum should be made, and if any degree of tightness is seen, it should be snipped under a local anaesthetic so that the boy will never have any problems in the future. To all intents and purposes the boy will be untouched but he will be able to retract his foreskin fully and will never have problems during intercourse.

Returning to the subject of circumcision and the frenulum, it seems quite illogical to leave any trace of frenulum when the penis has been rid of its foreskin. Certainly in my case, when I removed my foreskin, my one regret was that I was not circumcised as an infant like so many of my luckier friends. To this day I enjoy the slight feeling of bareness given to my denuded glans and also the feeling of always being 'aware' of that organ nestling in my pants. Should anyone have any comments, do drop me a line. [Or *Acorn!* — D.A.]

*R.W. – Surrey*

## So-Called Muslims

I am really disgusted that someone who hasn't met me judges me in such a hostile manner in more or less branding me of religious bigotry. I have never been a bigot, but have been a very religious person who happens to be a very broad and open-minded human being. These comments are, of course, directed to R.B.W. I will always stand up for religion, and one more thing, Muslims have never forced circumcision on anyone. It was the so-called Muslims who did such things, and Islam tells Muslims not to force the faith on anyone, and all Muslims get annoyed that so-called Muslims use and abuse Islam in front of the non-Islamic community, whom I deeply respect and enjoy being with.

It is these very so-called Muslims who are ramming Islam down the throats of the non-Muslim people in Southern Sudan where all males are being forcibly circumcised that is going against these people's human rights and, above all, Islam. A Muslim would never forcibly circumcise anyone who isn't within the fold of Islam.

I wish R.B.W. all the very best in life and that his knowledge increases as all ours should as well. I do not expect this letter to be published as I feel there is still an anti-Islamic bias against Muslims and Islam.

*Yahya Ahmed. O.A.N.I.M. Lamont*

## Reply To 'No Hands', Issue 4/97

It's true that you can have an ejaculation without an orgasm, as Anon wrote in 4/97, You can do it once or twice more until you are dry, but it's very hard to achieve all the time because you have to reach a point exactly, and then – hands away!

It would be very interesting if we could read about some other methods, like the feelings after a period of chastity, or from a female aspect. These masturbatory ideas are not often discussed, although they must take place.

I like to see tight radical circumcisions. I haven't been cut yet, but I do have a tight foreskin and have been thinking about having it done for some time.

I also like to see very small endowments. My friend has one and it's always exciting to see. Perhaps someone like that is interested in corresponding or meeting? Each letter will be answered.

To the letter again. If you hold back at the right moment, you feel fine to start over again. You must have great will-power, as Anon wrote, but it is possible.

I wonder if we could have letters on other topics, like feelings after periods of chastity, use of condoms, orgasms without ejaculation etc. Members, tell us about your likes and dislikes, and let's start some nice discussions.

I hope there's a great response to this, and I'll write some more in future issues.

*Greetings from H. O. – Vienna*

## **Rabbis Rebuked**

***(Sunday Telegraph – 2.8.98)***

**I**sraeli parliamentarians have launched a campaign to stop the country's Orthodox rabbis conducting posthumous circumcisions. In the latest issue to divide secular and religious Jews, Israel's burial societies have been accused of circumcising dead bodies without informing the families involved. The societies say they are merely following religious law, which requires that a man be circumcised to qualify for a Jewish burial.

"If I find somebody who has not been circumcised, I will do it," said the director of a burial society, adding that once the body is presented for burial there's no need to consult the family. "If you come to a Jewish burial society, you know what to expect."

Enraged by such reports, MPs are trying to have the practice banned. An opposition MP has filed a complaint with the police, saying the practice is illegal. "In a modern country like Israel, we cannot bear behaviour like that," he said. "It's a question of fanatics, and we have to deal with fanatics inside Israeli society."

Members of the parliamentary committee on immigration and absorption have urged Israel's chief rabbis to guarantee circumcisions are performed only with approval of a dead man's family. The issue triggered heated exchanges during a recent committee debate. "Only I am responsible for my sexual organs," declared the leader of the left-wing party. "The religious establishment is not only taking control of our lives, it is controlling our deaths."

However, Israel's powerful religious parties argue that posthumous circumcisions are no worse than autopsies, which they oppose, "Why do you object to a circumcision, but when we're talking about an operation taking out

the heart, lungs and other organs, you don't have a problem?" they say. Israel's burial societies, under the control of the country's Orthodox rabbis, say they cannot bury uncircumcised bodies, and that there are secular alternatives for families who do not wish to follow Jewish law. But while religious burials are state funded, civil ceremonies are very expensive. In fact, Israel's rabbis are divided on the issue of posthumous circumcisions, and at least one burial society has stopped performing the ritual act.

In recent years, the issue has come to light because of a large number of uncircumcised immigrants from the former Soviet Union. The government spent tens of thousands of pounds on circumcisions following the influx in the late eighties. Concerns ran high in religious circles that when it came to Jewishness, many of the estimated 800,000 new arrivals were distinctly lacking. Surveys suggest that at least a quarter of the immigrants are not Jewish at all. Anatomically, it seems, it is a question of too much, rather than too little. Although the operation for grown men is performed by doctors, not rabbis, many immigrants are understandably squeamish, preferring to take their secret to the grave. Unfortunately, thanks to burial societies, they can't.

*D.B. – Lancs.*

## **My Circumcision**

I do not remember when I first became aware about circumcision. I had been left intact as a baby and had a long, straggling foreskin – when I was fully grown it extended over half an inch beyond the tip of my penis. I was quite a naïve adolescent – there was no sex education at home or school, and my sketchy knowledge was picked up from friends and books. I can recall discovering for myself how the foreskin worked. One day, when I was about 12, I noticed that the skin could pull back. I started to do so, not knowing how far it would peel back, nor what I would find underneath. And so I discovered my glans!

I remember the word 'circumcision' as a word from the bible, picked on with great delight by some boys in religious studies classes. I looked up the word in old medical books that we had at home and I suppose that I became aware that circumcision was a procedure which was carried out on some boys and not others. At school, there were both cavaliers and roundheads and no-one made any big deal about which you were.

It was in my late teens that I began to be really interested in the subject. I liked the look of the shorn cock and wondered what it was like having the glans exposed. I even tried keeping the skin back, but the glans was so sensitive that I quickly drew the skin forward again. The defining moment came towards the end of my first year at university. I went swimming with a friend and afterwards we showered together. He looked at me and said "I see

you've never been circumcised." (He himself was cut.) I replied that no-one had ever suggested it and he said: "You ought to get it done. It would be much better for you." "And how would I manage that?" "Oh, just go and see your doctor, he'll organise it." The conversation went no further, but I realised then, first that adults could be circumcised, and second that it might be better to be cut than uncut.

After that, I became very interested in the whole subject, and was very observant about people's status as cavaliers or roundheads. I again tried keeping my foreskin retracted, but the sensitivity of my glans always defeated me. Then I realised that if I was circumcised I would have no choice about my glans being permanently exposed. So I decided that I would choose a time and date a few days in the future, and would pretend that I was to be circumcised then. After that, I would keep my foreskin retracted. It took a lot of willpower – for about two weeks, I was aware of every move that I made. I seemed to be in a permanent state of erection, and yet my glans was extremely sore and tender. Several times I nearly gave up, but each time I argued with myself that, if I had really been circumcised, I would have no choice. Eventually, after about two weeks, the whole situation settled and thereafter, I kept my foreskin retracted virtually permanently. I was lucky in having a quite pronounced coronal ridge so that even though the foreskin was quite bulky, it rarely slipped forward.

Over the next few years my desire to be circumcised increased. As I met more men who had been circumcised, and discussed with them the advantages, I became convinced that I wanted to be a roundhead. This, however, was easier said than done. Whenever I had a medical I raised the subject. I also saw three different doctors to request the operation. Always the answer was the same. Although my foreskin was a little bit long it was perfectly healthy and there was no medical reason to remove it. I decided that the next stage in my campaign should be to feign balanitis (inflammation of the foreskin). I claimed that during hot weather I suffered from persistent irritation and soreness and I also induced a rash before medical appointments by applying spices or ointments like algipan. Even this however did not convince the doctors. I was treated sympathetically, told to keep clean and dry and was given creams to apply. I was even referred to a dermatologist. Sometimes circumcision was mentioned as a possibility, but when I pressed this I was told that it was a serious operation and that there were lots of things to try first. I began to despair of achieving my ambition and I even began to wonder whether converting to Judaism or Islam might be a way!

I then had a stroke of luck. I was in a business meeting one day when the person I was with said that he would have to call our meeting to a close since he had to collect his sons from hospital. I expressed my sympathy that both his sons were ill at once and he laughed and said that both had just been circumcised. When I said "Both?" he explained that his 15 year old son had developed a tight foreskin as he matured, and that he, the father, had



decided to have his 12 year old son cut at the same time as a precautionary move. It seemed to me that any surgeon who would do a circumcision just as a precaution must be in favour of the operation and I managed to angle the conversation with the father to find out who the surgeon was. I was given a name in Harley St. I knew that consultants normally only saw patients referred to them by a GP. However I decided to write to this surgeon direct and I told him my well-rehearsed story about suffering from balanitis and asking whether he would see me with a view to performing a circumcision. I really expected not to receive a reply, or at least a negative response but a few days later a letter arrived offering me an appointment.

When I went to see him he listened very sympathetically whilst I explained the frequent irritation and discomfort which I suffered. He then examined me very carefully. When I was dressed again, he said that he was not surprised that a foreskin of that length was causing problems. (I was obviously lucky that in fact it wasn't!) In his experience, once a foreskin began to give trouble, it usually continued. On the other hand circumcision was almost always an effective cure and he was therefore prepared to do the operation for me. I felt an enormous sense of relief as I heard this and I had great difficulty in not smiling in triumph. I had just one last concern and this was about the amount of skin which would be removed. I had seen some circumcised men with whom it was difficult to tell whether they had been cut or whether they just had short foreskins. I wished to be more radically dealt with than that. I said that since the foreskin was causing problems I hoped that he would remove as much as possible. He said that I need have no worries on that score – he always performed a full circumcision whatever the reason for the operation. I would find after the operation that my glans was fully exposed. In fact, he warned me that this might cause some problems initially since I would probably find that the glans was very sensitive. I could help myself by starting to keep the foreskin pulled back before the operation so that the hardening off process would at least have begun. I didn't tell him that I had actually been wearing my foreskin retracted for a number of years. I also tried to persuade him to do the op under a local but he said that he always used a general. I was disappointed and I would have loved to have been awake whilst the operation was being performed. However, I had no intention of rejecting his services just because of that. Three weeks later I was admitted to a private hospital. I went in at lunchtime and the op was due to be done at 7p.m. The afternoon was taken up with visits from the nurse taking specimens and the anaesthetist giving a check-up and taking blood pressure. Then at 5.30 the nurse (fortunately a male nurse so my blushes were spared) came to get me ready. I was washed all round the pubic area (but not shaved I am pleased to say) and I was then tied into a surgical gown. It always seems strange that the gown came down to the knees when presumably in theatre it had to be shoved back up to my waist, but there must be some logic. As I put the gown on I took a last look at my uncircumcised penis with the foreskin straggling beyond the tip – untidy and forlorn looking. I had no regrets about bidding it farewell. I was then given

an injection and drifted into a half daze. I remember looking at the label tied to my wrist saying 'Circumcision' and feeling pleased that it was now so near. Then I was wheeled off to the theatre and put properly to sleep. I was woken a couple of times in the night by the nurse who shone a torch down below but I was too groggy to take much notice. In the morning, however, I woke bright and clear, very hungry since I had starved from mid

day the previous day and in no pain at all. In fact I took no pain-killers at all after the operation.

I stayed in hospital that day and the following night and early the next morning the surgeon came to remove the dressing. So my circumcised penis was revealed – and very bruised and battered it looked! The surgeon explained that this was normal – the skin was very sensitive and had been traumatised. He told me not to wear a dressing but perhaps to keep a piece of lint loosely around it to keep it clean. He said that the glans would probably be very sensitive now that it was exposed to the world and erections would also be painful (and they were) but not to worry as the stitches would not come apart. Sex was banned for three weeks.

Over the next week to ten days the stitches gradually dissolved and the scar started to subside. The whole area however was still very puffy and numb. When I saw the surgeon after a week he told me that this was perfectly normal and that both symptoms would gradually go. He was right, although it took about three months before I could say that I had a fully healed circumcised penis.

I had had a slight concern before the operation that afterwards I might regret losing my foreskin. I must say however that I have never had a moment's regret. I was very pleased with my remodelled penis and proud of the exposed glans. I was much less shy about undressing in public. Whereas before, I had tended to keep myself covered as far as possible in changing rooms, now I didn't mind who had a look! Sex seemed better without the glove of foreskin and masturbation was still pleasurable! In all it was a success and I could only wish that it had been done earlier – say when I was 3 days old!

My only slight regret was that the surgeon hadn't been quite as severe as he had promised. Although the glans was fully exposed, there was still a ring of foreskin which tended to bunch behind the glans rim when the penis was flaccid. This niggled a bit and I would have preferred the type of circumcision that I saw some other men had where there appeared to be no spare skin at all. I assumed however that there was no way I could get an adjustment – it had been difficult enough getting the first operation. Even if the surgeon who did that hadn't by now retired I knew he would throw me out on my ear if I asked to be tidied up.

I then read something in *Forum* which suggested that the Surgical Advisory Service did revisions. I was very reluctant still to expose myself to possible ridicule there. However, as it happened, a small cyst had developed on the

circumcision scar line and since the SAS also advertised minor ops I decided to have this removed and to see whether there was any chance of raising the question of a revision. I duly made an appointment, got to see the consultant and dropped my trousers and pants. He checked the cyst and said that it could easily be removed. He then looked at me and said: "Is that all?" So I plucked up courage and asked whether when he did the operation, it would be possible to tighten up the skin at all. He immediately became very enthusiastic. He examined my penis again and then said that there was surplus skin which he could remove. He suggested that he should do a complete re-circumcision so that he took away skin right around the shaft. He would cut the frenulum at the same time so that he could get a really tight effect. When I asked whether he would recommend the operation, he said that he thought that it would be very beneficial. It would be much better for the glans to be fully and permanently exposed.

So three weeks later I presented myself for the operation. I removed trousers and briefs and lay on an operating table with my shirt pulled up around my chest. This time I had my wish that it should be done under local anaesthetic although I was asked to fold my arms over my chest so that I couldn't actually see what was going on. He injected me and then after what seemed a very short time, he started.

He explained to the nurse that this operation was a bit different because I had already been circumcised but not enough skin had been taken away. I asked whether this was a frequent problem. He said that not many men went as far as a revision but in his opinion many of the circumcisions which he saw in the course of his duties were not as complete as they might be. Whilst he was working, I asked whether he got much response to the circumcision advert and he said that there were an increasing number of men seeking the operation. I asked whether he was in favour of routine circumcision and he said very much so. It was best if it was done as a baby but a man could benefit from it at any age and he would certainly recommend any uncircumcised man to consider the operation.

At only one point did I feel any pain. I yelped a little and he apologised and explained that he had just cut the frenulum which was very sensitive. At that I felt quite satisfied because it meant that I was now really radically circumcised. I was aware of him working on one side and then the other, and then very quickly it was over and he was putting a dressing on. It must have been a maximum of 20 minutes. I was then told to dismount, get dressed and rest for a little while in the waiting room where I could have a cup of coffee.

In the waiting room there was a man in his mid-twenties, looking a bit nervous. I smiled and said: "I'm glad that's over." He asked: "What did you have done?" "Circumcision." "Me too!" he said. "Well, you'll be much better off without it." "I know" he replied "I've wanted it done for the last ten years." And with that he was called into the surgery. Twenty minutes later he returned. "Well, I don't know what it looks like, but I feel great," he said. It was funny

really, two men with highly damaged equipment feeling very pleased with themselves. But we both knew that we should very soon reap the benefits of our soreness. I was then called out, my dressing was checked to make sure there was no bleeding, I was given a prescription for painkillers and antibiotics, I paid and left. As with my first circumcision, the discomfort which I experienced was minimal and the painkillers remained untouched. An unpleasant feature was the dressing. I had been told to keep it on for 48 hours but it came right up the penis virtually to the meatus (presumably because the frenulum had been removed) and so the dressing quickly became soaked with urine. This I found very unpleasant and it was a relief to be able to take the dressing off after the stipulated time. This time the penis did not look so damaged – no puffiness probably because most of the actual foreskin had now gone. I was a little concerned that there still seemed to be slight bleeding where the frenulum had been removed and in fact this continued for about five days forming a haematoma. I was thinking I would have to return to the surgery but it did at last stop. The resulting blood blister however did take some weeks to dry up and eventually go. The stitches gradually dissolved over a week or ten days although they left slightly raised lumps which again took some time to subside. I think a different stitching technique must have been used from the first time. Anyway, in due course, everything healed up properly.

So what does it look like now? The skin is now reasonably tight on the shaft and there is no surplus skin to ruck up behind the ridge. This means that the glans is fully exposed including the underpart of the rim, running right round to the V-part of the underside of the glans where the frenulum had been. I have at last got the really radical circumcision that I wanted.

And my opinion now? Firstly, I believe that my glans has expanded through being exposed on all sides. Secondly, this has been an added bonus to the improvement in appearance which the operation brought about anyway. Thirdly, the exposure of the underside of the rim, which is a very sensitive area, has been very beneficial both in sex, where the whole penis head is subject to stimulation without any skin covering, and in masturbation, where all surfaces are open to exploration.

I have always been an advocate of circumcision. Now I believe that the most radical cut confers the greatest benefits. If only cavaliers knew what they were missing, they would be queuing up for it.

*I.G. – London*

# ACORN

Issue  
No 7 1998  
Editor  
David Acorn

## Editorial

A profusion of circumcision stories in this edition. I won't apologise, as most members know that I feel if someone goes to a lot of trouble to write up their story then it should be told.

The following should, by rights, be found in the celebrity status columns, but as I'm writing here I might as well put it in here. During the last two weeks in October, late at night on Channel 4, two films by the British director, Peter Greenaway have been shown. One can always count on seeing a load of bare bodies in his films. The first, *The Baby of Macon*, starred Ralph Fiennes, who, like most of the rest of the cast, came to a gory end. He spent some time cavorting naked on the screen and, although it was easy to see that he sported a foreskin, the photography was all in a red hue which made it difficult to pick out the finer elements.

The second film, *The Pillow Book*, was a different kettle of fish entirely. It starred the British actor Ewan McGregor (who also came to a sticky end, having his skin peeled off his body, the meat of him cut up and put in a garbage lorry). It was all about a Japanese girl writing on

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bodies, so he spent most of his scenes, as did most of the men, in the nude with a lot of full frontal. Ewan has what could be called the perfect natural penis, with a smooth foreskin which just allows the tip of his glans to show, and would probably disappear when he is erect to possibly 6.5" plus. Two other young British men stood full frontal as well, and they could have been replicas of McGregor's. One Japanese young man had his foreskin retracted in his first scene, but had it brought forward in the second. His foreskin was short, as was his penis. A second Japanese also had a small penis, this time though, with a long pointed foreskin. A young fat American, cut, was scorned by the girl for having a tiny one, and a sumo wrestler type had nothing but a wad of pubic hair. Unlike most Greenaway films, this one had sharp lighting, the better, I suppose, to see the Japanese writing all over the bodies. As it was a premier showing, one can expect it to be shown again in the future.

*David Acorn*

## Fulfilment

What a revelation! I received the bounty of five editions of *Acorn* last Monday evening and read them all through before turning off the light after midnight. Even then I didn't get to sleep for twenty minutes or so...! Thank you for producing such an interesting publication, and one which addresses in an adult and stimulating way a subject that has fascinated me from my earliest years, that of circumcision.

I don't know why I find it so all-absorbing. I recall bath times as a lad, when I shared the tub with my older brother who was cut. Right from that time I held a resentment that I was not. Was I not good enough to be treated in the same way as him? Was I inferior? Why couldn't I have it too? I remember at the age of ten or so trying to draw back my foreskin and fix it with metal grips, hoping that it would stay like that; that I would then be 'circumcised' too! Laughable? – well perhaps, but it shows the strength of my feelings on the subject even then. I wonder if other men have felt this at such an early age.

Soon after, when my sexual feelings for boys and older men began to stir, I regarded those who were cut as a special super species, particularly honoured in life and desirable to me in a very strong way. That feeling has not changed and even now, in my early fifties, I regard a sexual experience with a circumcised man as quite radically different and more thrilling and fulfilling than with an uncut guy. (Sorry, lads!)

And I am still unable to understand how the subject (and the difference) appears to be entirely unimportant to the majority of gay guys I meet. To me it is of the essence.

I lived my first thirty eight years languishing and dissatisfied with my boring foreskin. How ordinary my cock looked, even when the skin was retracted and I tried to 'pretend'. Fortunately I had a slight problem in that area with

the tightness of the skin, which caused soreness. The sympathetic, even enthusiastic, doctor I consulted actually advised an operation. I was overjoyed! At last I was to become one of the elite. The operation was performed with just the customary temporary discomfort and I spent one night in hospital. Once the bandage was removed I had become a new man and had a penis of which I could be really proud – and still am.

Of course there are differences in things I do. I can't wear boxer shorts because the lack of support they provide allows things to move around too much and I find myself becoming embarrassingly stimulated within a very short time! And of course sex is rather different too. Previously, when masturbating, I had always liked the skin pulled sharply back at the moment of ejaculation; it made the orgasm very exciting. That is not possible now of course, but after the op I was left with a little loose skin, just enough to move gently back and forth over the ridge, and it saved things becoming too sore and reduced the need for much extra lubrication. I have some sympathy for men who are so cut that there is nothing to manipulate in this way, but they seem to manage well and enjoy their sex lives even so! Oral sex is quite wonderful now and aesthetically – such a handsome beast! Should anyone be in doubt as to whether to proceed, my advice is "Don't hesitate". It just seems a shame that so few such ops are done nowadays.

As a member of a swimming and keep fit centre (admittedly in an affluent part of London) I am impressed by the number of late teen to early thirty aged men that I see there who are cut. Perhaps that is a function of the idea that 'upper crust' blokes' parents had a higher regard for the op than other folks and I believe that that principle still holds true today, albeit to a lesser extent.

Well, there's one man's experience of reaching fulfilment by circumcision and I would be very interested to learn of any others with similar histories; specially younger men, because in a world of diminishing circumcision their cut state is very much in the minority.

*Will*

## **From Tight Phimosis To Full Retraction**

### **One Man's Stretching Experience**

I grew up as the only intact boy in my area. I owe my good fortune to having unusually savvy parents. When a nurse came to take me to be circumcised, my parents said "no" because no male in my family had ever been circumcised or had any problems with his foreskin. Also, my grandfather was a druggist and had had to correct physicians' prescriptions so that the doctors didn't injure or kill their patients. At a time when most people treated doctors as if they were gods, my parents knew better.



My foreskin was long and tapered well into puberty. As a kid, I enjoyed looking into the tube and wondering where it went. I didn't see my urethral opening until I was about 12 and didn't see the corona of my glans until I was 16. Even into my 20's, the opening during erection was only about one-quarter inch across. I could stretch it but not enough to slip it back over the glans.

I let my foreskin develop naturally partly because I didn't know any other intact guys and therefore didn't know there was anything unusual about my penis. When I was a freshman in high school, I noticed one other intact boy in the locker room and was surprised that his foreskin wasn't long like mine. But I had no reason to think his penis was more typical than mine.

I was in no hurry to stretch my foreskin because I had enough skin to comfortably accommodate an erection and it was elastic enough that masturbation was pleasurable.

The first time I heard a circumcised college roommate masturbating in the upper bunk, I didn't know what he was doing because his masturbation was so violent that it didn't seem like the same peaceful, quiet activity as mine.

In my 20's, I was dating and enjoying sexual intimacy, including heavy petting, and wanted to begin sexual intercourse. I contemplated a moderate circumcision, just having the tight ring cut off, so that the remaining foreskin would slip all the way back. I didn't know at the time that this would have destroyed a great number of erogenous nerve endings. I also didn't know that doctors often ignore requests for a moderate circumcision and cut off the entire foreskin. In any case, before resorting to circumcision I wanted to try stretching. As a child, I had seen pictures of African Ubangis who had stretched their lips to six or more inches across. If they could stretch their lips, surely I could stretch my foreskin.

At first, I tried to retract it when my penis was flaccid but I became almost instantly erect. So I started stretching gently every evening with my penis erect. What I did was very simple. I didn't use lubricant. I encircled my penis between my thumb, which I placed at the corona, and my index and middle fingers, which I pressed against the underside of my penis in the area of the frenulum and urethra, and gently pulled my foreskin back. I pulled until there would have been discomfort if I had pulled any harder, then let it return to its relaxed forward position over the glans. I repeated this for about ten minutes, then masturbated to ejaculation. I let the semen remain in my foreskin until I showered the next morning. Perhaps hyaluronidase in the semen helped loosen my foreskin, because this enzyme is a potent skin relaxer. After about five months, I could retract my foreskin all the way with no discomfort.

That was over 30 years ago, and I have never had a single problem with my penis during all the years since. I've never had a problem with smegma build-up even though I couldn't wash completely under my foreskin for many years.



I have always been glad I stretched my foreskin because I've found that a fully retractable foreskin makes entering a vagina easier and more comfortable and sexual intercourse more enjoyable for both me and my wife. As I start to enter her, my outer foreskin, which has no natural lubrication, comes into contact with her outer unlubricated labia and is held there a moment by friction. As I continue to enter slowly, this friction causes my naturally lubricated glans to slip out of my foreskin and past my wife's naturally lubricated inner labia into her vagina. The smooth, lubricated inner foreskin follows the glans past the inner labia and into the vagina smoothly and pleasurably, without friction.

For many men, the foreskin undoubtedly slips back and forth over the glans during intercourse as they thrust in and out. But because my glans is unusually wide and my corona rather pronounced, once my foreskin retracts, it stays back until I slip it forward again. During intercourse, my foreskin remains behind the glans. Because of the abundance of supple skin on the shaft (both foreskin and shaft skin) and because we are both naturally lubricated, intercourse is very comfortable for us both.

Even if stretching had not worked, I now know that there are other simple ways to safely make a tight foreskin retractable without cutting, including, for example, topical application of the common steroid cream, beta methasone valerate 0.05%.

I hope other males with tight foreskins who want to be able to retract them find these comments helpful.

*Letter on Internet*

## Contact Corner

**G**ay guy, 45, 6ft., 12.5 stone, medium build, short brown hair, tattoos, smooth chest with pierced nipples, radically cut, excised frenulum, pierced and shaved.

Modern, aware and very open-minded. Would like to correspond/meet others, up to 40, who are into some, if not all, of my interests, which include:- tattoos and piercing, radical circumcisions, frenulum excision, meatotomy, watersports, catheterisation and leather.

*K.B. – West London*

**F**rench member in Paris would like contact by mail with other French or French-speaking members (bi or straight preferably) who would like to discuss opted circumcision in strict confidence (pro-circumcision only).

*Ronald – Paris*

## New Member's Experience

I am just writing to say how pleased I am to have joined the *Acorn Society*. I am only saddened that I hadn't heard of it years ago, as my interest in circumcisions and penises has spanned many years. It has been fascinating to read in the back issues the varied views on all aspects of circumcision and what some consider aesthetically pleasing and some don't.

May I take this opportunity to introduce myself to the rest of the members and tell you something of myself. I am a 38-year-old bi-sexual guy living in Jersey. About 8 years ago I decided to have a circumcision after suffering years of an excessively long foreskin that basically just got in the way. Even when fully erect my foreskin still covered most of the head of my cock. When I did pull it back I was left with a load of extra flesh that I found uncomfortable. Having been brought up with two brothers and a father who were all circumcised, I longed to get rid of this elephant trunk of a foreskin. Simply peeing, required me to stand there and peel back my skin until I could get access to my cockhead. Otherwise I was left with wet shoes, and whatever, as the pee stream went all over the place. I had to put up with this for years, as the family GP that I had was dead against circumcision.

I was always envious of owners of cut cocks, as their penises seemed to be so little trouble and clean-looking. After asking for years, since about 7 or 8, to have a circumcision, I decided to go ahead and at my own expense rid myself of my troublesome appendage. There are plenty of adverts for cosmetic surgery clinics, and all seem to offer male circumcision.

I contacted a cosmetic surgery clinic and went over to London for my operation. I had to go to an address in Central London. After confirming my appointment I went downstairs to the waiting area to meet the surgeon. He was a friendly chap who, after giving me a general checkover and a look at my penis, asked my reasons for having the operation done. I told him it was for practical as well as appearance sake. He told me that his patients were split about 50/50 cosmetic or medical need.

I had to remove all my lower clothing and lie on the operating table. Calming music played in the background, and he was assisted by a nice Australian nurse. Perhaps the most painful part was at the beginning, in order to numb the area. As I was having a local anaesthetic he had to inject the skin just under the cockhead. This was agony, as the skin here is probably the most sensitive of the surfaces of an uncult penis. I really squirmed as he injected the frenulum and made a series of injections underneath the head of my penis. As the anaesthetic began to work, he popped my cock through a little hole in the cloth that covered my thighs. He put on some stinging antiseptic cleaning fluid that was freezing cold. By slightly raising my head I could watch the whole operation.

He pulled my foreskin right back and then right forward as far as it would go, and then marked various places with a pen. He then got a pair of scissors and made the first cut, right up the middle of my foreskin. I was surprised how little bleeding there was. He then cut with a scalpel around the circumference and freed the outer and inner skins. He then stitched as best he could as my penis had swollen up massively by then. He commented that it was unusual for his patients to take an interest in the operation as most of them are too squeamish to watch their own circumcision. I didn't tell him that I found the whole operation intensely fascinating and, even dare I say it, quite a sexual turn-on. I had dreamed of this day for a long while and couldn't wait to try out my 'new' cut cock. He dressed the wound with gauze and a long bandage. My penis had now swollen up to an enormous size from the trauma and was stinging a bit, but otherwise OK. He gave me a prescription for some painkillers, something to stop me getting erections at night, antiseptic cleaning ointment, fresh gauze, and a little pamphlet to take with me about aftercare, cleaning, etc. I then made my way slowly up to the airport for my flight home.

After 48 hours, I soaked off the gauze in a warm bath. My penis was still enormous from the swelling and very sensitive, with a row of stitches round it. At last a cut cock to be proud of! However, my joy didn't last long. As the swelling went down, more and more skin moved forward until I was left with a cockhead that was only half uncovered and the skin hanging to one side. I was furious and contacted the surgeon and told him that I wanted a full circumcision and not what I had ended up with. I then went over to London again and he operated on me for a second time. This time when I got back to Jersey and had a look at the end result, it was even worse. Although he had cut away a lot more of the skin covering the head, he had left a lump of skin sagging down, and his stitching skills were not what I would describe as very good. Some of the stitches were coming undone because they hadn't been done properly. I complained again and demanded that they get it right or I would go to another surgeon and send them the bill. So off I went to London again for a consultation with the surgeon who admitted that it wasn't one of his best jobs, and without charge he would put it right. Back I went to London about a fortnight later and had my third and, hopefully, final operation. This time he took a lot longer and cut away the frenulum and the saggy flesh underneath. He also stitched in a relatively straight line this time. To fully expose my cockhead, he cut away a lot more of the skin and pulled it tighter. I was in a lot of pain this time because the skin pulled on my stitches whilst my penis was so swollen. But on getting back to Jersey and soaking off the gauze I was delighted with the result this time.

It now looks the way I wanted. The head of my penis is much bigger now than my pre-cut days, because of its new freedom. It is noticeably less sensitive, but I think that's a small price to pay for a cleaner looking penis and getting rid of my elephant trunk. I have been left with a very obvious raised scar line about half an inch under my cockhead. I also have a scar line running vertically down underneath my cock, about an inch or more long, where the surgeon cut away

my frenulum and the extra skin. I actually like this scarring, as I feel it is a mark of having undergone my ordeal of pain to achieve what I wanted. I like the look of scarred cut cocks as it is like belonging to an exclusive club. I find it a massive turn-on to talk about circumcision and the actual operations. I love looking at cut cocks and seeing all the different ways they have been cut. I wished that I had heard of the *Acorn Society* years ago.

I hope you have enjoyed reading about my circumcision and I would love to correspond with other guys who like the cut look. I am also interested in ritual/ceremonial circumcisions and photos of cut cocks of all types, colours etc.

*L.R. – Jersey*

## Celebrity List

**C**ircumcised – Jonathan Cohen – musician and TV show presenter (he used to do the children's shows *Play Away* and *Music Celebrity List Box*) Now very well known in professional circles as an arranger and accompanist. Is performing 'mainstream' (not fringe) in the Edinburgh Festival, and has an annual carol concert in the Albert Hall.

*Anon*

**B**amber Gascoygne – from first-hand experience whilst in rooms at Cambridge in my late teens. He is of average size and fairly tightly cut. (Must be a starter for 10!!)

*H.*

**K**arl Schranz – Austrian triple gold medal winner at the 1968 Winter Olympics. Currently, unless recently retired, Head of the St. Anton Ski School, Arlberg, Austria. Uncut – (seen in the St. Anton non-gay sauna).

*G. – Thames Valley*

## Cut And Uncut

**T**he tight skin on an erect circumcised shaft gives better friction on penetrating women and men than the loose skin on the shaft of an uncircumcised cock.

It works like this. For every inch that a cut cock is inserted and withdrawn, there is a full inch of 'rub' between the tight skin of the cock and the vaginal or anal contact point. There is no surplus skin to ride up, and every inch produces friction between the two partners.

In the uncut cock, the hard core of the shaft is travelling backwards and forwards within its loose sleeve of skin, the surface of which can be stationary against the vagina or anus gripping it. The shaft is therefore working in and out within its own loose skin, and there is less friction from person to person. I have not seen this aspect of circumcision discussed before.

So what makes me so sure? I am 50 and was cut at 40. My young friend is 25. He is uncut and the proud possessor of a very large well-formed penis with a very attractive head covered with a quite dainty and helmet-hugging skin. He has no medical need for circumcision, indeed he looks most attractive as he is. He showers at his sports club in roundhead mode and his peers believe him to be one of the small band of roundheads in a large company of cavaliers. He is straight but openly discusses cock matters. I wank him by pulling his shaft skin back tightly and applying baby oil. It gives him the most intense orgasms he has ever achieved. As does a similar exercise in the jacuzzi. He is contemplating circumcision. He finds the tightness of a hard shaft irresistibly attractive.

Although bisexual, I am currently in a gay phase, as you may guess. At my local sauna, about one in six men are cut – mainly older men. Possibly military service had something to do with it. Among the young, only about one in twenty are cut. They are, however, fascinated by the subject and listen attentively when us roundheads hold forth on the subject.

*M. – Worcester*

## **Another Helping Hand**

I would like to respond to A.C. (4/98). I found his article most stimulating and must commend him for his helping of the Czech teenager to achieve his radical circumcision and frenulum removal. I wonder how many men in his position would have gone out of their way to help a stranger in this manner? It is obvious that the boy had a strong desire for a circumcised penis and his chances of being cut were very slim until A.C. put his hand in his pocket to pay for the operation. He says that a number of the boy's friends are interested. I wonder if they will find other generous benefactors such as A.C. to help them achieve their desires.

A number of years ago, I was running a small farm with occasional hired labour and I took a youth on as a farm boy and a boarder. Carl was a 16 year-old lad, good-looking and slim built. I was living alone in the farm cottage and Carl moved in with me. He was very shy and kept himself covered up most of the time, but I did notice one time when he got out of the shower that he was uncut and had a short length of overhanging foreskin. It was about two months after he began living with me when my 14 year-old nephew Paul came to stay for a long weekend. Carl befriended the boy and they spent many hours together. After the boy had gone home, Carl and I were sitting in the

kitchen and he suddenly asked me why Paul's penis was so different to his own. He had seen Paul dressing and noticed that the end of the boy's penis had no loose skin on the end of it and there was a scar round his shaft. I knew that Paul had been circumcised when he was 10 and realised that Carl had seen the results of this. He wondered why Paul's penis was scarred and why it looked so different to his. I explained to him about circumcision and how a boy's foreskin is cut off to permanently expose his glans. I told him that many people preferred the neat clean look of a well-trimmed penis and proud knob that couldn't ever be covered up. I asked Carl if he liked the look of the circumcised penis that he'd seen. "Yes!", he nodded, "I wish I could have mine done like that. It would be great."

I am very pro-circumcision, so I offered to pay for Carl to be circumcised if that was what he wanted. He was overjoyed and asked me to tell him in detail just what would be done to his dick during his circumcision. The bulge in his jeans revealed his swelling erection as I told him how a circumcision was usually performed and the probable results on his penis. He begged me to arrange for his circumcision immediately. I made arrangements with our doctor, who I knew favoured circumcision, to recommend him to a surgeon for the operation. I requested a radical cut for him and complete removal of his frenulum. The doctor examined his penis and found that there were no adhesions but he did have a slight phimosis and his foreskin could only be retracted with a little difficulty. A week later, Carl was circumcised at the local hospital and he was left with a neat scar well back on his shaft with a smooth area in the vee of his sulcus where he used to have a frenulum. He was, and still is, very pleased with the result. As far as I am concerned it was money well spent to help a youth become circumcised as he desired.

Carl's operation was carried out in the morning, under local anaesthetic, and we were back home just after midday. As the anaesthetic wore off, Carl was in some discomfort and pain, so he lay on his bed while I fetched some painkillers for him. These eased the pain, and by drawing up his knees he took some tension off the incision. He had some pain during the first two nights when, during sleep, his wounded penis attempted to erect, waking the lad with a sharp ache. It took three weeks for all the stitches to dissolve and the cut to heal completely. Even so, it was red and sore for quite a while after. Carl was proud of his circumcision with its neat scar halfway down its shaft and the smooth area where his frenulum had been cut completely away. His shyness disappeared and he had a confident air. Every chance he got he would walk around the house naked. He became quite a nudist. I didn't mind as I enjoyed seeing the youngster with his proud knob exposed and protruding ahead of him as he walked around. This was ten years ago, and Carl is now 26 and married. He and his wife have a son and, as you might imagine, he has been circumcised since birth.

*Derek – New Zealand*

## Ibiza — Uncovered Or Covered

**I**t has been weeks now since my Summer holiday to Ibiza. I went at the beginning of September and I had a really interesting time. I spent all my time over there on the only two naturist beaches there.

I have travelled extensively, over the past 15 years, to quite a few European countries, But I have never seen such a liberal attitude by such a large number of guys as on Ibiza, this year in particular.

I was quite amazed at the diversity of cocks that were on show to me. And there were so many guys there that I couldn't help but look at them parading and lying around with their cocks swinging and just lying there, pointing in my direction.

Yes, a great majority of them were cavaliers, as most of them were of course German and Dutch, British of course, and a small amount of Spanish and other nationalities as well. But there were quite a lot of guys who were also circumcised, and out of the 30 or 40 who I could see around me, there were, I would say, 10 guys including myself who were cut. And, NO, I didn't see, or observe, any of the said cavaliers with their foreskins rolled back, as was stated in a past edition of the magazine. They were all forward, and again, so many interesting differences in the length of their foreskins. Some had long ones, and others just covering, so that the glans was just showing, which I love.

Also, I must add to this small write-up, there were a few guys who were cut, and supported, like me, a great amount of body jewellery of some sort in their cocks, A vast amount of them had the popular Prince Albert piercing. Of course there were also a great many cavaliers who also supported a ring in their cocks as well.

So it was quite an eye-opener to say the least, and I was intrigued to see how many guys enjoyed just showing off their tackle to all on the beach. There were also a large element of guys on the beach who remained covered up, which was a pity really, but I'm not going to pre-judge them for their reasons why they covered up, as we are all different. But my sole interest was observing all the naked ones.

So I hope that this letter will encourage other members to write in about their Summer Holiday experiences this year, and hopefully write about their experiences on nudist beaches. Come on guys, get writing.

*Clayton – Rhondda*

## Lack Of Sensitivity

My husband and I enjoy reading *Acorn*, and we really feel that you make a valuable contribution to promoting a greater awareness of the effects of circumcision, which can be far-reaching. We do, however, take issue on one or two matters and in particular, advocacy of child circumcision, and feel you should know that it is not the unmitigated blessing some of your contributors suggest.

Although some circumcised children grow up unaffected by it, a lot of others feel differently, and some really hate being circumcised – my husband among them. The background as far as I am concerned is as follows:

Like all young girls I used to enjoy watching my little brother being given his bath, and noted with great interest how my mother used to pull back his foreskin to wash it. Later, when I was allowed to bath him myself, I took great delight in doing the same thing myself, taking his soapy little penis in my fingers and sliding the elastic tube of skin back over the shiny purple cherry. At first I found it quite difficult as the foreskin didn't uncover easily, tending to shoot forward again if I relaxed my grasp at all.

Having started off as a foreskin fancier, I remember at an early age asking a boy to let me get his tummy finger out and pull the loose skin back to see his knob. Later, I took great delight in the foreskins of my many boyfriends, especially if they were long and close-fitting like my brother's. It really turned me on to chat a boy up and to guess what his foreskin was like. I always got a thrill when I first got a boy's cock out of his trousers and stretched the foreskin back over his knob and watch his knees give slightly as I did so.

Until I met my husband I had hardly even heard of circumcision, thinking that it was an exotic and unusual practice restricted to Jews and primitive tribes in Africa. I was overcome with curiosity when I first saw my husband's cock, to see that the only trace of a foreskin was a raw-looking bunch of skin under his knob, while the knob itself was all dry, wrinkled and greyish in colour. I tried to hide my disappointment in not having a foreskin to play with, but it was only after we were married that the real problems manifested themselves. The main one as far as I was concerned was my husband's lack of sensitivity. With all my previous boyfriends I had learned to use the foreskin as an orgasm regulator when I masturbated them. To make them come slowly I would pull the skin right back and gently manipulate the shaft, avoiding touching the glans with dry fingers because it was too sensitive to touch. To make the guy come quickly, I would slide the foreskin to and fro over the knob, but without uncovering it, stretching it further and further forward until his sperm spurted, and caught the lot in his extended foreskin, squeezing it out like hair gel from a tube.

But I am at my wit's end to know how best to masturbate my husband. His glans is so insensitive that it would need sandpaper to produce any reaction.



There is not enough of his penile skin left to slide over his knob, and even with KY jelly it takes up to half an hour to make him come. Similarly, when we have intercourse I invariably orgasm before he does, and the friction of his immobile bunch of skin and dry knob soon make me so sore that sex has now become a chore instead of a pleasure.

My husband is as distressed about it as I am. He gets so moody as well when the subject is raised. He is very aware that he is the only circumcised man in our circle of friends, and the only time it is mentioned is in jokes, since it seems that circumcision jokes are now considered quite sophisticated and much appreciated by both men and women. But it is clear that it is only those not involved, ie, uncircumcised men and their women, who feel comfortable with circumcision jokes. Quite recently, for example, we had some friends round and one of the girls told a hilarious joke about circumcision. My husband sat white-faced and silent for the rest of the evening. At another party we went to, another girl brought out some holiday snaps, one of which showed her and her husband reclining on their towels, naked on a nude beach. His uncircumcised penis appeared so big and fat, from the perspective it looked as though he might have an erection. It was lying on his tummy like a huge German sausage, with the tip of his foreskin almost reaching his navel. He was looking down at it with satisfaction, while she was leaning over as if for a close-up view, and laughing. This gave rise to a string of ribald remarks, indicating envy on the part of the men and admiration on the part of the women. My poor husband went white again, got up and left the room. This time it was noticed and I was asked what the trouble was. I explained, and they were all amazed and sympathetic to hear that he'd been circumcised.

His attitude is really getting me down, and I honestly don't know if I can cope much longer. I really curse his mother for having him done, and blame her for wrecking our sex life. Apparently, the only reason for it was because she had read in an old medical book that it promoted cleanliness, which is ridiculous, and in no way justifies disfiguring the genital organs of a little boy. Those who claim otherwise are guilty of double standards in a big way – if males are so filthy they need a surgical operation, what are we going to do about females? After all, a neglected foreskin can hardly be more unpleasant than a neglected vulva and no one would dream of removing a little girl's labia because it 'promoted cleanliness'. The pubic hair of even the most fastidious of women will always have a smell of stale urine, and the sexual folds almost always harbour traces of 'cheese' – going down on a woman is not for the squeamish – whereas I have never found any of my previous boyfriends' foreskins offensive in this respect. I'd have dropped them like a brick if I had!

No, to my mind, foreskins are for fun, and an important factor in procuring sexual pleasure. It is cruel to circumcise little boys and shows a disregard of the feelings of both males and their female partners. In my case it is definitely harming my relationship, and I am not sure how much longer I can continue in it.

This is a genuine problem, but I have to remain anonymous for obvious reasons. I've written to you since it's not a subject I can discuss openly.

*Anon*

## R's Story

I am now 47 and I was circumcised at 33 – one of the most joyous days of my life. Although the following is all very much about me, me, me, I hope my experiences will be of some use (or at least, interest).

I saw my first circumcised cock when I was about 6, and I remember thinking immediately how much I wanted one like that. The friend who I had seen told me that he'd been born with some skin but that had been removed with some cream. I don't recall if I believed him, but I resolved that I was going to be like that.

I spent a long time trying to keep the skin back. I don't recall whether it was tight to start with, but I think it can't have been, because there was no difficulty keeping it back with zinc oxide plaster (the opposite use to that some involved in foreskin restoration techniques use it for!). Unfortunately, the plaster used to slip down and itself start covering the head and – of course – the skin would cover the head again when I took the plaster off (essential when parents might be about).

Whether this led to me having a short foreskin, or whether I'd have had one anyway, I shall never know, but it became easier over the years to keep the skin back – though not nearly easy enough, and there was the constant problem of it going forward. One or two men I slept with seemed to think that I'd been cut, but I knew differently. I did though, love to be with cut men and to see their cocks shorn of that surplus skin.

I didn't get around to getting cut myself because I was scared. Not scared of the results, but of asking – being rather shy. How did one ask? Indeed, was it a matter for the doctor, or did one go straight to a hospital? By the time I eventually went to my GP (after ensuring my partner was prepared for the impending change, even if not entirely happy, and making sure I had something to see the doctor about at the same time) I was getting fairly desperate. I was, though, acting increasingly as one who was cut – to the extent of always masturbating with the skin right down, though this made for a rather sore frenulum.

All those years of wondering and worrying.... The GP hardly batted an eyelid, told me I'd have to pay (which I realised) and referred me to the local hospital. The consultant was also pretty matter-of-fact, but insisted that I saw a shrink, just to ensure that I was not trying to punish my cock in some

way. As if!! He pronounced me sane and the operation was performed a couple of weeks later.

I was never asked how tight I wanted it to be. I'd have asked to be very tight if I had been (or had thought it through), but it didn't arise. The result is that I was cut about 1cm below the corona. This means that the corona can just about be covered when sitting (especially in pants), but is uncovered (I think) the rest of the time.

The operation was carried out under general anaesthetic in the morning and, though I was supposed to stay in overnight, I was discharged in the evening provided I was looked after, and stayed off work for a few days, and took salt baths twice a day. The whole procedure cost about £100.

I have a couple of mm of what I take to be sulcus on the left, which is intensely sensitive, much more so than any part of my cock was before the operation. I've been reading with interest the debates on the frenulum and believe that I am now without this, because the point at which this is normally anchored has actually been moved around the cock a bit – I take it when the three-way stitch was done. There's certainly some residual frenulum there, but it's not really attached to anything, and doesn't pull in any way whatsoever.

It was only when I saw the consultant that I realised that, in fact, I had a line of something like stitches around my cock about an inch below this. Whether this is the result of an attempt at birth to circumcise me, or whether perhaps I was the victim of a buried penis, I have no idea. Certainly my balls have always been very sensitive, which might give credence to an earlier buried penis??

The stitches were supposed to dissolve in the bath, but they didn't. This became difficult, as it was impossible not to get the occasional erections, and after a few days these could only be dealt with by rather painful masturbation involving pulling the shaft skin up and trying to cover the corona. When the stitches were out I continued masturbating by trying to pull what little skin there was forward. With effort I could just cover the corona enough to masturbate using that little foreskin, but I decided that was hardly what being circumcised was about – and I had actually gone back from where I was before the operation!

The issue really resolved itself, because in time it became very difficult to cover the corona when erect. Indeed, to try this, means pulling on the scrotum, which hurts my balls. Now when I'm hard there is no way I can cover even the corona. So, while I'd be a bit happier with less skin bunching up under the head when flaccid, I can hardly complain about less skin when erect. Even when flaccid, any cover provided disappears as soon as I start to pee. Other men appear to have been cut much farther down the shaft, but maybe it is the amputation of the frenulum in my case that means this was not necessary. If I do pull hard on the shaft skin when erect, I can still make it just about

touch the corona. By the look of many of the men in *Playgirl* (presumably mostly cut) I am not dissimilar.

When fully erect there is a definite scar line, consisting of the remaining sulcus on the left, though just a couple of stitch marks further to the right. None of this hurts when I masturbate, though it can sometimes be a little red. KY helps, but is by no means essential. One disappointment is that I still get some smegma – even I think on the right where there's no apparent foreskin at all. The amount is very small, but it's still there. Do other cut men have this?

I've wondered about having a further operation to remove a little bit more, but I'm afraid I shall end up too tight (even if I could find anyone to perform it), and this time it might hurt (which it didn't last time, apart from the stitches). Again, what experiences do others have?

Perhaps because I used to keep the skin back there has been no change to sensitivity (apart from that couple of mm of intense pleasure), and I cannot offer any opinion on whether men should or should not have the operation if that is likely to be an issue to them. I most certainly recommend the operation, though, if, like me, you feel you should never have had a foreskin, and want rid of it. The feeling of relief (even without any problems with my foreskin) was immense.

My partner (44) still has his skin, though it is getting progressively shorter, and of little use except when entirely flaccid. He jealously guards his skin, but I do wonder, seeing him constantly trying to pull it forward when we have sex, because of the sensitivity of his sulcus and head, and the pull on his frenulum, whether he wouldn't be happier without it. At this rate, in a few years, he'll have nothing left to try to pull forward anyway. I presume that other men in his position eventually give in and leave it back?

I read on Vernon's interesting website of something called auto-circumcision. When does this normally occur, and can the skin be pulled forward to masturbate? Another (unrelated) question: what is 'Half circumcision', which I heard of from a South African? Surely the scar on the remaining foreskin would be very sensitive?

I've gone on a bit, but I hope this contribution will spur others to write too. Sorry, but I can't have any replies personally – any contributions in print please.

R. – East Midlands

## Disclaimer

Opinions expressed in the magazine are those of the individual authors and do not necessarily represent the views of *The Acorn Society* or its other members.

# ACORN

Issue  
Nº 8 1998  
Editor  
David Acorn

## Editorial

In this issue I have managed to put together a series which in most part gives a balanced neutral image, with an accent on conciliation as befits the last edition of the year.

A new, simple Questionnaire is enclosed with this issue and we would be grateful if you would spend a few minutes to complete and return it promptly with your renewal to ensure that the results are as representative as possible.

There now leaves nothing but to wish everyone the compliments of the coming season from the team, and thank all those who have sent in their contributions during the year, without which we couldn't stay in being.

*David*

## New Member

Having just become a member of *Acorn* I felt that a meeting on my home ground in Leicester was an opportunity not to be missed. However, being somewhat cautious and apprehensive, decided to test the water by just going along on the Saturday evening. I now see that

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## Correspondence

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Letters for forwarding should be marked in pencil with the recipient's identifier. They should be stamped 1st class and be enclosed in an envelope addressed as above.

this was an error of judgement as I missed most of the main events of the day. Still, it was a great chance to meet some of the other members in a very friendly and relaxed atmosphere.

I belong to the 'circumcised in infancy' brigade and, although I feel that having a choice would have been better, have never had any problems with my roundhead state. It's great to see a wide variety of cocks – so "vive la difference". It would be so boring if we all looked the same.

In recent years my interest has turned to genital piercings (which I once found abhorrent) and I now sport three of them. I was worried at first that they would cause a loss of sensation, but fortunately this has not been the case with me. Of course, it can become a bit of an obsession and you find yourself dreaming about what to have next, so I keep a picture of a very heavily pierced guy in order to deter me from going over the top.

I also received some compliments on a recent visit to a Spanish naturist beach, which was encouraging, as well as meeting some like-minded guys at the *Acorn* meeting. If there are any more out there I'd love to hear from you.

Vaughan

## The Frenulum

I was cut as an infant, fairly tight with the scar about 5mm from the head. Most of the frenulum is intact but cut free at the scar line. I did not regard it as particularly sensitive until, some years ago, when using condoms, I came across some 'American tips', which only enclose the glans, and are only recommended for the circumcised. I found more sensation using these, I believe because the frenulum is left exposed.

G.H.

## What Does it Matter

As long as I can remember, *Acorn* has given free rein to the pros and cons of circumcision lobbies. There has been more than adequate coverage in the past and, as one generation follows another, so it will continue as long as the magazine is published.

How many times have we heard the 'cut' being referred to as a mutilation? And indeed, there is a very strong case for leaving things as they are until a young man is mature enough to decide for himself. That is, of course, provided there is no religious or medical reason for the removal of the foreskin in infancy. It should certainly never be done, as was the case when I was a boy, to stop a child masturbating. Having said that, boys will be boys and, when I was in junior school, there were four of us who were great pals, two

were cut and the third boy and I weren't. We used to play 'games', but the two 'roundheads' would never take part in mutual or self-gratification. Again, when I was a boy, pleasuring of that kind was called self-abuse, and "made you go blind!" How times change.

My best friend was circumcised at birth and I asked him whether he resented the loss of his 'hood', and does he ever wonder what it would be like if he had been left intact. Right off he replied, "No". He just enjoys good sex and gets on with it.

Then there is the category of the 'cavalier' who has a perfectly healthy and functional foreskin which causes no problems. He is quite happy with his lot and he too gets on with it.

Lastly, there are those of us who were left intact at birth and shouldn't have been. I suffered from phimosis and balanitis for very many years due to an overly tight foreskin. The trouble was that, when I was old enough to make up my own mind, I couldn't pluck up the courage to go under the knife. Old wives' (or rather, old men's) tales put me right off, so I continued to suffer painful and unfulfilling sex until my half-century. Then, by chance, I was counselled by a young 24-year-old who gave me confidence to go ahead with the operation. I might add that, not only did I lose my foreskin, but my frenulum was removed as well.

Wow! After a brief three-week healing period, I found out what sex was all about, and also that it was enjoyable. The first time I was fellated I was blown out of my mind. Penetrative sex is also extremely pleasurable and can now last as long as I want it to. And I would urge anyone in a similar situation to mine, don't waste time pondering. Go for it.

So, I say, make the most of what you've got between your legs. It's what you do with it that counts. Do you know of any sensation that beats an orgasm and, whether it is achieved with or without a foreskin, what does it matter.

*J.C. – Ayr*

## Why Homophobia?

As members of *Acorn*, it goes without saying that we all have a vested interest, so to speak, in the penis; be it big or small, cavalier or roundhead, gay, straight or bi.

There are many men, cut in infancy, who resent part of their bodies being 'mutilated' without their consent, and imagine sex would be better if their foreskins had been left intact. Who knows?

I myself, for medical reasons, became an adult 'convert' at the ripe old age of 52 when my foreskin was removed in 1980. My article "It's Never Too Late", which appeared in *Acorn* a few years ago, detailed in depth the circumstances

surrounding the operation. While I'm absolutely delighted with my altered state and enjoying sex as never before, the purpose of this article is not to promote the 'cut', but to explore a deeper topic that must touch us all, one way or another, and I hope it will encourage other members to exchange their thoughts and opinions through the columns of our magazine.

Why does the fact that we all have this interest in the phallus automatically class us as homosexual? Why are we classed as 'queer' if we don't follow football? Why are we 'poofs' if we wash our hands after being to the toilet? How stupid and ignorant can some people be? Is it not the critics who have the problem?

What is the cause of this homophobia? Are they afraid that they're going to be groped and/or propositioned? Or are they covering up some latent desire with this pseudo-macho image? Who is it that has the problem? Never does a man appear so small than when he is trying to look big. Besides, so long as we are discreet and keep within the law, whose business is it anyway whether we are gay, straight or bi?

I recently received a copy of Bud Berkeley's book, *The Foreskin – A Closer Look* from a fellow member and friend in the USA, and I was deeply impressed with a reader's letter in the last chapter of the book. It was entitled, "My Gun's Between My Legs." Here it is.

"Male liberation, as we have seen it so far, is a phony. It merely buries us deeper into our matriarchal society. Men learning how to cry? Men have always cried. Most of us have no hang-ups about crying. Our hang-ups are with our penises. We should be proud of them, free to talk about them, free to enjoy them without guilt. The issue is broader than 'gay' or 'circumcision.'. We are men because we have cocks. Our male libidos belong in our cocks. Instead, our society has transplanted our libidos from our penis to our fists and the guns in our hands.

"Our penises are looked on with disgust and derision, while our National Sentinel proudly holds a rifle. This 'loaded gun' culture of ours is the fault of our history of militarism. Through countless generations of war and struggle, men have become expendable to society, and women become widows. Women, constantly prepared for widowhood, protect themselves from 'the men' through the controls of myths, old wives' tales, traditions and taboos. The matriarchal pantheon is defended by the sons who are marched off to war. Why not amputate their foreskins, desensitise them, deodorise them to please the matriarchy?

How can a man enjoy the full meaning of manhood in a society which can't look a man straight in the balls? Why shouldn't men have the right to 'cock-talk'? It has nothing to do whatever with gay, straight or bi. It has everything to do with the healthy male libido being squarely where it belongs; in the penis. The violence of the fist and the gun is destroying our world. The gun between our legs would give only love and life to mankind...and a future."



What have others got to say on the subject?

*J.C. – Ayr*

[No-one can say we all aren't doing our bit towards this attitude. – D.A.]

## Being Different

I think your members might be interested to know how it feels to be a circumcised man when all your friends and relatives have foreskins. I was done as a baby because the doctor said I needed it. I never felt bad about it because I thought it had been done for a good reason and, although my friends at junior school treated it as a huge joke, I never let it get to me. Later on when I started growing pubic hair and realised my cock was more than something to pee through, I found myself getting more and more defensive about it and hid my body from the others in the showers. At break times the boys often went into the 'leggaries' for a wank fest and I used to watch enviously as they demonstrated the very obvious advantages of owning a foreskin to rub up and down in this exciting game.

But I didn't really start feeling bad about it until the first time I was humiliated on account of my disfigured penis. I was 13 at the time and feeling the first real stirrings of sexuality. I had a particular friend called Ray who I always envied. He was taller than me, stronger, got better grades in class, had all the nice girls running after him – and naturally enough, was uncircumcised. I remember we went one hot day with his sister Liz to swim in the 'rezzy', a local lake, and after a happy half an hour or so of splashing about we got out and started drying off. Ray picked up his towel and took his swimsuit off while his sister did the same. She gave me a sly grin as she stood in front of us, dropping her towel to give us a view of her nude body before taking her time about climbing into her knickers. Ray laughingly accused her of showing her fanny off and at the same time dropping his towel and facing us stark naked. Instead of denying his accusation, she said he was much ruder than she was, and walking over to him, grabbed hold of his willy and gave it a quick tweak, saying he should cover it up. Ray backed off and, jeering at her, started slapping it against his stomach, making his foreskin flop up and down as he did so. I watched this in amazement – I had carefully changed into my underpants under my towel so as not to reveal my de-skinned cock, and had never seen a boy behave like this in front of a girl, even though she was only his sister. I could never have done such a thing. Liz made another grab at his willy to stop him, and laughingly made a remark about how he'd got 'foreskin flop'. She gave him a wink and then asked me if my foreskin was long enough to flop like that. At this, Ray whispered something in his sister's ear and I heard him say that loathsome word 'circumcised'.

Liz stared at me with her mouth open and said incredulously, "You're not really circumcised, are you? Does that mean you haven't got a foreskin? Come on, let's have a look!" When I tried to pretend that I wasn't circumcised, Ray called me a liar and grabbed my arms, telling Liz to pull my pants off and have a look. She did so, and examined it curiously, saying she thought it looked very peculiar, and asked if it wasn't uncomfortable having the end rubbing against my clothes.

This has to have been the worst moment of my life and I burst into tears. When the two saw this, they were aghast at my reaction and the realisation of how much they had upset me. They had no idea I could feel so bad about something they had looked on as some kind of joke and tried to make up for it by being especially nice to me for the next week or so. Unfortunately, Liz was unable to keep the matter to herself, and a few days later I began to get snide remarks from some of her friends at school. As I walked down the corridor, a group of girls coming the other way burst into giggles when they saw me, and one of them asked innocently if I was Jewish. I turned red, shouted "No!", and walked away with their laughter following me. It's a hateful thing to be ashamed of your own body and, if you've never known what true humiliation feels like, then come and ask me.

On an impressionable teenager, this sort of thing has a severe impact, seriously undermining self-confidence, and leaving one in a state of constant misery. My feelings for the people who still insist that all children benefit from circumcision is summed up in the line, "When will they ever learn?" from that sad Joan Baez song, *Where have all the flowers gone?*

G.J. – Hendon

## Lady Doctor

I was born to parents who, although not Jewish, both had very strong views on circumcision. My father had been given a partial circumcision at 15 and had a deep cup to an acorn type of cut, but believed that full removal of the foreskin was beneficial.

Being wartime, I was born at my grandmother's house in Wales with only a midwife in attendance, and despite my mother's appeals for me to be 'done' there were no facilities, and she was told it wasn't necessary. Father remained in the services after the war so we moved around quite a lot, and on registering with a new GP my mother never failed to ask if I could be circumcised. But, despite numerous examinations, without success. At the age of 12 a GP snipped my somewhat tight skin, but of course, far from removing it, I now had more.

Annual school medicals were somewhat simple and, though including a genital examination, no conclusion was reached on my long foreskin. On two occasions my mother wrote to the school doctor, prior to the medical, asking him to recommend me for circumcision, but, despite close examination, declined to refer me to a hospital.

Unusually, far from developing a fear of circumcisiion, I developed a lifelong fascination with the subject and even when quite young wanted to be done, and by my teenage years became quite desperate about undergoing circumcision. Of course, for as long as I can remember, bath times would lead to comment about my foreskin and how nice it was for boys to lose it.

Into adulthood I continued every few years to find a reason to convince a doctor that I should be shorn, and whilst I enjoyed being examined, there was never a satisfactory outcome. Interestingly I have been married twice, and can vouch for John's comments that some younger women, as with my mother, are fascinated with the act of circumcision. My first wife was particularly keen on my being done.

I despaired, and then unexpectedly I mentioned the 'need' to be done to my current GP. I was then 44, and she about mid-30s. She greeted this with, "Let's have a look, then." On examining me, and pushing my foreskin back and forth, said, "Oh, yes. You should have that lot off. If I had my way, all males would be circumcised." Whilst I dressed she told me that on getting married she had insisted on her husband being circumcised, and when her sons were born they too were circumcised. Far from the NHS delays one hears about, she referred me to the consultant who had dealt with her males, and after all those years, within a fortnight I was scalped.

Thankfully, unlike my father's case, this consultant told me he believed in radical circumcisions, so not only was the whole of my long foreskin cut from behind the glans, but my frenulum was removed as well. The curious but pleasant thing is how much more naked I feel when in the nude than I ever did when possessing a foreskin.

I am delighted, not only with the appearance, but sexually as well, whether masturbating or having sex. Set off by shaved pubes I am very happy with the result. Having experienced sex with and without a foreskin I would recommend any male to undergo circumcision as soon as possible – he won't be disappointed.

*I.D.*

## **E-Mail To Acorn**

**A**rticles for submission to the magazine can be sent by e-mail if you prefer. Our e-mail address is: [acornsoc@aol.com](mailto:acornsoc@aol.com)

## Celebrity List

With regards to the latest list of 'Celebrities', I am sending you three further names along with comments as to the bona fide of the information.

Fox, Edward: English Actor (His mother's autobiography, *Slightly Foxed*, reveals that Edward nearly died twice as a baby, once after being circumcised).

Hailsham, Lord (Quentin Hogg): English Lord Chancellor. (He discloses that he has been circumcised in his autobiography).

Bean, Sean: English Actor (Full frontal nude scenes in the TV adaptation of *Lady Chatterley's Lover* revealed Sean as having a foreskin).

Incidentally, I am the person who supplied Chuck Thompson with the information on Gordon Kaye, Christopher Neame, John Noakes and Leonard Rossiter shortly after he published his first list in the States way back in 1986.

Finally, in closing, a private thought I have is wondering if one day we shall get to know the status of Robson Green's cock. He is by no means averse to showing his bare bum on TV, so maybe one day he will give a sufficiently revealing full frontal for it to be determined as to whether he is a roundhead or a cavalier.

G.H. – Yorks.

## Decorations

About six years ago I decided to have a piercing done. I hadn't really thought about it before, and as I don't remember ever having a foreskin, I thought that a 'Prince Albert' would make a pleasant decoration, and like your reader from West London in issue 5, I never remove my ring, unless I go to a thicker ring. At the moment I am wearing a 7mm ring and hope soon to move on to an 8mm one.

It feels wonderful, especially walking naked, just to feel the enjoyment of the weight of the thick ring through the end of your penis – bliss!

To add to my Albert, I gave myself a frenulum piercing, which looks good along with the 15 hafada piercings down the seam of my scrotum. My next venture shall be a dydoe piercing which is usually done in pairs on either side of the glans. These are primarily for circumcised men.

I am 50 years old now, and was circumcised when I was too young to remember, and, like everything else, what you don't have you don't miss. But without a skin there is just so much you can do with one or two simple piercings.

Graeme – Croydon

## Robbing Hoods?

Each age of man is understood, full growth a measured range.  
Each one a state, a part, or 'hood', defined for every change.

All newborns have a babyhood, boyhood should follow free.  
Then manhood would remain for good, were it not for infant – 'C'.

The Jewish penis has a week to stay complete unbared,  
The mohel's zeal is at its peak – no babyhood is spared.

There's now much less of infant – 'C', though parents oft implore,  
Cuts at a whim no longer be, there's more and more of 'fore'.

Boyhood rising risk begins. The doc's misguided word,  
And cutting several thousand skins a year is quite absurd.

The manhood loss is that of need, or choice or vanity.  
It's here procedures will succeed, and aid humanity.

Hail circumcision at its best, with knowledge and consent,  
The owner feels so greatly blessed – there's nothing to resent.

So parents leave the hood alone unless there's harm or pain,  
The intact penis fully grown is such a well-prized gain.

*Anthony*

## Acceptable Circumcision, A Less Controversial Future

I noticed a dichotomy in the lone voice of S.S., stating it was a choice if one wanted to keep his foreskin, yet was not happy at mothers being discouraged from having their baby sons circumcised. If personal preference seems to be all important, then no person should have his genitals irreversibly changed without his choice on informed consent. And certainly not at another person's whim.

Because circumcision is practised on such a sensitively personal part of the body, it should produce a pleasing aesthetic effect in terms of remaining portions of the prepuce, and especially the scar. Neatness, symmetry and a tidy straight scar should be essential features of which the circumcised person could be proud, not the ragged cut edges only approximated in most baby jobs before the advent of the Plastibell, together with twisting, assymetry, skin bridges and lumpy scars or skin tags. To be acceptable, circumcisions should be performed by competent plastic surgeons on the fully developed penis whenever possible.

At secondary school where I was first made aware of foreskins, 45% of my form were circumcised, of which all but one had ragged scar lines. The sole neat job was on a teacher's son, Jewishly circumcised, with a straight clean-cut

scar and a neat generous fringe of foreskin, especially on the underside. Since then I have seen pleasantly, or even beautifully, circumcised penes on adults shorn by the Jewish method as babies.

Now that methods of renewal are being publicised, based on ancient epispadias using a weighted device (a PUD), I would suggest that removal of foreskin in the early years is restricted to the minimum amount. Excessive skin overlap or phimosis would be eliminated whilst leaving most glans cover. I would rename this procedure 'foreshortening', and the child could go later either in for a course of stretching, or have a full circumcision. That way there would be the element of reversibility, rather than the permanently mutilating radical infant circumcision endured for life by many men.

Those choosing a neat radical circumcision should certainly be encouraged to get surgery at reasonable cost (even subsidised by the NHS from the saving of 20,000 unnecessary infant jobs each year, and the additional surgery for treatment of complications). Since circumcisions would be neat and aesthetic, they could become fashionable and sought after, even an adornment, rather than an ugly affliction. No, S.S., I advocate not a dwindling minority, but body types that men can be justifiably proud of, not resentful.

There is a cultural significance in the bare glans, which I consider the ultimate nudity. If accidentally unhooded at a shower or medical examination, a European would cover up for the sake of modesty. A Japanese would do the reverse, and retract his foreskin publicly so as not to be KAWAKAMURI (skin covered), a mark of bad taste. When in Rome...

*Anthony*

## Circumcised Smegma

Thanks for *Acorns* 5 & 6/98. There are several very interesting items in these newsletters. In 5/98: 'The Frenulum' by D.P.R.; 'Tara Klamp' report; 'An Irish Story'; and 'How Smegma Serves the Penis' (this is generally anti-cut, but gives a pretty balanced point of view, and points out the importance of cleanliness and hygiene of the penis: a topic that many anti-cut enthusiasts ignore or skate over).

In 6/98, I particularly liked 'My Circumcision' by I.G.; 'Lone Voice?' by S.S.; and 'The Frenulum' by R.A.W. Speaking of frenulums (?Frenula), I want to weigh in on the side of 'low' or 'loose' circumcisions, which not only leave a decent remnant of the frenulum but also a cuff of foreskin that slightly overlaps the coronal rim. I think such a 'low' or partial circumcision would afford many of the advantages of both cut and uncut states. [Coincidental that we have two letters stating the same thing when the subject has never come up before. – D.A.]

Cut people can have noticeable amounts of smegma sometimes. This, at least, was my experience as a young boy, before puberty. Back then, the remnant of my foreskin would overlap the glans, and a 'scablike' material would sometimes form in the groove (sulcus). Living on a farm at the time, I did not bathe every day. Also, I had not then learned the joys of masturbation.

As regards S.S.'s 'open letter' in 6/98, please count me as a pro-cut man who is pleased and proud to be **circumcised**. As a tidbit bearing on the antiquity of routine infant circumcision, Taber's *Medical Dictionary for Nurses*, 1904 edition, includes an entry on a **circumcision instrument setup**. This would indicate that the operation was, at least, somewhat 'routine' at the beginning of this century.

M.S. – Utah

[M.S. also sent photocopies of a couple of book pages although not saying which book. One small item is a letter from Oliver Cromwell to his brother, and another one is this:-]

### Circumcision: Rome 16 January 1645

I went to the ghetto where the Jewes dwell, as in a suburbs by themselves; being invited by a Jew of my acquaintance to see a Circumcision: here I passed by the Piazza Judea (where their Serraglio begins) for being enviroind with walls, they are lock'd up every night: in this place remains yet part of a stately fabric; which my Jew told me had been a Palace of theirs, for the Ambassador of their Nation in former times, when their Country was Subject to the Romans. There was a large Inscription on it, that I could not stay to reade.

Being lead through the Synagogue into a privat house, I found a world of people in a Chamber: by and by came an old man who prepar'd and layd in order divers Instruments brought by a little child of about 7 yeares old in a box. These the man layd in a silver bason: The knife was much like a short Razor to shut into the haft: Then they burnt some Insense in a Censor, which perfum'd the rome all the while the ceremony was doing: In the bason was also a little cap made of white paper like a Capuchins-hood, not bigger than my finger, also a paper of red astringent powder, I suppose of bole: a small Instrument of Silver cleft in the midst, at one end to take up the prepuce withall, clowtes of fine linen wrap'd up &c: These all in order the Women from out of another Chamber brought the Infant swaddl'd, and deliver'd it to the Rabbie, who caried, and presented it before an Altar or Cupbord dress'd up, on which lay the 5 bookes of Moses, and the Commandments a little unrowled: Before this with profound reverence, and mumbling a few Words he waved the Child to and froo a while; then he delivered it to another Rabbie, who sate all this time upon a Table, he taking it in his hands put it betweene his thighs,

whilst the other Jew unbound the blankets that were about it to come at the flesh: at this action all the company fell a singing an hebrew hymn, and in as barbarous tone, waving themselves to and fro, a ceremony they observe in all their devotions: The Infant now strip'd from the belly downewards, the Jew took the yard of the child and Chaf'd it within his fingers till it became a little stiff, then with the silver Instrument before describ'd (which was held to him in the bason) he tooke up as much of the præputium as he could possibly gather, and so with the Razor, did rather Saw, than cutt it off; at which the miserable babe cry'd extreame, whiles the rest continu'd their odd tone, rather like howling than singing: then the Rabbie lifting the belly of the child to his face, and taking the yard all bloody into his mouth he suck'd it a pretty while, having before taken a little vinegar, all of which together with the blood he spit out into a glasse of red wine of the Colour of french wine: This don he strip'd down the remainder of the fore-skin as farr and neere to the belly as he could, so as it appeared to be all raw, then he strew'd the read powder on it to stanch the bleeding and cover'd it with the paper hood, and upon all a Clowte, and so swath'd up the Child as before: all this while they continue their Psalme: Then two of the Women, and two men, viz., he who held the Child, and the Rabbie who Circumcis'd it (the rest I suppose were the Witnesses) dranke some of the Wine mingled with the Vinegar, blood and spittle: so ended the slovenly ceremony, and the Rabbin cryes out to me in the Italian tongue perceiving me to be a stranger: "Ecco Signior mio, Un Miracolo di dio"; because the child had immediately left crying: The Jewes do all in Rome weare yellow hatts, and live onely upon brokage and Usury, very poore and despicable beyond what they are in other territories of Princes where they are permitted...

[The word 'yard' (for penis) was still used more than a century later by Clive of India. – D.A.]

## Class Dressing

Dressing has always been fashionable, whether concerned with clothing or the arrangement of hair, and even skin.

The tailor's question, "Which side do you dress, Sir?" is often met with ribaldry – "Never mind, make it baggy at the knees!"

For those educated between the forties and the sixties, I suppose the left or right hanging tendency of the penis was determined by a combination of natural right or left handedness and the wearing of short trousers for over a decade. It was universal practice for boys to ignore the fly front, pull up the appropriate short trouser leg, withdraw the penis at the top sharp right or left for urination. That persistent directional 'training' must have been an overwhelming influence in settling the lifetime's dangling direction.



Now that short trousers have vanished from all but infant and recreational use, has the forced use of the fly front led to generations with vaguer penile positioning? Perhaps the change from Y-fronted underwear to non-opening brief type would mean pulling the penis out one side or the other to establish some form of right or left handedness.

I recall at the beginning of secondary education only one boy turned up in long trousers. By the age of 13, 50% of the class were still short-trousered. I remember previously insisting my first long trousers be shortened to remain in the majority (for conformity – even fashion), not having encountered foreskin or realising I was in the circumcised minority. At age 14, of the 6 short trousered, only I was circumcised, but 6 months later the three remaining bare-legged were exclusively foreskinned. When in a small minority, the older boys in short trousers discarded the practice of urinating via a raised trouser leg to achieve fly fronted conformity with the majority.

These recollections were sparked off by a documentary on Prince Charles' schooldays. At Cheam, the short-trousered Prince was beaten on the buttocks by his headmaster, bent over a leather-bound chair.

"If trousers were thick, they were taken down," confided a fellow pupil of the time. I wondered if the common practice of leg lifting at the urinal extended to the upper crust of the time, who were predominately – even exclusively – circumcised.

*Anthony*

## Comments

There's an awful lot of food for comment in issue 6/98, which is of course a credit to the editor for not boring us to tears. The first thing was the interesting observations you made on your visit to the huge naturist complex at Agde – something I could never have done in the past having been so self-conscious and so ashamed of my circumcised state. Now it would not be so bad since restoration has given me the appearance, but sadly not the performance, of a normal intact man. The fact that on the beach virtually all those who'd been circumcised were British and the majority of those from the older generation, confirms previous comment in *Acorn*, hotly disputed by those people who would prefer to think that the rest of Europe shares in their taste for subjecting defenceless children to the knife. Then C.B. of Cambs drew attention to the tabloid (*Mirror*?) reports that Prince William had been circumcised at his own request. I agree with V.Q.'s reservations about believing information from such a questionable source, especially since there was a report from a similar source in the summer that Prince William was amongst a group of boys at Eton who had taken part in a competition to see who could stuff the most 50p pieces under their foreskins.

S.S. of Twickenham is apparently one of those who only wants to read about good news, circumcision style, and dislikes seeing his obsessions questioned by those who disagree. He should remember that a large proportion of members who favour foreskin retention have to wade through distressing stuff, like that throw back to the saga days – ‘My circumcision’ (I would have preferred to read ‘My visit to the Zoo’, or something). Once again the same old material as the guy makes his way down the dreary path (five and a half pages of it) to his version of the promised land – a defrocked, desensitised, denaturalised and stunted winkle – and presumably lives happy ever after. What graunches me up is the tedious, lovingly described detail of every depressing step on the way. In his final sentence implying that cavaliers ought to be queuing up for circumcision, he shows a lofty disregard for those unhappy people who have suffered the ‘joys’ of circumcision without the option and whose only solace is to air their distress in *Acorn*.

‘Doubts’ by Anon was an interesting letter which throws the previous guy’s current certainty on the benefits of circumcision open to question – and he may well come to regret it. The tarty landlady’s apparent contempt for his circumcised penis (a pity he was so coy about describing how she and her friend came to pee all over it) is a humiliation not unknown to many circumcised men. Most girls of today this side of the Atlantic who know the foreskin horror stories to be a load of pernicious myths would prefer their partners to have one. (The same goes for an increasing number on the other side of the Atlantic.) He is right to question the advisability of having it done. Still his determination to make the best of it does him credit – I hope he succeeds.

Finally I have to comment on Yahya Lamont’s astounding outburst against me for suggesting he might be a religious bigot. My only reason for doing so was the memory of his famous attack on his co-religionist in *Acorn* a few years ago, when the guy admitted to keeping his foreskin intact and enjoying it. Yahya goes on to criticise, very rightly, other so-called Muslims who have done so much to drag the good name of Islam in the mud. I hope and wish he and like-minded Muslims would do something about it. The story about the forcible circumcision of non-Muslim Sudanese came as another unpleasant revelation which I had not previously heard about – chapter and verse anybody? Anyway it is not my intention to upset a brother member of *Acorn* so I say to him, Al Salam aleikum, Yahya mate, and the Compassion of Allah and His Blessings.

Best wishes to all for Christmas and the New Year (and Eid Mubarak to Yahya).

*All the best, R.B.W.*

## A Different Reason

My experience of circumcision is unlike most members of *Acorn*. I was not circumcised at birth or during infancy, and as an adult had no desire or necessity to be circumcised until, during a medical examination, the doctor informed me that I had developed balanitis through diabetes and the only certain cure for the condition was circumcision. The doctor was apologetic and said that I would probably not like being circumcised but could offer no alternative. Reluctantly I agreed to be circumcised as the only option available. An appointment was made for the following week at the local General Hospital. I was apprehensive, but told no one what was to happen.

The first circumcised penis which I had seen was at secondary school, one boy of about 50 in my year had been circumcised, but we were naive and knew nothing about circumcision, or why his penis was different to everyone else's. I cannot remember any comments being made, but I certainly wouldn't have enjoyed being a minority of one.

In later years I had tended to avoid men who were circumcised, being guilty, like M.P. of Brighton stated in his article in 2/98, of not knowing what to do with 'it', and never taking the trouble to find out how 'it works'.

I attended the hospital at the appointed time and the circumcision was performed under local anaesthetic in the day clinic. No discussion took place as to the style of circumcision which would be performed, or how much foreskin would remain. As far as I was concerned, a circumcision was a circumcision, and it was not until I joined *Acorn* that I discovered that there were so many styles and variations. It appears that I was circumcised using the incision, trim and closure technique.

I was prescribed antibiotics, pain killers and valium, and an appointment was made for two days later to have the dressing removed. Instructions were issued not to bathe and to keep the dressing dry.

I had no intention of telling anyone of what had happened, but when leaving the hospital, I met a friend of my mother's, who I knew would tell her that she had seen me. So I plucked up the courage to visit my mother and tell her what had happened. My mother's reaction – shock, sympathy and laughter. My brother arrived during the laughter and was told what had happened. His reaction – more laughter. I think most of the laughter was from embarrassment.

I returned to the hospital for the dressing to be removed and was shocked at the sight of my 'new' penis. The glans looked like a blackberry and the shaft was bruised and bloody. Both were swollen. Dissolving stitches had been used, but I was told to remove any that remained after ten days to prevent fistulæ forming.

Arriving at the pub that Friday evening, my brother had arrived earlier and had informed my friends, both male and female, of my roundhead status. Their reaction – more laughter than sympathy. As I still played football at that time, it probably saved me the embarrassment of explaining things away, as it's impossible to hide a circumcised penis in a changing room or shower.

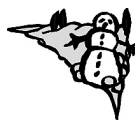
How do I now feel about being circumcised?

After about three weeks of slight discomfort, but no pain, the bruising and swelling subsided. But it took about 6 months for the suppleness to return to the scar area. The glans is completely exposed, although a remnant of foreskin covers the sulcus. One side has been cut very slightly shorter, but not enough to cause any concern. My glans has enlarged and about 25mm of inner foreskin remains. Also my frenulum is untouched. Enough foreskin remains to allow for a comfortable erection without excessive slack skin on the shaft, and masturbation does not require the use of lubrication. My frenulum appears to be larger than others which I have seen on both circumcised and intact men, and tends to pull my scrotum forward during an erection. I'm disinclined to have further surgery to cut or remove the frenulum as I find it very sensitive, and would not like to lose these very sensual feelings for something unknown.

I am satisfied and content with my circumcision and would not now wish to have a foreskin again, although if I had not required a circumcision for medical reasons I would still be a cavalier. If I had known about the different styles possible, prior to my circumcision, I may have chosen a different one to that which I now possess, but I am unconvinced by the arguments for having a tight circumcision causing a straining, uncomfortable and possibly painful erection, or removing the sensitive frenulum.

I find a circumcised penis far more comfortable, and looks far superior than one which is uncut. Handled correctly, it is far more pleasurable than one which is uncircumcised. The one problem is that, like me prior to being circumcised, uncircumcised men do not know how 'it works'.

*A.B. – Merseyside*



# ACORN

Issue  
Nº 1 1999  
Editor  
David Acorn

## Editorial

Here we are with the first edition of another year. We have to apologise for the fact that editions 7 and 8, plus backnumbers and other material, didn't arrive on your doorsteps until the new year. This was because Brian in the first place, for issue 7, was inundated with everyday work, which is at times very stressful, and was ill virtually all December, helped no doubt by the stress. He assures me that he is OK now. In my circular which I send to all prospective members, I have put the phrase '8 erratic editions of newsletters each year'. It would be appreciated if you could send in letters of complaints about this if you haven't received a copy for over two and a half months, or if one is missed out. I get the letters, but I can do nothing about them if I can't get hold of one or the other of the team. And I haven't possibly got the time to answer each letter individually, explaining the situation. We have never failed to get out 8 editions a year yet, and we see no reason why we will fail in the future, unless of course contributions dry up (nudge, nudge). Many thanks for your indulgence.

David Acorn

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## Skin Bridges

Born in Italy, living in Switzerland, married, no children, circumcised in Switzerland as an infant because of a phimosis. I do not have any details about the operation itself, or which method was used. I know that I stayed for three days in the clinic after the operation.

As a child, I discovered that I was circumcised when I started to go to school. Living in Italy and in Switzerland, this status was not so common. Later on, as a teenager and an adult, I discovered that I was also different from the circumcised men. The reason is that something went wrong with the operation: seven skin bridges on the right side of the shaft and near the frenulum were connecting the glans with the shaft. Some were positioned exactly on the edge of the scar in connection with the glans, some between the scar and the corona. I never understood where these skin bridges came from. Were they adhesences present before the circumcision and left by the doctor or were they a consequence of the circumcision itself? I did not know who to ask about the circumcision methods.

I never get pain during erections, but the glans was bent on the right side. When I was 26, one of these skin bridges broke during a sexual intercourse. The traces are still visible today, one on the glans, one on the scar. However, when I was 32, during a medical investigation for other reasons, a urologist offered to remove these skin bridges for aesthetic reasons. I accepted to get the six remaining skin bridges cut. It was done with local anaesthesia and took about fifteen minutes. I had no major problem afterwards.

Last year, I found a lot of information on the Internet regarding circumcision. I exchanged e-mail messages with a doctor who helped me a lot to understand what happened. If I summarise my situation, the skin bridges are a consequence of the circumcision done when I was a baby. The edges were not crushed together properly and – as a consequence – the skin bridges occurred. Some skin bridges were at the cut line (scar), but some were placed between the scar and the corona. After so many years, it is of course difficult to construct again what happened exactly.

A couple of words about the scar. It is a loose circumcision, the scar is located just behind the glans, when flacid less than 0.2in from the glans, more than 1 inch when erect. The scar is closer to the glans on the upper side. The frenulum was not removed, completely intact; the skin, where the frenulum is, is quite tight when I am erect. The scar is very smooth.

I am very happy to be circumcised. I like the appearance of my circumcised penis, I would not wish it to be covered by foreskin. This is also the opinion of my wife, especially after the second 'circumcision'. Before it, the erected penis was a little bit curved on the right, without any pain or trouble. The skin bridges were of course very tight. Today, the erect penis is straight.

*G.C.D.*

## Roots

**I**t seems unlikely that a man of 52 could still have a question about male anatomy, but I have! Perhaps someone more enlightened would let me know the answer to this one.

I have noticed that just beyond their scrotum, most guys have a hard, exciting protuberance which seems to be the root of their cock. Even the owners of smallish cocks seem to possess this asset, but there are other guys, sometimes very big made in the dick department, who have none at all. Why is this, and am I right that it is the cock root? If so, how come not everyone has it? Is it only present when they are erect or is it always there? You will gather from this question that I am not one of those proud possessors!

I would certainly appreciate some information about this tantalising equipment.

Will

## The American View

### For Man & Mate, Which Sex is Better – Cut or Uncut?

**T**hese questions are repeatedly asked: How can the foreskin benefit the sexual experience of the woman? Is sex different for the man, whether he's circumcised or intact? I have tried to answer these questions by providing posts made by various people online in different circumcision discussion groups.

I have encountered people who assume that sex with an uncircumcised man is unpleasant. Some have even gone as far as to say, it would be 'nasty'. There is the stigma that men with a foreskin are unclean. It is time for this myth to be laid to rest. The male with a foreskin can keep himself sufficiently clean with total ease. It is not a big production. See Natural Penis – Easy to Clean. Anyone who doesn't bathe adequately runs the risk of causing a 'nasty' experience for their mate, whether it's a male (circumcised or intact) or a female. Our culture's tendency to prejudge the man with a foreskin reminds me of a child who claims to dislike a particular food because he's never tasted it. Think of how many kids have refused to try something new because it 'looks funny'.

### Circumcision Diminishes Sensitivity

"Research published last year in the *British Journal of Urology* may well explain the links between circumcision, frequent masturbation and oral sex. A group of doctors headed by Dr. John R. Taylor at the University of Manitoba discovered that the small sheath of foreskin tissue removed during circumcision is filled with extremely sensitive nerve endings and mucus membrane cells. The head of the penis itself is extremely insensitive to light

touch, although it can be stimulated by heavy touch, they found. That lack of sensitivity in the head of the penis may well account for an increased need by circumcised men for the more intense stimulation that masturbation and oral sex can provide, according to Dr. Robert Van Howe...”

The sexual experience of the male can directly affect the female experience. Mentally speaking, if a male's sexual experience is immensely filled with pleasure, it will usually enhance her experience. In fact, it is often said that “sex is between the ears, not between the legs.” It has been suggested for circumcised men that any loss of sensuality can therefore be overridden mentally. Possibly this is true for some. However, mental effects on sex must vary widely. Some people are less mentally ‘plugged in’ than others. No matter what, it wouldn't be an issue if all the sensitive nerve endings of the foreskin were never removed in the first place.

### Personal Accounts of The Female Experience

“I've had a pretty modest number of lovers, but my uncircumcised husband is definitely, far and away, more sensitive than the circumcised men I've known. This is such a plus – it is much more exciting for us both (the prematurity mentioned in some posts has never been a problem).”

“Well, my college boyfriend was from Spain, so he wasn't circumcised. And I absolutely loved his penis. It was so sexy and exotic to me. In fact, I'm extremely dissatisfied that my husband is not intact.”

In another post, the same person said: “Circumcision can harm sexual relations. If you've ever had sex with both a circumcised and an uncircumcised man, you'd know. Some women say that it doesn't make a difference, but I know that it definitely did for me. (Think “ribbed for her pleasure”.) So I do know better... and yes, I have heard a man complain about something he lost when he was 24-48 hours old.”

“Circumcised penises look ugly and unnatural to me! Also, with an uncircumcised penis, when you rub the penis with your hand, the foreskin makes it ‘glide’ up and down easier. Sex is better, too, for the same reason – the foreskin helps it slide in and out better. My husband was the first man with an uncircumcised penis that I had had, so I had nothing to compare to with my previous partners. If my husband ever dies and I start dating again, I will look for an uncircumcised man. The sex is better, and I can't stand the sight of a circumcised penis. Not only that, my husband's penis seems far more sensitive than my other partners' were, so he seems to get more enjoyment out of sex, which helps me enjoy it more. The circumcised penis is ugly, ugly, ugly!!!! The penis intact is beautiful, natural, wonderful! I can't imagine ever sleeping with a circumcised man again.”

In later years, dry and painful intercourse is usually explained by the idea that women lubricate less. But sex with uncircumcised men is described as much more comfortable. This future scenario is described very appropriately



here: "Well, since you've been through menopause, your vaginal lining is much thinner than it used to be. You also have much less lubrication. Luckily for you, your husband is not circumcised. When his penis enters your vagina, it is one mucous membrane meeting another, and entry is easy and pleasurable. You shudder to think what sex would be like if your husband was circumcised, because your friends tell you that the glans keratinises (sp?) over the years, and the skin becomes thicker and drier. Forcing the dry, leathery penis into your ever drier and thinner-skinned vagina would be less than wonderful..."

### Gay sex

Here is a description of the differences in sex between circumcised and uncircumcised men from a circumcised man who is gay. This will surely raise a lot of eyebrows. I would imagine a lot of you will get upset and question how I can include the experience of a gay man when talking about this. Obviously, women's bodies work much differently. A woman can describe the difference for her personally, but she cannot feel what a man feels and cannot describe how it might be different for him. We women are often criticised for even discussing circumcision because we don't have penises. In my opinion, a gay circumcised man would be quite qualified, possibly even more than a woman, to clearly define the differences. Who better to give such a review? What we are talking about here is "the sexual value of the foreskin". A gay man knows what men are capable of feeling. I would think a gay man has more insight because, unlike a woman, he possesses the very same equipment he is talking about. So here is what was sent to me from a gay man:

"I do think I have a lot of insight about this subject... Over the years I have noticed that uncircumcised men plainly have more intense pleasure (I see it as uncontrollable and very intense), erections last much longer and with much less stimulation. Circumcised men always need to be stimulated just so or they lose the feeling of pleasure."

*From the Internet*

## **Shame Overcome**

**I** was very interested to read Anthony's article – *Acceptable Circumcision, a Less Contraversial Future* in issue 8/98.

I was one of the many who were circumcised at birth, so was never given the opportunity of choice. The operation was performed before I left the nursing home at the request of my father (who was also cut) but not for a medical reason.

My own circumcision was obviously not done with any regards as to what my cock would look like as I grew older. I don't consider it to be a neat job, with quite ragged edges in places, lumpy scar and one skin gathering. I consider that I have had a radical cut as I have no trace of a frenulum. When erect, there

is little skin movement over the shaft. The dark scar line is still very obvious. I have seen many guys who have the same style of cut as myself, and very, very few who I would consider as having a neat and tidy circumcision.

Like so many, it was not until around the age of ten years that I realised I was different to nearly all the boys in my first senior school class. I think there were two other roundheads as well as myself. We were always having fun made of us, especially in the showers, so it rather pushed us closer together, and almost certainly the start for me of having sexual feelings towards my fellow roundheads, and later other boys. This in no way implies that being cut has made me gay, of course.

Until some years ago, I was always almost ashamed of being cut. But I met my partner, who has what I call a perfect uncut cock, but also likes the cut look, so that gave me more confidence in myself. We run a very small B & B with a very private long rear garden, and seem to attract naturists. Most of the older guys are cut, whereas very few younger ones are. I have no trouble now in being naked with other guys, even to the extent of going naked on beaches.

I am also sure that being an *Acorn* member, and reading about other members' problems etc. has greatly helped me overcome my own.

*B.B. – Gloucester*

## Partial Circumcision

It's a pity that in the questionnaire you don't ask for the type of circumcision ie. partial or radical. Also on the size of the glans for those cut at birth. I am sure that the earlier the circ is done the more 'flared out', expanded, the coronal rim becomes. Whenever I get the chance to examine a circumcision I look to see how flared the coronal rim is and also if the little 'ridges and bumps' are still present. (I think they're called Cowpers Glands and that they produce the smegma.) Obviously they tend to atrophy when the infant has been radically cut as they perform no useful job without a foreskin. In my case, cut as an adult, I still have them, though after many years of exposure they are certainly smaller than they used to be as a youth.

I examined a partial circumcision recently, and how the owner tolerated it I do not know. Only the tip had been removed as an infant so that over half the glans was covered by the remaining foreskin. On erection, this rolled back to expose a typically sensitive small coronal rim with no flaring, and prominent Cowpers Glands.

Possibly in the newsletter we could initiate a discussion on the points raised.

*R.W. – Surrey*

## Celebrity List

Actor Nigel Terry – large, circumcised. Terry, I think, was circumcised fairly recently as I seem to remember he had a longish ‘overhang’ originally.

Actor and comedian Tony Slattery – large, uncircumcised.

Former *Eastenders* star, Michael Cashman – medium penis, long foreskin.

K.G. – London

## Baby's Foreskin

Here is an item from the doctor's page of the Supplement to the *News of the World*.

**Q. Should I clean behind the foreskin of my two-week-old son? I don't want him circumcised, so what do I do?**

**A.** Leave the poor boy well alone. The foreskin is attached quite strongly to the underlying head of the penis in a newborn baby boy and remains so until he is at least three or four years old. No attempt should be made to pull the foreskin back until then, unless it is so tight that it interferes with passing urine. After the age of five, very gentle washing of the tip of the penis with ordinary soap in the bath water is perfectly adequate.

**Me.** What does he recommend if the foreskin proves to be so tight that it interferes with passing urine? Surely it's better for the mother to get the skin 'working' as soon as possible (without causing any discomfort) as happened in my case, which probably initiated my fixation and preferring the 'skin back' position, although a nice neat circumcision would have been preferred, which was quite popular in the late 30's. My first wife was a circumcision enthusiast but was unable to have her two sons, born in the early 60's, 'done', due to medical opposition.

C.B. – North East

[According to the medical books I've read on the subject, the structure of the foreskin is such that it cannot fuse onto itself at the tip and be closed completely. As the inner foreskin is fused to the glans, the urine can only go one way. Initially this can cause ballooning, which is not harmful, if the hole is narrow, but with use this soon ceases. The mother cannot know if the foreskin is tight until after the foreskin has released itself from the glans. If it is then tight, the use of a steroid cream, under medical supervision, will soon put things to right. – D.A.]

## The Questionnaire — 1

When I renewed my subscription at the beginning of this year I dutifully completed the accompanying questionnaire which asked, among other things, what my views were on my own circumcised state.

I'm always fascinated by market research investigations which involve grading my views on a subject on a points scale from 1 to 5, or whatever. The *Acorn* inquiry fell into this category and I can't help wondering how truthful my response was. Indeed, is one's reply to such questions ever the definitive expression of one's views? I suspect that one's mood of the moment can have a very important part to play.

In essence, the question was whether I was pissed off by the fact that I'd been up for the chop in infancy, whether I couldn't give a damn, or whether I was deliriously thrilled at having 'had it off' in the anatomical rather than the sexual sense. The options were fine tuned to about ten variations on the theme, and I was also asked to comment on whether I would recommend circumcision to my friends.

There are days, and when I replied it was one of them, when I don't give the end of my knob a second thought. I've got what I've got, it works handsomely, and nobody has ever criticised me for having been cut, so why the hell should I worry. But yes, there have been occasions when I've asked myself "I wonder what it would be like to have a foreskin?" Then, maybe, I have regretted never having experienced its pleasures, or inconveniences. On other occasions, on seeing an unsightly, long, tight prepuce with stale smegma smelling abominably beneath it, I've thought "Thank God I've not got one of those!"

It's the same old story when I ponder on whether I should recommend circumcision to others. When there are medical needs, or when the owner is less than motivated by matters of hygiene, I'd recommend the op. without question. On the other hand, a pretty foreskin, long enough to cup the glans like a true acorn, but not dangling halfway down to the knee, is too beautiful to sacrifice unnecessarily.

I'm not getting on at anyone by questioning the questionnaire, and I'm looking forward to seeing the published outcome, but I suspect we should treat the results with caution. It's fun to seek the views of members, but not altogether scientific.

I have a point in saying all this. I love my cock and get a lot of pleasure talking about it and about those on other guys. It's great being a member of *Acorn* and having a forum to discuss such matters but, at the end of the day, there's much more fun to be had doing things with our genitals than just talking about them. I read in a little sex book recently that every second of every day world-wide, some 19,000 men are experiencing orgasm, produced one way or another, whereas only 4.4 babies are being born per second.

This, surely, is overwhelming proof that the penis is primarily an organ for recreation rather than procreation. Let's not just talk about it, let's do it! And as for questionnaires, **who gives a toss?**

*Ray Hamble*

## The Questionnaire — 2

I find the recent questionnaire somewhat depressing reading, as it seems to ideal extensively with circumcision. As one who was circumcised in infancy and regretted it ever since (and a lot of other roundheads would agree with me, I'm sure), I would prefer to read about the experiences of cavaliers. I suggest the following:-

1. At what age did they first discover that their foreskin was retractable?
2. Who told them how to do it? Parents, doctors, other school friends?
3. At what age did they manage to retract them? Did someone help?
4. Was it painful the first time? How long was it before it became easy?
5. What experiences did they have at school?
6. How old were they when they had their first orgasm? Who showed them, or did they discover it themselves?
7. How old were they when they had their first sexual encounters with girls? Had the girl had previous experience of foreskins?
8. How old were they when they first had sex with a girl?
9. Does their foreskin stay back during sex? Do they prefer it to stay back?
10. Any other experiences relating to their foreskins?

*I.D. – Herts.*

## The Questionnaire — 3

Herewith, the questionnaire, completed as far as possible. I hate filling in forms. There always seems to be such a lot of irrelevant empty spaces even when I have finished. I have a few suggestions for inclusion in future questionnaires. What about pubic shaving, tattoos, piercings, alterations other than circumcisions...? (and that – and that – and that!)

My cock tattoo is quite subtle – the colour of the whole glans is 'intensified' – more visible. I currently have a 1cm thick, 3cm diameter steel ring through my cockhead, via my slit-open piss-hole. My pubic area was successfully treated with electrolysis a few years back, so only the occasional wisp of hair

reappears. I do still periodically shave my scrotum and, sometimes, whole body.

On the subject of newsletter content, in contrast to at least one recent correspondent, I do like to hear about other guys' circumcision experiences, including operation details. I would like to be able to watch my own circumcision, if and when. My only problem being, 'is it a fantasy that I ought not to realise'. Plus being able to justify the expense. Now, if only I had a serious medical need...?

*R.M. – Suffolk*

## **My Piercing**

**H**aving recently rejoined *Acorn* I'm glad to find the correspondence still very stimulating.

I'm circumcised from birth with a very neat scar line. A year ago, on an impulse, I had my frenulum pierced. The procedure was very simple and I can recommend it. I often wear the ring every day and usually wake up with a fabulous erection in the morning.

At the salon, I was seated in a raised chair with good light to enable the piercer to work. I explained that I found the idea quite a turn-on and he told me of other customers, including couples M/F, who are both pierced at one visit. I had to show him precisely where I wanted the piercing, which he marked with a pen. He sprayed a cooling agent on the frenulum and over the glans. This removed most of the sensation whilst he applied to the skin web of the frenulum a special clamp which resembled a pair of pliers. The mild pain of this was the most uncomfortable part of the procedure. My cock became half erect at this point which helped a little as the piercer gently held my shaft whilst selecting a small spike-like stick. He eased this through an aperture in the clamp and through the frenulum. I could see that the spike was tube-like, open along one side.

I was now pierced and the chosen ring was inserted and fastened through the frenulum. The spike and clamp were removed, at which point there was some bleeding. This soon ceased and I felt quite comfortable with a loose dressing around my cockhead.

After a couple of weeks I was healed and ready to enjoy my adornment. I find my orgasms are often more intense and my ejaculations larger than before. If I masturbate, or a partner masturbates me, I can sometimes be brought to orgasm by massage of the shaft alone. The natural action is to stop hand movement at the frenulum, moving the ring with each stroke. The small ring looks good with my large glans and attracts favourable comment.

I would be very pleased to hear from *Acorn* members with piercings. Perhaps those with knowledge of other practices could also write. Subjects of particular interest include the insertion of ball bearings into the urethra (a Far Eastern practice), electrical stimulation, ejaculation quantity and vacuum developers. Lots of interesting subjects for the magazine pages.

*P.L. – Hants.*

## Natural Circ.

After spending nearly all my holidays for the last twenty years on naturist campsites or visiting nudist beaches, I have been able to conduct my own mini survey each holiday on the cut or uncut status of all the males on each holiday.

Although I am cut myself, I have never experienced some of the negative reactions from continental people that some of your other members have written about. Indeed, I have found either total indifference to my status or people who comment on how they like the cut look. I have actually been chatted up quite a number of times over the years by people who've said they were attracted to me because of my looks and because I was cut.

I attend a French naturist swimming and sauna group that meets at a municipal pool in Brittany when I'm in the area. The group is mixed, but predominately male, straight and gay. I have been going for a while and after several of the wives and partners commented that they liked the cut look, most of the guys there have been keeping their foreskins rolled back, and some have even gone the next stage on and got circumcisions.

This Summer we stayed on a large naturist campsite in the south west of France. We became very friendly with the Dutch family who were staying in the next caravan to us. The ten-year-old boy was quite well developed for his age and had a circumcised penis. One day we were talking by the pool side and the subject came around to circumcision. My wife and I are both keen on circumcision, and after I had my circumcision I had my son cut just after his birth. The Dutch lady commented on how much more aesthetically pleasing and cleaner it looked, and wished her husband would see the light and get cut like me. "So", I observed, "is that why you had your son cut?" "No", she replied, "he was born like that." Having seen very short foreskins that hardly cover the head of the penis, this was not quite the same. She explained that right from his birth the head of his penis has been exposed. When he was younger, she told us, and when we saw him coming out of the sea when it was quite cold, a small bit of skin came just over the edge of the head of the penis. But otherwise it remained uncovered. He was, she told us, of great interest to the doctors and nurses when he was a baby, as they'd never seen this phenomena. On closer inspection, sure enough, there was no sign of there ever having been a foreskin on his penis. The skin was smooth all the way

along the shaft right up to the head of the penis. Where the frenulum was, he had a wide V-shape instead of the normal thin strip of skin. But in all other ways it was a normal looking penis, albeit larger than most 10-year olds have. He was certainly not embarrassed by his naturally shorn penis. His mother was delighted at his status and joked that she must have been wishing aloud when she planned his circumcision during her pregnancy. He saved her the expense and the trouble by doing it himself before he was born.

I am sure some of your more knowledgeable members will have come across this phenomenon before, but I certainly have never seen such a thing. I believe, and our Moslem members will correct me on this, that in the Koran the Prophet was born without a foreskin. Perhaps some other members know of similar instances or can enlighten me on this one?

I would welcome correspondence from other members, bi and gay (pro-circ only please) on any theme concerning circumcision, piercing and penises in general. I would also like to receive exchange photos of cut penises in all shapes, sizes, ages, colours etc. for my collection.

*R. – Jersey*

## **The Last Meeting**

I thought I had come to the wrong meeting. A procedural wrangle was going on and it was very difficult to tell from the minutiae being discussed what the meeting was all about. Was I at the U.K. Chrysanthemum Growers Society annual bash? Was I the only cock lover in the room? Impatience in myself and others saved the day. The magic word “cock” was uttered and I knew I was among friends.

And what friends they turned out to be. Able and willing to talk on my favourite subject. A chance to talk to the cut and uncut. A chance to talk of operation techniques, scar lines or lack of them. I thought I was alone in my feelings, but here was at least a room full of men similar to me. I suspect that millions of men in the U.K. are interested in the subject but only a handful actually join the Society. It is a popular subject for discussion at my workplace among the mainly male work force.

What a surprise to be able to obtain a circumcision video. I look forward to the meeting in the Spring with great anticipation. Perhaps it could be within easy reach of a sauna so that we can arrange a group demonstration.

To the guys who will be circumcised by the time of the next meeting, good luck! In my experience you won't regret it.

*M. – Worcester*



## New Member's Joy

I have been astonished and amazed at the contents of your journal to find that others share my interest in all things phallic in general and circumcisional in particular. How marvellous it is to be able to talk about it at last, although I'm sure you have read the same thing over and over again. So I'll understand if you look for something more interesting for your august pages.

My interest began (as is often the case) in the school showers, when I observed one of the teachers to have a particularly large and beautiful glans with no skin cover at all. He seemed unabashed as he dried it vigorously with a towel and paraded it around the changing room before putting it into his pants. It seemed incredible to me at the time that a man could bear to have such a sensitive part of his anatomy rubbing and chafing against his clothes. I quickly decided that it looked 'macho' and tried to keep my own foreskin retracted all the time even though it took quite a long time to be able to live with the sensitivity. I have never really managed it successfully as I have quite a long foreskin that tends to cover my glans easily, and I find that I am constantly having to adjust it to a retracted position. I have, however, been doing it for so long (20 years) that having it covered makes it feel waterlogged and uncomfortable. Night time is when the problem starts as it covers automatically (I would be glad to hear of any tips on how to keep the foreskin retracted more permanently/successfully). Since then I have become almost obsessed with trying to guess whether men I meet during the course of a day are cut, have a retracted foreskin nestling in their pants or if they're wearing a hood. You may have guessed that my preference is for the former. And how I love to see them in the changing rooms! I never realised until I read *Acorn* that there are so many variations on a theme.

You may of course wonder why I have not as yet opted to join my circumcised brethren, and indeed it's something that I consider every day of my life. However, my partner is vehemently against the idea, and almost had an apoplexy when he found out that I'd joined *Acorn*. How do other members deal with opposition from partners? Nevertheless, I haven't ruled it out completely, as it is my body after all, but until then, retraction will have to do. In past issues I have noted some rather disdainful comments about men who wear it back (particularly on naturist beaches). Surely, however, everyone should be accepted as they are or choose to be – there is room for everyone, isn't there?

I have particularly enjoyed the 'Celebrity Status' reports (contrary to David I thought that Ralph Fiennes definitely looked circumcised in *Baby of Macon* despite the gory red of the film quality – does anyone agree?) Can anyone give a definite yes/no to Alan Bates' status – the list said yes, but in any films I've seen I would say not. How about Jamie Redknapp anyone? (there's one I'm sure we'd like to know).

I apologise if this seems like a collection of random thoughts, but I felt I wanted to write and say “thank you”, and I am still amazed that I dare to write my thoughts out on paper. Who knows, I may yet eventually get to a meeting so that I can chat with others who will not think me a complete nut-case – or worse. Long may you continue.

*Tony – Yorks.*

## The Frenchman

I was born in the middle of France in 1941. At that time there were no Arabs in France, only a few Jews in main towns, and no protestants where I lived. They were 1.5% of the population, mainly in the east and mid south.

My parents began to get interested in naturism in 1945. Not nudist, but what would be called ‘green’ nowadays. So obviously they were against surgery. My health was bad and it might have been because of it that they became interested in naturism. My grandmother wanted my tonsils out but my mother kept hesitating and finally I escaped the operation after a long time. At the time we hadn’t the health service that we have now. My grandmother suffered much from rheumatism and wanted to be operated on, but unfortunately (or rather, fortunately) for her, she hadn’t the money. But she had what I call ‘the complex of the surgeon’, always feeling like having something cut out. And it happens that I have met a great many women like that, which has made me think: what can they have in their ass (or not have) for always feeling like having something cut. And not only that, they always want others benefitting from cuts as well.

The Germans, during the occupation, were always hunting the Jews, and many people that were no more Jew than you or me had been killed just because they were circumcised (for so-called hygienic reasons). So probably I’d heard much about circumcision at a very early age, although I can’t remember exactly when. But I remember very well that I thought the Jews did it out of perversity, and it couldn’t be in the Bible. At 16 I fancied reading the Bible and was completely astonished to find the story of circumcision in it.

Then a flash came into my mind. “It is that!” This was that operation of the tonsils, and needless operations in general in Catholic countries were pseudonyms for circumcision, because anything that could drive the mind towards sex was unthinkable. Then I began to ask around, “Why circumcision?” (in the spiritual sense, obviously), and it was the confirmation of my intuition. People were incredibly ill at ease, showing it to be their most touchy subject, and indicating to me that it was the most important subject to them in the world. And so it became in me an obsession.

I started to read everything that I could pick up about it, and at 18 I discovered that there existed a female circumcision. I asked around what it could be, but people were so ill at ease that they couldn’t talk about it. So

then it became an obsession on top of my first obsession, and I sought hard for information on that. I thought that it couldn't be the cutting off of the clitoris, because I thought that a woman would die if she had her clit cut out. But at 20 I discovered that it was the clitoris that was cut out, and that flash came into my mind again, much more stronger than the first time. "It is that." It was an incredible pleasure and relief to me that women could have their clits cut out without any obvious inconvenience. It was incredibly marvelous to learn that.

It was obvious. All troubles about sex came from the fact that women feel like having their clits cut out but are too chicken to have it done, so they want to have their boys cut instead. And so I became an enthusiast of female circumcision. It was the solution. If they could have their clits cut off they wouldn't have those obsessions of having something cut, and that obsession of having their boys cut.

Women say everywhere that circumcision is cleaner, so why don't they have all their dirty folds of skin removed as completely as possible? I remember once, my grandmother saying in a violent temper to my mother, "I like what is clean!", and it astonished me. I remember the event because it was out of context as nothing was dirty there and then. It was like a frustration of dirtiness when nothing around was dirty. My grandmother was a coleric and authoritative person, which shows a too yang person.

After a while of being a total enthusiast of female circumcision, I thought that maybe that was going too far, so I became convinced for a long time that the best thing for society would be that 25% of all people, men and women, would be circumcised, then everybody could have sex with circumcised people. I was convinced that it was evil, but it was the desire that people had, and when a desire of something is too repressed it drives people to worse excesses.

I got the conviction that women, as much for themselves as for men, felt like circumcision: that it was a basic tendency towards circumcision in them, and that they projected it onto men. And that it is unconsciously to satisfy them that men adopt circumcision. I also got to the conviction that great chapters of cruelty amongst people, like the Germans in the war, came from the exasperation of women not being freed of their clitorises and inner labia. That the frustrations of a little cruelty accumulate in the unconscious for decades and cause explosions of cruelty, as unconsciously, men try to satisfy women. My reasoning was exactly the one of homeopathy – a little cruelty that could avoid much worse.

Twenty five years passed and I spoke of that to a psychoanalyst woman, a most intelligent woman. I told her about my opinion that it was a basic desire in women to have their clits cut off, and it was as if God made the clits for the sole purpose of having them cut. She looked at me dubiously, so I said, "But look how many women feel like being operated on for something!" She

laughed and said, "Yes, it is a fact that that is quite common." But she refused any explanation of the problem.

A few years later I read Kushi, which says somewhere that too yang people hate hairs, and that when they see cats on the street they would like to shave them. And that was another revelation. The repulsion for foreskins and inner labia is the same as repulsion for hair. Let us imagine that for an unconscious reason you have a repulsion for trees and that you have a gardener. Perfectly unconsciously, you will seek on any pretext, the cutting down of the trees in your garden if you have any. And it's just the same for circumcision. So the only solution is in having a not too yang diet.

I remember when I was a child, my parents were vegetarians. My grandmother was exasperated with that. She was convinced that humans need much meat for being strong. She would shout and shout after mother, "Your kids will have T.B."

A perfect yang man is small, very strong, ugly, idiot, cruel and a pervert. A perfect yin man is tall, beautiful, intelligent, but weak. So only the well-balanced between them makes a sage. But for our subject here, everything which is cutting, cruel, perverse, is the sign of a too yang diet.

Let us be serious, only basically evil and perverted people can circumcise their children. See my letter about the yin and the yang – 'Macrobiotics', Issue 8/96.

The *Encyclopaedia Britannica* states that female circumcision may pre-date male circumcision. If you have read the "Modern Primitive" literature, Fakir wrote somewhere about the traditional tortures, that it is more something of women than of men. So women may be softer physically than men, but stronger mentally.

*The Frenchman.*

[In this instance I have edited this letter. Firstly to put it into better understandable English and secondly to cut out the more passionate parts. It does give an insight into how childhood events, conversations and feelings can have a frightening effect on the rest of one's life. Who, among us hasn't, to one degree or another, been a victim of something like this. – D.A.]

## Disclaimer & E-Mail Address

Opinions expressed in the magazine are those of the individual authors and do not necessarily represent the views of *The Acorn Society* or its other members.

Articles for submission to the magazine are always welcome and can be sent by post to our PO Box, or by e-mail to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

# ACORN

Issue  
Nº 2 1999  
Editor  
David Acorn

## Editorial

**W**e've just got back from the meeting at High Wycombe, which included the A.G.M. (a copy of the minutes should arrive on everyone's doorstep later). There were about 25 members at one time or another. Not all stayed for the whole time, a few turning up as their other commitments would allow. A disappointment to me was that only one of our new members came along, after our best year of recruitment as well, with so many being so pleased to have found us. Never mind, maybe next time. Again, I'm sure that every one went away with more knowledge than when they arrived.

A pleasing aspect about the meetings is that friendships are being formed through other shared interests. A couple come to mind – playing church organs and canal narrow boats.

In this issue there are items which beg comment one way or the other, so do please pick up a pen and make your opinions and experiences known.

*David Acorn*

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E-Mail may be sent to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

## My Conclusions And Viewpoint

Circumcision has been practiced in various parts of the world for thousands of years, but it has never become worldwide. It couldn't have survived if there had been something really detrimental about it. Similarly, foreskins would never have survived if it had been shown that circumcision was of greater benefit. Therefore it comes down to choice, be it by race, religion, or personal choice by parents or individuals.

Most *Acorn* members, as we have read so often, who have had an adult circumcision, have had a compulsion for it since early childhood for one reason or another. Modern medical opinion shows that there are only two reasons physically for circumcision, torn foreskins through accidents, and BXO, where the whole front of the penis swells up enormously (very, very rare). This is the only true phimosis, a tight foreskin not being a phimosis. A foreskin that's too long (rare in actuality) in the eye of the owner isn't useless for good sex, a tight foreskin can be freed with the aid of steroid creams, and balanitis is rarely recurring with a loose foreskin. Yet these are the usual reasons why most of our members say they wanted a circumcision, and have been unhappy when doctors said no. I would suspect that the real reason lies solely in the mind, generated by an incident or finding during the growing up period (a lot of our members do say this), causing envy of another's state or a wish to become the same. And why not? If a person is totally unsatisfied with the state of a part of his body, which leads to a lack of self-esteem and self-confidence, then that is a good enough reason to remedy it. A pity that the NHS has never, from its institution, had the funds to support this.

One thing amiss though, is that, in their euphoria at accomplishing their hearts desire, most exhort everyone else to do the same. Only one or two, at the end of their circumcision stories, qualify it with, "If you feel the same as I did!" The rest forget that others have no such desires. I myself have often pondered whether I would rather lose a leg or my foreskin, and I still can't answer it. Still, it's nice of them to want everyone to feel as good about it as they do.

One other thing. In fantasy stories, and what purport to be true stories in magazines like *Forum*, men often refer to women playing with their foreskins etc, but never do you get women mentioning whether the men in the story have foreskins or not. Never, also, have I seen mention of bad smell or mutilation. From this I can safely gather that women are happy with what they get, the look and feel of a cock is not a talking point, and probably all they are interested in is what it does to them. It's only us what worries about them things!!

*David Acorn*

## Naked Acorns

I was delighted to meet fellow *Acorn* members at Leicester recently, and I hope that I shall be able to maintain some of the pleasant contacts I made there as a 'new boy'.

As I mentioned then to some of the members, I had already arranged to hold a party for fellow circumcised gay naturists here. In the event, 15 of us met in Oxford, including one 'honorary' *Acorn*, who had a naturally retracted foreskin which could pass muster except on close inspection. It was very much open house for most of the day, with people arriving from 2pm onwards and departing as convenient, with a few staying on overnight. I had quite a wide geographical scattering of guests, with visitors from Sussex, Kent, Dorset, Hereford, Cardiff and the North Midlands as well as locals, with one friend from the Netherlands. Oxford is a useful centre for meetings as it is reasonably readily accessible from a lot of the country.

The idea of naturist parties horrifies a lot of people, but they are very sociable occasions, and initial embarrassment soon vanishes for newcomers. Quite often there will be the interesting question when someone new arrives of "Is he or isn't he?" – this time we all knew we had something in common and it provided a mutual talking point as we compared experiences. Some people had not come across the term 'acorn' before, though my Dutch friend said it was usual in the Netherlands. He had been circumcised whilst working in the tropics, but most of the rest of us had been done neonatally.

All of us were fiftyish or over and many regretted that the operation was now done so seldom with younger men. I could assure them that after my Leicester experiences that it was still possible to arrange for the operation privately.

As a general comment on several years of attending all-male naturist functions it is usual for around half of those attending to have been 'cut', though the proportion seems to be higher in London. Should any member of *Acorn* be interested in attending a gay naturist meeting perhaps they could contact me via *Acorn*.

*D.D. – Oxford*

## Disclaimer & E-Mail Address

Opinions expressed in the magazine are those of the individual authors and do not necessarily represent the views of *The Acorn Society* or its other members.

Articles for submission to the magazine are always welcome and can be sent by post to our PO Box, or by e-mail to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

## Reactions

For anyone with the urge to do so, I suppose it is quite logical to get themselves circumcised. But for the rest of us it seems a bit odd, to put it mildly. With all the reports in the media about how the foreskin has more pleasure-generating nerve endings than the glans, and how important it is for ensuring sexual enjoyment both for men and women, it does seem puzzling that some people are so keen to cut it off. My brother joined the *Acorn Society* some years ago and to our parents' disgust had himself circumcised a short while ago. I tried to talk him out of it (and my husband called him daft), but his mind was made up and he went and did it. He's gay, and one of his men friends convinced him, that despite a possible risk, it would be worth it to make himself more acceptable in gay circles. This is not the end of the story, because he says that when it all heals up, if it's not really tight, he might consider getting a 'revision'. I was quite appalled because I had read that some men were so obsessed that they went on having the shaft skin removed until their knobs were tacked directly onto their ball bags. I've begged him not to do it – it would probably destroy his sexuality for good.

He passes on the *Acorn* newsletter to us when he's finished it, and we find it fascinating reading, although some of the more extreme stuff can be depressing. We appreciate the fact that you present both sides of the argument: the only thing that stopped him getting himself done earlier were the stories of how unhappy some men – and their wives – were with the effects of circumcision.

Last week he came round for a drink and was so enthusiastic about it, describing exactly how the operation had been done, and how he'd watched as his foreskin had been cut away, and exulted as it was dropped in a tray (yuck!). As a joke, my husband challenged him to let us see the finished article. He didn't hesitate for long and stood there proudly showing off his willy to us. Compared with when I'd last seen it as a teenager, I thought it looked awful, with a raw livid scar where his previous smooth, velvety foreskin had been. My husband's reaction was to ask him if it hurt because it really did look so traumatised. He admitted that it was tender, but he seemed so proud of his new cock that we hadn't the heart to say what we really thought.

We then went on to discuss foreskins and the various types. My brother used to have an "elephant's trunk" before he was done, a type I think always looks very sexy, but which the pro-circumcision community had brainwashed him into considering 'loathsome'. My husband on the other hand, used to have a foreskin which was long enough to hide the knob with a wrinkle of skin in front. I thought this looked the sexiest of the lot and, during 'girl-talk' with my friends, used to boast about it, although really I suppose it was nothing out of the ordinary, since most men probably have similar foreskins. It just looked particularly balanced and neat to me though. Over the last few years, though, he'd had trouble with his foreskin receding, so that the tip of his glans



always remained uncovered. Although it didn't actually hurt, it was a constant niggle as the tip rubbed against his underwear and, since his urine was no longer forced into a neat jet by the foreskin tip, he peed in two streams, one of which usually ended up on the floor. I was rather unhappy about this as you can imagine, but I also found his naked tip distasteful because I've always had the notion that a knob should only be bared if it is to be used. Anyway, my husband has now largely cured the problem thanks to a device called the 'Cut/Uncut' ring, supplied by someone in Hawaii (website hyperlink <http://www.aloha.net/~uncut>), which gathers the foreskin forward of the glans and holds it there until it stretches back to its original position. It took my husband six months and he now has a foreskin to be proud of once more.

One thing, which really upsets my husband, is the claim that men with foreskins are inherently 'dirty', and need circumcision to force them to be clean. Not only is this an outrageous slur on the vast majority of normal men who are quite capable of using soap and water, but also is untrue even if they don't! For instance, my husband never produces smegma, and even if he doesn't wash he never becomes smelly or unpleasant under his skin. He was forced to go for a week without washing (or having sex) while away on a course, and the only residue under his foreskin was the normal moist lubricant which is always there – which has a faint but sexy male smell which is not in the least offensive. I wish I could say the same for myself!

*A.B. – Bucks.*

## The Club

Reading through some old back copies of *Acorn* recently, I came upon a small article sent in by John from Yorkshire in Issue No 1 of 1992, which was entitled 'Advertisement' and read as follows:- Circumcised? A cut above the rest? Take this opportunity to join the world's most exclusive club. Your very own membership diploma, also an ideal birthday or xmas gift for the man without skin – £5 to S.N.I.P. (and then a Private Eye box number).

I can't ever remember seeing this before although I must have read it. Did anyone ever reply to this box number? If so, what was the resulting reply? Was it just a humorous, vulgar, crude or rude diploma for quick, cheap laugh or was there some more positive side to this advert, with something more to being a member other than a piece of paper? If anyone has any information would they care to share it with us? If anyone did reply, was there then a continuing follow-up? If we hear nothing back then we can only assume this was some way of conning people out of £5 for some piece of paper implying its owner was circumcised.

*I.W. – Dorset*

## Rising To The Occasion

Boasted the Jewish insurance salesman, “Not just from the cradle to the grave, but from the erection to the resurrection!” The humour is actually a real ‘gas’ in more than one respect. Every erection, hard-on, jack or cockstand (according to taste) is dependent on the secretion of nitric oxide (NO). Sufficient nitric oxide released within the penis institutes enzyme reactions, which, by causing muscle relaxation in the blood vessels of the penis (or clitoris), leads to enhanced blood flow and consequently erection.

Within the complicated chemistry produced by nitric oxide, guanosine triphosphate is reformed as the vasodilator cyclic guanosine monophosphate using activated guanylate cybase. Of course, the monophosphate is inactivated eventually by hydrolysis, causing the erection to subside. Maintaining an erection requires the production of fresh vasodilators and backing up nitric oxide release from continued sexual stimulation.

Most impotence or erectile dysfunction results from insufficient NO production. Viagra slows down the hydrolysis of the monophosphate, strengthening and prolonging any erection. In an age when NO should mean NO, it becomes a biological YES!!

Sensuous erotic stimulation of nerve endings in the penis causes the release of nitric oxide and vasodilators. As the foreskin comprises at least 50% of penile skin, with a high concentration of nerve receptors (exceeding 20,000), and nerve endings contribute to secreted nitric oxide, there could be a connection between circumcision and erectile difficulties, especially in later life. With reduced vitality in old age, the foreskin’s contribution could be essential in maintaining potency. In early to middle adult life, though deprived of his entire foreskin, the circumcised male has sufficient vitality of remaining nerve endings to produce enough NO for vasodilation and erection.

There may be a modern scientific basis in the ancient wisdom of Jewish circumcision, where the entire frenulum and large areas of adjoining foreskin are left intact. Not only is there less risk of haemorrhage, but the retention of a rich supply of nerve endings in the vicinity of the frenulum. That could extend the period in which the Jew could, “Go forth and multiply!”

I wonder if that is why the (then) Princess Elizabeth chose a mohel for her sons, rather than have them share the radical circumcision given to a high proportion of infant citizens by the medical fraternity at that time.

One last footnote or ‘wilting word’ – of the three million men successfully treated for impotence with Viagra, I wonder what proportion are radically circumcised?

*Anthony*

## Ring, Ring

I was interested to read the article by P.L. – Hants, 1/99, regarding his frenulum piercing. I have always found my frenulum to be an exciting erogenous zone, and am delighted that it wasn't cut away with my foreskin. Like P.L., I also had it pierced about three years ago, but mine was fitted with a small barbell. Having lost two of these in the sea whilst on holiday, I decided to try a small ring when my next holiday came around. The difference in sensation was amazing, as the backward and forward movement of the ring is extremely erotic and arousing. I have since advanced to having a Prince Albert piercing which I have enlarged to 5mm thickness over a period of two years, and find the added weight on my cock very stimulating. However, two rings so close together felt a little overcrowded, so I have reverted to another barbell in the frenulum – now at 3mm thickness. These two harmonise very well and I am now considering an apadravya if I can pluck up the courage!

I also enjoyed Ray Hamble's contribution, and thoroughly endorse his views.

*V.W. – Leics.*

## Naturist Resorts

I was most interested in your piece about Cap d'Agde (6/98), which, as is your wont, was totally sensible and unbiased. Cap d'Agde may not be the largest naturist reserve in the south of France, but to me it is horribly overcrowded. The camping sites are minimal, probably consisting only of less than about three acres, whereas Montalivet, on the west coast, must have well over a hundred acres of woodland camping sites – totally uncrowded, excellent shops, restaurants and swimming pool, with a wonderfully long sandy beach. It is perhaps the earliest of the naturist reserves (an aunt of mine was there in the early thirties), and well worth a visit.

Regarding the piece I sent to you for inclusion in the newsletter [it already went in 1/99. – *Ed.*], please edit or scrub the first grumpy sentence about the survey being seemingly only interested in circumcision. There are one or two additional queries to be added to my suggested survey for cavaliers:

11. How much of your glans is covered a) when flaccid, b) when erect?

12. Several contributions to the newsletter have mentioned that they wear their foreskins folded under. Is this possible for you? It would seem an excellent plan for those of you who complain that your foreskins are too long.

Your opinions would be welcome on all these points.

*I.D. – Herts.*

## Obsession

Thank you so very much for the 1998 issues of *Acorn* and the first of 1999. As Will says in 7/98, "What a revelation!" I read all eight 1998 issues in one evening. I echo his thanks for producing such an interesting magazine on my favourite subject, dicks, in a level-headed (nearly said 'serious') and intelligent fashion. I'm only sorry I didn't hear of *Acorn* many years ago, and can only wonder what I've missed.

I am totally fascinated, borderline obsessed, with cut dicks and often wish I was circumcised. For me, the surgically bared knob is absolutely beautiful, particularly when erect, and just so 'out there', if you know what I mean. Again, I echo Will's remarks regarding his attraction to cut guys, and would say the subject and difference is also important to this gay guy. Giving oral to a cut guy is wonderful and, I dare to say, easier.

I don't remember ever having any problems with my foreskin as a child, although I can clearly remember having a medical at school when I was about five (1966) by an elderly female doctor (I assume) who yanked down my pants to inspect my dick. She grabbed me with cold bony fingers and pulled my foreskin right back, painfully hard. I remember my mother being told that it was OK and she being given advice on how I should keep myself clean. Following that event, whenever I had a bath, I was instructed by my mother to wash myself 'down there' by pulling the skin back with finger and thumb, then wriggling my bare knob in the bathwater.

Like others writing in *Acorn*, I saw my first cut dick at school; I was about 8 and shared a changing cubicle after a swimming lesson. The other boy had no inhibitions about stripping off naked, while I hid under a towel. I couldn't resist looking at him and was intrigued as to how or why his foreskin stayed back, there seemed so little of it as well. I didn't realise or understand that it had been cut off. Personal and intimate subjects were simply not discussed between my father and I, so I had no-one to ask. I made sure I shared a cubicle with the cut boy at every chance, and stopped hiding under my towel. Eventually one of us raised the subject – I don't remember who.

The boy's brother and father were cut so he had no experience of uncut dicks. Rather than being shocked to find that his skin had been cut off, I was totally fascinated and rather envious. Using the urinals at school, I took more notice of the boys beside me, but can't now remember seeing any other cut dicks until I moved on to grammar school and communal showers after games lessons, where of course circumcision status was obvious. Cut were sadly few and far between.

When erections began and I discovered wanking, I also discovered that, although I could retract my foreskin and bare my knob OK, the frenulum was very tight and the skin would bunch up under the corona. Frequent wanking would leave the frenulum and corona very sore. Rough handling could even

result in tiny rips in the frenulum where it joined the glans. Not knowing that this was a problem rather than an inconvenience, my wanking technique altered to take account of the tight frenulum etc., so that I'd rarely pull my skin more than halfway down my knob when hard. Having a generous overhang of skin, I also got into the habit of pinching off the opening to my foreskin at the moment of ejaculation to collect my spunk and avoid embarrassing stains.

Two of my first three sex partners were cut (at birth), wonderful for my interest, and me, but they weren't accustomed to playing with uncut dicks, and the tight frenulum became a problem as they expected my foreskin to retract further than it did. I quickly found out that my problem made intercourse uncomfortable, awkward, and occasionally quite painful. The frenulum area and front of my foreskin could be very sore and sometimes quite swollen the morning afterwards. However, being more inclined to the passive rather than the active role, it has been, and is rare for me to penetrate.

Several years ago the frenulum split again and I plucked up the courage to see my G.P. about it. He said it would heal and, so long as I was careful, would be OK. Some time thereafter it happened again and I returned to my G.P. After an examination he suggested I put "a dab of vaseline on it in future" for extra lubrication. He knows I'm gay and should be practicing safe-sex, but still suggested an oil-based lubricant. On a third visit I raised the idea of a circumcision, but he thought that was quite unnecessary. I took matters into my own hands (so to speak) and investigated the possibility of a private circumcision, but the cost at that time of £640 was beyond my means.

In 1991 I was finally diagnosed as diabetic after several visits to my G.P. with persistent thrush on my knob and foreskin. The thrush seems to cause a tightening of the foreskin, particularly around the opening, and it takes quite a time after the thrush is cured to return to normal. The thrush re-occurs in hot humid conditions, like summer; I am a chef by profession and work in a hot humid kitchen. My work takes me to southern Africa from time to time where it is very hot and often very humid. I have been told that if I was cut I wouldn't get the reoccurrence of thrush. My G.P. tells me to be more careful controlling my blood glucose levels and writes another prescription for Canestan cream.

During my teens I tried all sorts of ways to hold my foreskin back, such as sticking plaster, to give me the appearance of being cut, but to no avail. The foreskin would invariably work its way forward, often leaving me sore, uncomfortable and frustrated. After I became diabetic, I tried again to 'train' my foreskin to stay retracted, but again to no avail. Then a cut friend told me of his having a P.A. piercing done. At the time I thought that there was no way I could have that done, no way... Then I saw a picture of an uncut guy with a large P.A. ring, which very effectively held his foreskin back. After some serious thinking I went for it and had a P.A. done in May 1997.

Since then I have enlarged the piercing and wear a ring 5mm thick by 19mm internal diameter. Each time I move up a size of ring, my foreskin does stay retracted, but gradually over a period of about two weeks it slowly works its way forward and stays there as the skin becomes accustomed to the larger sized ring. And the old problems still exist!

Shortly after the first *Acorn* journal for 1999 arrived, I again made inquiries into a private circumcision, but the price in a London clinic is now £1390, well beyond my means. I really wish I were cut, for both the aesthetic look of a cut dick and to alleviate the other problems, although, now that I have the P.A. which I really love and want to keep, there is the added problem that the surgery to remove my foreskin could/would compromise the piercing, ie. close it up.

I'm considering visiting my G.P. again, but find it very difficult to talk to him and he's always in such a mad rush to get on to the next patient. I've carefully thought of what I want and need to say so that I can explain myself clearly and succinctly, without waffling and getting nowhere. But as soon as he calls me into his consulting room I know it will all go out of my head. Any suggestions?

*A.F. – Berks.*

## Britons Abroad

When it comes to sex, we British are the stuffiest, most repressive and most prudish nation in Europe. Sexual material and services which are openly on sale in the rest of Europe, where it clearly does no harm, are strictly forbidden here, whilst the most bloodthirsty and violent rubbish Hollywood can churn out is freely shown on our TV screens for children to see. As a consequence, we tend to kick over the traces whenever we can escape from the dead hand of Grundyism by going abroad, and we tend to behave, some of us, with a lack of inhibition which appalls even our broadminded European cousins. Jokes about hordes of British girls queuing up to drop their knickers for the dishiest Spanish waiter are not at all far-fetched, and the horrible drunken behaviour of British louts is famous throughout the world.

Older Brits, too, tend to let their hair down on holiday to an extent, which ought to cause them severe shame and embarrassment, but probably doesn't. I remember last year in Magalluf (Majorca) being woken up at 2am by three ladies in their forties from the next apartment, who were taking a break from their husbands and kids. They had been tipping sangria down their necks all night, and sampling a bit of local dick, if their drunken conversation is to be believed. They were screeching with laughter as they searched fruitlessly for their key, and one of them yelled out, "Hurry up and find that effing key Sharon, or I'll piss meself!" "Me too," said another, and Sharon shouted back, "I need to go as bad as you, but I can't find the effing thing." By now I was

up, and I peered through the curtains in time to see the three ladies whisper together, then screech with drunken laughter again as they all stood round a huge urn of geraniums right outside my window, hiked their tight skirts up their thighs, pulled their knickers to one side and pissed in the grossest possible fashion into the pot, as curtains twitched all round the courtyard.

Now let's not be mealy-mouthed about this. It was no genteel little tinkle hidden by skirts spread round a ladylike crouch. This was a proper piss in the full ribald significance of the word, and as entertainment goes was the most outrageously provocative and appalling sight I have ever seen. But then when I was talking to some friends the other night, we were comparing experiences of shocking behaviour of Brits on holiday, and two of the girls who had also been to Majorca stoutly defended our boys, saying they had seen drunken foreigners behaving far worse. The thing that really scandalised them was when some lads from a well-known country tried to revive a comrade who had passed out by pissing all over him – in the middle of the main street. When the lads saw they had caught the interest of the two British girls, they started hamming it up by insultingly pulling their foreskins back and exposing their knobs at them – which the girls thought dreadfully rude. But what really shocked them was when they hit on the idea of blowing their foreskins out with urine to double the size, and then let it go with a rush, instantly reviving their drunken companion. They both said they had never seen anything so rude in all their lives, and no woman would behave like that (only because they couldn't, I thought).

At this point I decided to put them right on that subject of maidenly modesty and mentioned Spanish waiters, at which they both blushed a deep scarlet (I wonder why?). I then recounted how the three ladies had pissed, standing and thrusting their hips forward in a disgracefully immodest and unladylike fashion, into the pot of geraniums. Whilst the girls had been shocked by the rude exhibition of the bare glans, and at the unfamiliarity of ballooned foreskins, which they had never seen before – and couldn't experience themselves – I explained that I had been even more amazed at the enormous power, volume and horrifying indiscriminate delivery of female urination when in a state of urgency. Although most males would be disgusted at the thought of peeing down their legs, it meant nothing to these ladies (one of them bellowed laughingly, “ere Trace, I've filled me effing shoes!”), and what totally gobsmacked me was to see how the compost in the pots was sent flying by the hissing, splattering torrents of second hand sangria. Unless they have actually witnessed it, most men just don't know about these things, since they could never match such a degree of virtuosity themselves.

We then went on to discuss foreskins and, following on from the ballooning trick, how elastic they were. One of the girls giggled and said she had read the press report of the philistine (in every sense) pupils at Eton College – with particular reference to Prince William – who had instituted the ‘shilling ceremony’, whereby they judged a comrade's worth by the number of shillings



he could cram under his foreskin. An older woman in the group made the interesting observation that, between the wars, boys with foreskins were barred from Eton, but that since then things had swung very much the other way and, following the royal example, the toffs now favoured foreskins. One of the girls sweetly suggested that this only happened when they realised that it was an ideal place to tattoo the family crest! Naturally, the point was raised that William only qualified to take part in the shilling ceremony because his mother had stopped him being circumcised when the powerful palace authorities tried to have it done. One chap said that he had read in the Court Circular at the time that a Jewish circumciser had been in attendance at the palace, presumably to circumcise the princes. He then laughed and said that the rabbi didn't stay there long. When the Princess realised what he was there for, she told him to piss off, although she may not have used those exact words. But I wouldn't bet on it!

Steve – Bucks.

## Rite To Reply

Circumcision certainly brings things to a head, so I would like to reply to some interesting points raised in *Acorn*. From the excellent description of G.C.D.'s circumcision, he appears to have undergone a Jewish-style operation rather than a ritual one. His skin bridges were caused by the freshly cut edge of foreskin resting against the tender torn surface of the glans' adhesions, with healing at contact points.

Had the full Jewish procedure been followed, the reflected mucous membrane would have been completely eased back down the shaft away from the glans, then secured with sterilised lint strips, leaving the glans totally bare beyond the dressing. The lint would be changed daily or soaked off in the bath, and reapplied until healing took place, each time the entire glans projecting beyond it. Only then would the frenulum and its associated prepuce be able to reassert itself around the lower portions of the glans.

M.B. coined the phrase 'circumcised smegma', which would cause a real American scream! It is formed in the sulcus, and not from ridges and bumps on the glans as described by R.W. Smegma is no secretion, but fatty degenerated epithelium retained in a confined space. Jewish smegma is equally emotive, but the erect penis of a plump circumcised Jewish baby can have up to two-thirds of the glans covered without it being necessary to cut away more tissue (according to the translation of the *Dinim of Milah*).

During my attempt at taped restoration, I managed to maintain continuous glans cover for over three weeks. When the plaster gave way (whilst reading the newsletter), I expected to find traces of 'circumcised smegma'. There was no debris from the artificial confined space, only moistness and a delightful heightened sensitivity.



R. from Jersey mentioned the child born circumcised, though the term is a misnomer, since there is neither cutting nor scar! Born without foreskin is probably more appropriate. This anatomic curiosity, though rare, is well documented. As well as the Dutch example, confirmed by the ten-year-old boy's mother, I have read about a French-Canadian baby, born with the identical condition, in medical literature. Yes, Mohammed had congenital absence of the prepuce. He was born without a foreskin as were other early prophets, but there is no directive on circumcision in the Koran. In Judaism, the absence of foreskin is catered for with the operation of 'Drawing Drops of Blood of the Covenant' by puncturing the already bare glans.

Whether the foreskin is congenitally absent or more commonly cut away, I agree with R.W. that the glans will flare out at the coronal rim through years of unrestricted exposure. Even after a few months, the denuded infant glans becomes noticeably plumper compared to the shaft. At maturity the coronal ridge can well exceed 1cm in height even when flaccid: even to overwhelming the modesty panels of trunks, briefs, swimming costumes and shorts. During sports and leisure activities, concealment of the circumcised state has become well-nigh impossible! Sightings at adolescent school showers proved all 14 circumcised in a class of 31 to be well and truly flared at the glans edge, irrespective of penis length and maturity.

Accepting the 'flare theory', I was amazed to come across a perfectly curved, plum-shaped glans with no ridge whatsoever – on a penis that had been circumcised Jewishly at under a week old decades earlier. There were skin bridges, but not on the upper side where flaring should have been present, a perfect exception to the rule.

Anyone wishing to add to my observations, or seek information, can write to me via *Acorn* or formally to the newsletter. Please excuse any propensity to pedantry and hair-splitting. I can only quote my response to Jewish foreplay – "Call it a prelude – there's no fore' to play with!"

*Anthony*

## The Big Cover Up Mystery

Crisps, cocks and condoms have one thing in common. They all come in various sizes, shapes, colours and flavours. As far as condoms are concerned, the range is enormous. Magnums or snug-fits; teats or plain-ended; lubed or dry; ultra-strong or featherlight; mulberry or marsala, and enough colours to compete with the ubiquitous rainbow flag – whether for straight or gay use, or even for avoiding the mop-up after solo indulgence. The choice is a vast one. But how much of this huge array is scientifically tested for either safety or consumer satisfaction?

It's fine to test the strength of a Virgin 'johnnie' by blowing it up to match a Branson round-the-world 'hot air balloon', but, equally to the point, do the various contoured shapes really stay in place more firmly than a straight sheath? Does a teat-end really catch the semen at the time of ejaculation, or does it merely act as a reservoir into which the fluid drains at the time of withdrawal? Is the teat itself not a hazard in that it stretches backwards during insertion, thus actually presenting a thinner and weaker point in the latex immediately in front of the penile meatus (opening) which bears the greatest strain during thrusting? These questions, and there are many others, have exercised my mind for years, but I can find very little hard evidence to suggest that they have been properly investigated.

Then there are the substantial issues surrounding user suitability and satisfaction. Of course, personal preference has an important role to play and choice is essential. But is there any widely available advice, based on fact rather than conjecture? I am a circumcised gay man of average endowment with an ejaculate volume of 3.5 – 4ml. I prefer a plain ended, non-ribbed, non-contoured, non-lubricated sheath to which I can apply KY to the outside as necessary. But that's my personal choice for pleasure and comfort. It isn't based on what may be truly safest or most advisable for my needs. If I were not circumcised; if my penis were two or three inches longer; if the volume of my ejaculate were to take up more space; if I were to be engaged in heterosexual, rather than homosexual, intercourse, would my needs (not necessarily my preferences) be different? I enjoy fish and chips and suet dumplings, but are they really a suitable contribution to my diet? At 16 stone I know there are better sources of nourishment to safeguard my survival. I'm afraid, though, that I don't know what are the most suitable condoms for my sexual appetite.

Talking of food leads me to the question of condom 'taste' – as in flavour rather than decorum! Raspberry Ripple or Exotic Caribbean Coconut may be delicious to the taste buds of those of us who enjoy a lively '69', but has anyone stopped to consider scientifically whether, as with those magical pheromones, some flavours are more passion-rousing than others. Is the taste simply for fun, or should it not be researched to see if it can provide a definite enhancement to satisfaction?

As a doctor with an extraordinary active 55-year sex life behind me, and a long-standing commitment to sexual counselling, I began this article with the intention of pontificating on some of the questions I've raised. I thought I knew a fairly sound formula for matching cock to condom under a variety of usage circumstances. But once I started thinking through the subject I realised my arrogantly assumed expertise had burst – just like the sheath I used last night!

So I throw the subject open for debate. Even if we can piece together a database of user experience it will be a step forward. What have *Acorn* members found to be the most satisfactory condoms in a wide range of circumstances

varying from penis size through to volume of ejaculate, vaginal, anal or oral use, cut or uncut state, duration of intercourse, intensity of thrusting, etc. etc.? The more we know, the better informed, and safer, we can all be.

*Ray Hamble*

## Yet Another Seven In Circumspection

A shy adolescent called Ron,  
Had part of anatomy gone.  
No skin on the end like brother or friend.  
He'd love to put it back on.

A Jewess, sweet Hannah seemed bad,  
To prefer one gentile, a lad.  
She pulled back his fore', but wanted much more.  
Unconverted, he's lover and cad!

A nother, a Judith from York.  
She loved nibbling cheese from a fork,  
Collected from friends' uncircumcised ends.  
She said she preferred it to pork!

T here was a young fellow called Paul,  
Whose surgery led to a fall.  
"I was done as a child and later reviled.  
Now underpants cover it all."

A livelier fellow from Bude,  
Was oft to go out in the nude.  
His skin was so tight, its loss put things right,  
but stumpiness made him a prude.

F rank shook when the girl in the car,  
Went circling his personal scar.  
"It goes up and down", she said with a frown.  
"But the knob is more plumper by far!"

A Simon of persuasion gay,  
Had trouble with preputial play.  
With skin cut away, left 'mushroom' display,  
"I must be a 'fun-guy' today!"

*Anthony*

## Distraught

I am a 52-year-old victim of male infant circumcision (senseless mutilation). Although from the medical point of view, one might say the procedure was done well, and completely, that does not mean that I have not suffered because of it. There has been nothing on the positive side to offset this suffering. I am unaware of any benefits to me whatsoever.

Until I was 51, the memory of this tragedy was suppressed deep in my subconscious mind, and although it has caused lifelong torment in my thoughts and in my dreams (my parents can confirm this from a most early age), I never understood why or where these thoughts (feelings of inferiority, fear and distrust) were coming from. I am only now beginning to realise how devastatingly it coloured and affected nearly everything I ever did or ever was. It has had a tremendously negative effect on my life.

Last summer, I came across some web sites dealing with circumcision, and as I sat there reading the screens, the actual memory, including the pain, came flooding back to me for the first time in my fully wide-awake state. Instantly I understood why my life has been as it has (I have a deep distrust of females and consequently never married, though I am clearly heterosexual and have long desired a wife and children, two female nurses took me to the room and stood by as I was mutilated, not lifting a finger to protect me). The level of rage I experienced, stored in my memory and deeply suppressed ever since that day, returned to me last summer while I was sitting in front of my computer. The feelings were almost overwhelming and unlike anything I had ever experienced before. It has taken me this long to be able to deal with this issue on a more rational (I won't say unemotional) basis.

Many people, including many doctors, believe an infant feels nothing, has no awareness, no memory, and so there can be no psychological harm. I am here to say that this is grossly and obviously false. My memory of that event is quite detailed, far more than anyone would expect. I can remember each separate cut, the pain, and the feel of a restraining harness of some kind. I remember people speaking and facial expressions (one nurse became concerned because I would not stop crying). Believe me, this is not a fabrication. I could never make up anything like this. To those who say there is no evidence of psychological harm, I say the evidence is all around you, but you will never find it if you refuse to look.

I now feel that if I am ever to salvage anything at all of a normal life, I must somehow help in the effort to expose and end this indefensible and barbaric practice.

*Joseph – U.S.A.*

# ACORN

Issue  
Nº 3 1999  
Editor  
David Acorn

## Editorial

I know I have said this before, but I have to say it again. This magazine comprises the be-all and the end-all of the Society. It is the link between all the members. If there is no magazine there is no Society. The magazine comprises the thoughts, opinions and experiences of the members. Yet for every item submitted for publication I have to send on about 15 letters to members who have written articles. Not requests for contacts, mind you, just written articles. I never open closed letters, but I'm sure that most of them could be open letters and be published.

It will not have escaped many members' notice that most of the contributors are regulars (and they have my heartfelt thanks for it), leaving some 150 who have never contributed a word. In the main, this is a Society which people join because they have strong feelings about the basis of that Society, so they must surely have something to say, or at least disagree with.

We know a lot about the circumcision habits of America, but not much about anywhere else. We have members in France, Belgium, Holland, Germany, Switzerland,

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Austria, Spain, Italy, Finland, Sweden, Denmark, New Zealand, Australia, Canada, Indonesia and more. I'm sure our members would like to know about the circumcision rates in these countries, the attitude of society to circumcision, the attitude of the health services, alternative religious rites, any changing of attitudes, the feelings of being in a minority group, one way or the other. Also, in the English language, the prefix 'un' generally means, to do something positive about something. Uncircumcised (or uncut) is one of the exceptions. What are the uncircumcised called in your country?

I have enough material for the start of the next issue, but, as the Internet information is so polarised in one camp or the other, the truth is the sufferer, so I don't want to rely on that. Therefore my plea. You don't have to be a novelist or an English academic, just write what comes into your head.

PS. It would be nice to know who is sending letters to be passed on. For all I know, I'm doing it for non-members.

David Acorn

## Credits

I like to give credit where it is due, and I thought I had done so in the case of the book excerpt which I sent you some time ago, and which you printed in 8/98, as "Circumcision: Rome 16 January 1645, *Eye Witness To History* (Harvard Un. Press, 1988; copr. John Carey, 1987): pp.178-80." The excerpt in question is from the *Diary Of John Evelyn* (1620-1706), an intrepid traveller, diarist and dilettante. In his list of sources, Mr Carey cites a 1959 Oxford University Press edition of Evelyn's *Diary*, edited by E.S. de Beer. I have a World's Classic Edition of the *Diary Of John Evelyn*, but could find nothing in it about circumcision. Perhaps the editor(s) 'sanitised' it for 'family use'.

I hope this will clear up the attribution.

In 8/98, p.10, I opined in favour of 'low' circumcisions which leave a substantial preputial cuff. Doctors differ, but one medical opinion supporting my view is Dr Frederick Christopher (*Minor Surgery*, 5<sup>th</sup>. Edition: Philadelphia; Saunders, 1945, pp.478ff.). Dr Christopher also favoured a 'freehand' technique with suturing; i.e. no clamp. In future I'll try to cite medical opinion favouring 'high' or radical circumcision.

M.S. – Utah

## Disclaimer

Opinions expressed in the magazine are those of the individual authors and do not necessarily represent the views of *The Acorn Society* or its other members.

## Questions And Answers

Some items from Miriam Stoppard's medical column in  
*The Mirror*.

**Q. What is female circumcision? I'm 12 and I was watching a TV programme about it in several African countries and it sounded awful and painful. It was done to girls my age and even younger and everyone had to have it in certain tribes. I asked my mum what it was exactly and why they had it done, but she said she had no idea and that I should write to you. Can you help me?**

**A.** Sometimes it's hard to understand or agree with traditions of other cultures, but it's important to realise there are probably things about our life in Britain which foreigners find very strange. Female circumcision requires the removal of all, or parts, of the clitoris, labia majora and labia minora, sometimes combined with narrowing of the entrance to the vagina. The operation is common in parts of Africa, and in the 1980s it was estimated that more than 84 million women in 30 different countries had been circumcised. I'm repelled by the idea as there's no valid reason for the operation. It's designed by men to stop women enjoying sex, and violates the human rights of women. It can cause retention of urine, and make childbirth more dangerous. There are strong moves to end the practice, but so far with little success in some countries.

**Me.** As a 'follow up', Richard and Judy, on their *Good Morning* programme a few days ago, interviewed a lovely young lady from Somalia, now living in New York, about her recent book, *The Day That Changed My Life*, which I think was the subject of a recent BBC programme (which I didn't see), and she gave details of being forcibly circumcised at the age of 5. This practice is a violation of the female body. Only something equivalent to male circumcision should be allowed in these primitive African countries. She now has a son of her own.

**Q. Our son has to go into hospital shortly to be circumcised because he has a very tight foreskin. Our other little boy's fine and the doctor says there's no medical reason why he should need the same procedure. But we're worried that the boys will notice how different they are while they're growing up and whether it would bother them. We're wondering whether we should have our other son circumcised as well. Our doctor is dead against any unnecessary operations for our son. He wants us to leave it, but we're not convinced. We'll abide by your answer.**

**A.** My view is to leave well alone unless there's a good medical reason for interference. In baby boys, the foreskin is stuck to the glans and normally begins to separate at about the age of three. Once he reaches the age of seven, a boy should be able to pull his foreskin back over the head of his penis. If he can't, the foreskin is too tight and the sooner it's sorted out the better. If it's left alone it will be difficult to clean the penis properly, and men with tight

foreskins can experience very painful erections. It makes perfect sense to have your older son done, and to prevent embarrassing comparisons between the boys, just be open about it and explain the op. My book *SexEd*. has illustrations that youngsters can understand, and you can talk them through it.

**Me.** This should bring some response from members. Miriam thinks they shouldn't be the same, but I personally don't agree with her. I don't have any brothers, and my first wife's two sons, aged 9 and 7 when I met them, were both intact, although she was, and probably still is, pro-circumcision. Depending on the age of the boys, especially the younger one, perhaps he could be asked if he would like to be circumcised to be like his brother? The booklet, *Circumcision*, by Dr John Smith, makes specific comment on this situation on page 8.

Another letter to Miriam was from a young man who was worried that his penis didn't look the same as men in a porn film he had seen. If he continued masturbating, would his foreskin disappear? Miriam put him straight on this.

C.B. – North-East

## Book Review

### *Circumcision; Frankly Speaking*

by Gerald N Weiss MD and Andrea W Harter

Let's take out the confusion factor right away. We're talking MALE circumcision here. The abhorrent female clitoridectomy procedure, wrongly ascribed to that word, is not in the frame. This book, as its back cover synopsis heading states, is; 'Dedicated to the education of parents of a newborn son and concerned others'.

There are probably only three types of people on this earth; lets call them A, B and C. A's are against the whole idea of circumcising babies and some even hate the thought that many males carry or choose this 'mutilation' in adulthood. The C's are convinced otherwise. For them circumcision is a procedure for which they will happily submit their sons for reasons of religion, family custom or (God bless America!) conforming to a very secular culture. In between are the B's who are indifferent to or anxious about circumcision. Through lack of information or the confusion of conflicting advice some are undecided and uncommitted. Dr Weiss's book is written for them but it will also be a happy hunting ground for the other two groups. A's will attack it, C's will be content to have their convictions confirmed in it.

Hitherto raising this subject in mixed company has been one of the last taboos. As sex became more explicit, dinner table talk advanced to take in most of it. People have jettisoned their inhibitions to share surprising details



of their sexual secrets. Just one topic seemed to remain off limits. Those bold enough to mention c\*\*\*\*\*n often found it to be a real conversation stopper and to enquire after someone's circ status can still cause surprising embarrassment. People can be very coy about this particular aspect of themselves, their partners or their sons. In such a climate ignorance thrives and I believe the good doctor sets out to dispel it.

Alongside this, the more passionate of the A's have an agenda in trying to prevent C's from following their wish and custom to circumcise. A's are to thank for getting this matter aired on radio and TV chat shows, forums and websites. They are calling for an end to what they deem to be a mutilating and cruel practice that has no medical merit. Nowadays whenever a new book comes out with 'circumcision' writ large in the title we expect it will run over the reasons why we shouldn't do this terrible thing to our sons.

However, here at last is a worthy 95 pages which redress the balance. It's a reasoned book, well chaptered and easy to read. Dr Weiss is clear, calm and polite. He doesn't duck any of the issues, indeed his opening sentence reminds readers that making this decision on behalf of your son can be a sobering experience. He then takes all who care to follow him through every aspect, every issue, steadily building up the information into a powerful pile. Each time a point is made he leaves the reader to decide. Nowhere does he push or harangue; the choice is still yours.

After the introduction Dr Weiss takes his readers on a quick tour of the medical reasons that support circumcision; cleanliness, cancer prevention etc. Then goes on to quote case histories which demonstrate how most people are unaware of these issues and circumcise their boys for cultural reasons of family conformity: outside of a religious context it's just something middle America feels they need to do. They don't ask why, they just do it.

We canoe up the river of history to find the source of this, one of the world's oldest operations. There are backwaters briefly explored but the main tributary is undoubtedly Judaism and the navigating handbook is the bible.

The Jewish people are the religious guardians of this surgery who have preserved, perfected and spread it ever since the diaspora. As with their faith, there has been no great missionary zeal to draw in converts, just a willingness to explain, advise and assist those who are curiously drawn to it. Thus by a process of osmosis the operation has transferred to other faiths and countries. It's greatest manifestations are in the world of Islam and by contrast, also across the great swathe of modern, middle class America.

It's likely that Dr Weiss could promote his reasoning from a Jewish perspective but he makes no mention of this and rests his good authority on his 50 plus years as an eminent surgeon. He concludes this chapter with a brief mention of instruments invented to facilitate the procedure.

This leads us nicely into his next detailed discourse called 'anatomy of a circumcision' which is the meat of the book. It should serve to acquaint parents with several methods by which circumcision may be performed, including that of a Jewish Mōhel. Not for the squeamish perhaps although a clinical description is not nearly so chilling as the real thing.

Many parents who would otherwise be prepared to circumcise their son sometimes shrink from doing so because they don't wish to put their baby through any pain. This is natural enough as maternal and paternal instincts are first to protect. The thought of having their baby taken away to inflict this pain upon him is too much for some so they opt out. Others say better a few minutes of hurting now when he won't remember it, than several days of it in the total awareness of child or adulthood. Dr Weiss addresses this issue square on and doesn't pretend that babies don't feel pain. His most reassuring contribution is to point out that pain in adult experience is a conditioned reflex. We react to what we expect or are told about, or see coming or know. A baby doesn't know or anticipate and doesn't feel in quite this way. The question of anaesthetics is explored with a strong hint at caution.

One of the big arguments of the protagonists in this eternal circumcision debate is 'Does it prevent cancer?' A chapter is devoted to a convincing argument that it does. Many opponents of circumcision who concede this, simply dismiss the prophylactic solution by pointing at the low incidence of penile cancer. To them the statistics are so small as to be of little consequence! I've always thought those 'insignificant' few who suffer should be invited to have the last word. Here Doctor Weiss says it for them in a powerful three word sentence: 'Cancer is cancer'.

In the sexual arena in recent years, AIDS has certainly deposed cancer and syphilis and other venereal diseases as a major concern. These and other health issues in the context of the circumcision argument are given a good airing. Dr Weiss fairly pauses to include a dissenting view from his conclusions. If by now you are confused, you'll find this section ends with his evaluations neatly listed under headings: 'To C or not to C'.

Obviously he feels the medical argument is good enough on it's own, because at the end of this chapter he steps aside from the sexual dimension, explaining it is too personal and multi-faceted. I would certainly like to have seen an expansion of his book into this field. Perhaps here he could have drawn on more input from his co-author Angela Harter as she in turn could have trawled for other female testimony which favours the circumcised state in their menfolk. It's not hard to find.

'Money talks' is a short account of circumcision costs then and now. It ranges from the 35¢ 'cut' done on cowboys at the turn of the century (so that's how the West was won!) to present day fees and insurance coverage.

Those who take the decision to circumcise their son soon realise another hurdle presents itself; when and how to tell him. Some have anxieties about

this. The book gives a resume of how growing boys relate and react right through to adulthood. It suggests that parents be prepared and secure in their answers to questions which may come from both sides of the family on this issue. Little boys and girls are going to spot the difference and ask about it. Dr Weiss suggests the emphasis be on your own reassuring rationale and not to enter into speculation on the motives of those who left their sons 'intact'.

Dr Weiss signs off his section in this book with a splendid chapter titled 'What's natural?' It is a common sense philosophy and draws together the religious, sexual and physical strands for us. Alone, it is worth buying this book. I'll leave those who do so to enjoy reading it without further comment.

The concluding corollary comes from Angela Harter who is as frank as Dr Weiss as she relates her own personal experiences in circumcising two sons. It is a journey in which she admits to going along with the procedure through instinct and in ignorance. Her education is in that experience – which doesn't end once the boys have been cut. As a journalist she is ever questioning and passes through belts of doubt and guilt as she explores the motives of her decision to submit her sons to this. Like most parents of circumcised boys she rests happy with her rationale in the end and is well able to share her story as an endorsement.

Don't buy a copy of this book – **buy two**. One to pass on to friends after you've read it and become better informed, the other to stay on your shelf until that day when your son asks; "Why am I circumcised?" If your son can read, Dr Weiss will do a great job answering that question.

The book (ISBN: 0-9667219-0-X) is available direct from Wiser Publications, PO Box 273085, Ft. Collins, CO 80527, USA at \$12.95 plus \$1.50 P&P, or through booksellers.

*Anton Shaw*

## First Time Meeting

Regarding the meeting at High Wycombe and your comment about the lack of new members attending. As I am sure you are aware, it is a big step for some to go to a face-to-face meeting for the first time (and I include myself in that category), having only previously had contact in written form. Is there any way this process could be eased, possibly by asking those who had previously attended if they would be willing to bring another member(s) with them and show them the ropes? Many of us are single/alone, and I am sure would welcome such an offer of support in 'breaking the ice'.

*C.A. – Kent*

## My Answer To I.D's Questionnaire

I discovered that my foreskin was retractable at a fairly early age and achieved this in the bath at my mother's request to do what she quaintly called my "little job". It was something that was never discussed really at school, and so I continued with my bathtime ritual without a second thought. I found it a pleasurable rather than a painful experience, which gave me a marvellous feeling of uncovering something which was really meant to be covered. Foreskins only became of real interest at puberty when I saw other boys and men in the school showers and noticed that some of them seemed to have permanently exposed heads. One boy in particular took my eye and every week I checked to see that his foreskin wasn't covering the end of his penis. It never was, and he thought nothing of standing around exhibiting it to all and sundry. I couldn't conceive how he could bear to rub this most sensitive of parts with a towel and suffer the chafing of clothes. At this time I began keeping my own foreskin retracted until the sensitivity decreased, and I have enjoyed doing this ever since, mainly for the awareness that it is pulled back which does contrast greatly with the forward position. During puberty I found that rubbing my glans on the sheets gave me lots of hitherto unfelt sensations and of course, eventually, I experienced my first orgasm, which promptly sent me into a panic as to what damage I had done to myself (I was quite an innocent child who knew little of such things). My sexual identity took me down the path which meant that I went out of my way to avoid sexual encounters with girls. However, I can answer the last two questions as follows:-

My foreskin moves backwards and forwards during sex, and I find this particularly annoying when wearing a condom as it gets stuck in the forward position, thus preventing any friction on the glans. At such times I wish wholeheartedly that I had been cut, and to experience the tightness of the unfettered glans. Conversely, however, post-coitus, I do let my foreskin cover my glans as it feels too sensitive to continue with my customary retracted position. Does this post-coital super-sensitivity disappear if one is circumcised, I wonder?

To sum up, I have many fantasies about being circumcised, and long for the feeling of 'nakedness' it surely brings, judging by some of your other articles, so many of whom recommend it with as radical a cut as possible. Set against that is the fact that it is an irrevocable operation and there is always the possibility that I may regret it later. Who knows – maybe I'll find out someday.

*Tony – Yorks.*

## No Contest

It's ages since I last wrote and I can't help feeling that it's time to shake things up again. Looking through old numbers it strikes me that the articles were

much more punchy a few years ago. So let's put the cat among the pigeons and look at a new angle on the disadvantages of circumcision, as seen by a disconsolate, non-gay ex-roundhead.

One thing I noticed browsing through the Celebrity Status lists of past issues was that, in line with rock stars in general, Mick Jagger was uncut. Then the next day I read a report by journalist Toby Young that a "gorgeous new dark-skinned beauty" of a girl friend dropped him after a few days for — Mick Jagger, whom Toby describes spitefully as having spindly little legs, an oversized head, a mouth like a sack and a face like a mummified horse. She tells Toby when he asked what on earth she saw in him that he was the best lay she'd ever had. "He's got incredible stamina" she said. "We're talking five times a night" and it wasn't Viagra! And that's at the age of 55! As Toby ruefully admitted, he'd been dropped in favour of the world's most notorious shagger.

Even in my youth there was no way I could ever have achieved five times a night, but if I had, it wouldn't have done me any good. My partner used to complain all the time that my skinless organ made her sore after one moderate session – five would have been unbearable. The reason of course is that without a foreskin the woman is not cushioned from the battering she gets from a bare, unnaturally flared glans. If I had had a foreskin, the glans would have been narrower and the hard edge restrained within the skin, so that its movement would not have connected directly with her vagina until it emerged at the end of the stroke, ready lubricated, to give much greater pleasure. (I know this from experience after a successful restoration.)

In California where the majority of young men, spared circumcision after the NOCIRC campaign, are just beginning to become sexually active, their girl-friends are starting to appreciate the difference. Older women in the rest of the USA, most of whom have never seen, let alone experienced a foreskin, still have an unreasoning prejudice against it caused by ignorance and reinforced by brainwashing. This attitude is beginning to change as more and more people get convinced by the unshakeable logic of the California-based pro-foreskin lobby. Furthermore a campaign of education is under way to instruct such ladies of the mystery of the foreskin and to show them what they're missing – (see, for a laugh, [www.geocities.com/Wellesley/1889/maleana.html](http://www.geocities.com/Wellesley/1889/maleana.html) which gives numerous pictures of foreskins, including a moving picture of one being manipulated from behind the glans to beyond it), backed up by comments of those who actually know what they are talking about:

"AOL Member, 4/13/99: I have experienced both cut and uncut. Uncut is by far better, the feelings are more exquisite. It is gentler and the man seems to enjoy himself more."

"Sharon, Age 44, April 11, 1999 – Most of my boyfriends have been circumcized. However, I had a few that were uncut. I was totally fascinated at looking at them with all the extra skin, and I discovered that since the penis

goes in and out of its own skin, the vagina does not get sore from frequent sex. It is a much smoother process. I have had times when I was having frequent (what I call 'nuclear sex' at the beginning of a relationship) and got so sore and raw, from the common circumcized penis, of men in my age group, I had to sit in a hot bathtub, and then smear cortisone cream on my vulva. With a 'ragtop' (yerwhat?) that does not happen. I wish all guys were uncut, and I would never have a son of mine cut."

"Being American born and 35, the chances that I or my peers to have experienced sexual relations with both intact and circumcised men is a rarity. Of the few friends that I know that have been blessed to experience both intact and cut first hand, we all agree...the anatomically correct intact penis with a foreskin is a much better ride...A Talklist Member, 3/8/99"

"My ex-husband, father and brothers were all circumcised. It was all I was brought up to know about. I recently divorced and started to date again. I fell back in love with a wonderful all American born hunk! We got serious in our relationship and that's when I saw my first uncircumcised penis. I was mesmerised and didn't know what to do next. He sensed my hesitation and asked if I had ever seen one before. I told him no and he proceeded to educate me first hand. I learned and experienced the true nature of god's gift – the endless pleasures the foreskin gives to both of us during foreplay and sex. I found I could last longer without getting sore and could experiment with different oral techniques that I never could have performed on my previous lovers. I feel that opening up and letting the public know about the sexual benefits of having an intact partner would open the eyes of many sceptical women like myself and perhaps spark their curiosity to want to go out and experience it for themselves."

Next a "Personal Account of The Male Experience":

"— Now I'm comfortable with my intact status, though socially careful about speaking up on the subject. I've just gotten married. Since my foreskin is the looser variety, reaching just over the tip when flaccid and automatically rolling back when erect, my wife really didn't know about it at first. (It was, of course, always erect by the time she saw it.) Finally, after our first two sexual experiences together, I pointed my foreskin out to her and showed her what part comes off in a circumcision. She toyed with it a while, then said she couldn't imagine why anyone would want to be circumcised. She decided then that she would encourage any girlfriends of hers not to have their baby boys cut. Later, while I was entering her lying on her back with her knees up high, I reached below us and held the skin back to demonstrate how abrasive a cut penis can be when there's no rolling skin to 'give' just a little with each stroke. She got a look of sudden familiarity – that was how it felt to have sex with her first (circumcised) boyfriend, and she had never liked the feeling. During sex, his fully exposed penis would dry just enough to make the friction slightly painful. She had thought that was the way sex was supposed to be. I think intact men who are considerate can offer their wives a benefit. Before entering my wife,

I roll my foreskin forward, then push slightly inside her to moisten the loose skin and glans. Then I hold the skin still and push the glans through it and into her. She loves this because the head enters her with no 'dry' friction. My wife has been wonderful about my foreskin. She loves and is fascinated by it. Once, on a trip to the zoo, she started laughing uncontrollably in the reptile section. I asked her why, and she pointed to a tortoise just pulling his head back into his collar of skin, 'He has a foreskin, too!' In my opinion, the most persuasive arguments against circumcision are (1) it is unnatural to force an internal organ (the glans) into becoming an external organ, and (2) if God meant for us not to have foreskins, he wouldn't have put them on us in the first place. 3/10/98."

This may be the American experience but the same thing applies to Brits as well. I remember as a young man 30 years ago working with a guy, an ugly, vibrant little Welshman, who I bitterly envied – for his long muscular foreskin. Unlike me he never found it difficult to find or keep sexy girlfriends. On the contrary, he had to fight them off and I remember on one occasion he even had a girl come all the way from Canada to re-sample his uncut dick. She was quite a luscious piece who must have found it easy to get boyfriends, but the Canadian boys she had met were sadly lacking, according to what she told him. Similarly there was an older woman, happily married but not that happy. I remember being in his office when he got a call from her begging him to let her come over for a 'servicing' that evening. 'Sure', he said. 'Why not?' He explained that this was a regular monthly occurrence. He confided that her husband was circumcised and couldn't provide the excitement she craved!"

Finally we should take a look at history and ask who were the world's most famous lovers? Byron, Nelson, Don Juan, Casanova, and then of course the French as a nation – all of them uncircumcised! I rest my case and wait for the fallout!

*Best wishes, R.B.W.*

## Always Ready

**S**uddenly, from out of the blue, my wife said to me, "Do you like being circumcised because it makes you look always ready?"

Surprised, I thought a moment, and then replied, "Yes, that certainly is one of the reasons."

*D.L. – U.S.A.*

## Books

Here are some books which might interest members.

Griffin, G. – *Decircumcision: Foreskin Restoration Methods & Circumcision Practices*. Added Dimensions. 112 pages. 1992. ISBN: 1-879967-05-07

Berkeley, B. – *Foreskin: A Closer Look*. Alyson Publications. 208 pages. 1993. ISBN: 1-55583-212-1

Griffin, G. – *Sex for One: The Art of Male Masturbation*. Added Dimensions. 80 pages. 1995. ISBN: 1-879967-15-4

Litten, H. – *Joy of Solo Sex*. 3<sup>rd</sup> Revised Edition. Factor Press. 193 pages. 1997. ISBN: 0-9636531-4-4

Baron, R. – *Solo Sex: The Ultimate DIY Handbook for Men*. Irvington. 150 pages. 19???. ISBN: 0-8290-1917-0

Griffin, G. – *Penis Enlargement Methods. Facts & Fallacies*. 8<sup>th</sup> Revised Edition. Added Dimensions. 180 pages. 1993. ISBN: 1-879967-13-8

Griffin, G. – *Vacuum Pumpers' Handbook*. 4<sup>th</sup> Revised Edition. Added Dimensions. 96 pages. 1993. ISBN: 1-879967-07-3

Griffin, G. – *Legendary Endowment Project*. Added Dimensions. 100 pages. 1995. ISBN: 1-879967-16-2

Griffin, G. & Rheinschild, G. – *Penis Enlargement – Facts & Fallacies: All Men Are Not Created Equal*. Hourglass Books. 200 pages. 1995. ISBN: 0-934061-24-6

Griffin, G. – *Penis Power – A Complete Guide to Potency Restoration*. Added Dimensions. 112 pages. 1993. ISBN: 1-879967-08-1

De Martino, M., Editor – *Human Auto-erotic Practices*. Human Sciences Press. 378 pages. 1979. ISBN: 0-87705-373-1, 0-87705-403-7

Marcus, I.M. & Francis, J.J. – Editors – *Masturbation: From Infancy to Senescence*. International Universities Press. 634 pages. 1975. ISBN: 0-8236-3150-8

Sarnoff, I. & Sarnoff, S. – *Masturbation & Adult Sexuality*. M. Evans & Co. 336 pages. 1978. ISBN: 0-87131-469-X



Woods, M. – *Masturbation, Tantra & Self-love*. Mho & Mho Works. 107 pages. 1981. ISBN: 0-917320-15-8

Anon

## Another Circumcision Clinic

**E**mergency Plus, 89-93 High Road, Byfleet, Surrey, KT14 7QS. Telephone (01932) 334 999. £195 inclusive for adult circumcision under local anaesthetic. Weekend and evening appointments available.

I.G.

## S.C.N.

**F**urther to the comments made by D.D. – Oxford on Page 3 of Issue 2, may I remind the author, and other members of *The Acorn Society* who are similarly interested in naturist gatherings, of the existence of SCN. *Smooth and Cut Naturists* (SCN) is a club for smooth naturists (ie at least pubically shaven, hopefully more) with the added interest that the males must also have been circumcised to gain entry. SCN, started in 1996, continues to flourish, and holds nude meetings either indoors or out (if it is warm enough) about twice a month throughout the year.

If D.D. – Oxford or any other members would like more details of membership, visit our Web Site at: <http://www.164northwood.freemove.co.uk>, Email us at: [scn@164northwood.freemove.co.uk](mailto:scn@164northwood.freemove.co.uk) or send off for details from: SCN, PO Box 164, Northwood, HA6 2QR.

Smoothie John

## Cogitations

**L**et's face it, whatever the size of the cock, the long tapering elephant's trunk type foreskin is an ugly sight! Somehow, the tapering effect seems to diminish the boldness and presence of the cock, and the roundhead, or the cavalier with a short foreskin with some of the helmet showing through, looks far more masculine.

I have this type of foreskin (unfortunately on a rather small cock, which compounds the problem!) and I've found that the long overhanging skin is not only ugly, but also uncomfortable, and I'm always aware of this piece of skin protruding from the end of my cock. Then there's the hassle of either skinning back to pee or peeing through all the length of foreskin – I don't know how I used to manage this in the days before I could retract my foreskin, but I can't

now. (By the way, to what extent do cavaliers pull their foreskins back when peeing – I don't know as I don't look!)

The solution for me was circumcision, which I investigated seriously for some time, mainly because of a tender inner foreskin which was prone to infection and painful sex. I've now overcome this with the use of lubricants (a dab of KY jelly, baby oil or even saliva at the foreplay stage does the trick, and also means that my wife can rub my helmet without it getting raw, sore or shooting off too soon).

I'm off the idea of the cut also because I am aware that the foreskin has so many nerve endings which add to my orgasm. I need to use some of the foreskin to get the full effect – the tight shaft and helmet only leaves me unfulfilled, and I'm afraid that circumcision may deprive me of this fantastic sensation. I don't know to what extent my foreskin moves back and forth during a fuck and this depends to some extent on position, angle etc., but I'm certain that I'm better off with it than without.

The other solution is the foreskin rollover, which means that I retain the full benefits of the skin, but it is rolled over so that about a third of my helmet shows. This has several advantages – it looks better, makes peeing easy and clean (no necessity to skin back), and I have the constant sensation of having the open end of the peehole and part of the helmet against my clothes. I've been wearing my foreskin this way for more than ten years, and there is a definite difference in the colour of the helmet where it has been exposed. Interestingly enough, the surface of my helmet has reduced in sensitivity considerably over the years and I can't distinguish between when the skin is fully retracted or forward. This has disadvantages in sexual stimulation as, when younger, just touching the helmet would mean an immediate stiffening.

Another aside regarding age. I think I'm hairier in the pubic region as I've got older and some of the hairs are going white, especially those on the front of my ball bag and at the base of the underside of my cock. Is this a general occurrence? I am pleased that the angle of my erection is a good 45 degrees, which is what it was ten years ago, and I wake every morning with a good hard-on.

I mentioned size earlier. I'm still not reconciled to having a small cock, and in many ways my lack of girth worries me more than length. It's just about 5" long when hard, but the girth of under 4.5" gives it a definite lack of bulk. Some time ago I bought a cock-ring tickler which I thought might be fun during sex, but it was too large for me. However, having said that, I've always had a satisfactory sex life, and my wife hasn't suffered from a lack of orgasms, so maybe size isn't everything! Sometimes when I see a huge cock I wonder how this would affect a woman seeing it for the first time. I think some guys so well endowed actually have more of a problem than tiny Tims like me!

Whatever our sexuality, we men are all curious about each other's cocks – although we won't admit it. Everyone has a good look in the showers or

changing rooms, just to see how they measure up, but once you've seen someone's cock, unless it's particularly noteworthy for size or special features like an outsize helmet or a particularly tight foreskin etc, I find that I don't even notice my fellow club members' cocks. I always found this also at school. I think we men are also to some extent exhibitionists, and want to show off our tackle – perhaps asserting our masculinity.

But, are younger men shyer than older men? This may be so because of the greater sensitivity of the younger cock, and the possibility that it may stiffen in the showers. I also wonder why most cavaliers turn away shyly as they pull back their foreskins to wash. Is this prudish, or is it regarded as too up-front and bad form to expose the bare helmet? I have no worries about this and always leave my skin retracted after showering. It either remains like that when I dress and falls forward naturally or, if I'm private enough, I can do my rollover. But I don't like doing this in front of other guys as they may wonder why I'm playing with my cock in the changing room!

One thing that has never been discussed in *Acorn* is the size of balls. After all, these are the source of the sexuality, the cock being merely a hosepipe. Despite the smallness of my cock, I think that my balls are at least average size – say the size of a large walnut and warrant my protecting them in the pouch of a jockstrap when I play sport. I can't understand why so many men wear boxer shorts. Surely it's uncomfortable having your balls hanging loose all the time? I know it's sometimes nice to go without underpants, but generally I prefer the tackle snugly supported.

My last point is one which many men may feel but cannot act on. I would like to be able to discuss, compare notes, experiences etc, on matters sexual and cock-related, with other men in a frank and non-sexual way. I'm sure that a lot of us face the same problems and have the same questions, but are too afraid to ask or talk about it. I'm sometimes tempted to ask someone in a changing room, e.g. if he has a specially tight foreskin, whether he has difficulties, has considered circumcision etc, but I'm sure I'd be regarded as somewhat peculiar!

Maybe these views and notes will draw comment from other members.

*Anon*

## Contact Corner

Well-endowed Londoner, 36, seeks company on weekend for fun. Age not important. No strings attached. Serious enquiries only, and please mention whether uncut or cut.

*J.*

## Comments And Topics

With regard to the letter from R.W. – Surrey (1/99, p6), partial circumcision is a topic that needs more attention and more research. And I don't think Cowper's Glands (named for, and probably by, Thomas Cowper, 1666-1709) produce smegma. Rather, they produce a mucoid secretion, and they discharge into the bulbous part of the urethra. Smegma is probably produced by sebaceous glands in the skin of the penis. The BNA term for Cowper's Glands is *glandulae bulbourethralis*; and their equivalent or analogue in the female are Bartholin's Glands (*glandulae vestibularis major*; Caspar Bartholin, 1655-1738).

The comments of The Frenchman (1/99, p14) are interesting to a point; but as for his obiter that "only basically evil and perverted people can circumcise their children", well, one wonders, with F.W. Maitland, when such ungracious remarks will come home to roost; and as the late Stanley Baldwin once remarked (to Lord Brownlow, I think), "Is that the best you can do?"

Some topics for further research (and for input/questions/comments by Acorn members):-

Partial circumcision (see above)

Circumcision in Japan

Circumcision in Mexico

Circumcision in Brazil

Circumcision in Holland

Frenotomies (or frenectomies) without removing the foreskin

Uncircumcised Jews from Russia and other Bolchevic-bloc countries (I've met one of these: a Jewish emigrant from the former USSR; in his thirties).

M.S. – Utah

## Articles For The Magazine & Letters For Forwarding

Articles for submission to the magazine are always welcome and can be sent by post to our PO Box, or by e-mail to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

Letters for forwarding to members should be stamped 1st class, enclosed in a covering envelope, and sent to the PO Box. It would be helpful if you include a covering note with your identification so we may know we are providing the service to members.

# ACORN

Issue  
N<sup>o</sup> 4 1999  
Editor  
David Acorn

## Editorial

**T**his is my last magazine as editor. After nearly ten years I think it's about time I hung up my boots and let a younger, fresh editor with maybe different ideas take over and, as I am among the top five aged members of the Society, it is becoming a bit of a burden. I must say though that I have enjoyed it very much and look on you all as a sort of family, as I feel I know you better intimately than maybe your own families do.

Your new editor is working on the next edition and I think it best if I allow him to introduce himself in that. Quite a few will know him from our meetings, where he has been a regular attender, and I think is well liked. I'm confident that he will show the same lack of bias as I have striven to maintain.

A new P.O. box number will be forthcoming, but this one will still be in existence for some time as it is widely distributed on the Internet and in the magazines of other organisations, so I will be forwarding anything that comes into here.

And lastly, of course, I will not be deserting the ship, as after all, I'm still the Society's Chairman.

*David Acorn*

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## Correspondence

Please send all correspondence to:-

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PO BOX 113  
WESTON-SUPER-MARE  
SOMERSET, BS23 1DJ

Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: acrnsoc@aol.com

# Circumcision — My Story

## Part I

### How it began.

When I was still at school around about 14 I started to look up words in dictionaries and things like most of us. I also had a interest in science so I often looked at factual books. I started to see pictures of men and growing boys and noticed that the skin on the end of the penis in most of the pictures showing men was not like mine! I had a piece of skin that hung over the end like, well some say an “elephant’s trunk”! Often I read about the 3 states of a penis 1. flaccid, 2. semi erect and 3. fully erect. Books showed what they said was the average male organ in the flaccid state with the head just showing though the foreskin and as it gets more and more erect so the skin folds back. Well mine did not do that or look like that for that matter! I thought, well, perhaps I am not old enough. It was when I was 15 that I then read about aboriginal initiation ceremonies and read a lot about circumcision. I had also noticed that a lot of men at that time kept their skin pulled back.

### My first time with the skin back.

I was 16 and still at school when I decided to pull the skin back, I also decided that I would pull it back in the toilets at school so that I had to do it quickly and not play with myself (I was doing this all the time and knew that I would not leave the skin back if I did) I had to go straight into class with it back so that it had to be left there! So this is what I did. After about 40 mins it started to get uncomfortable and I ignored it as much as was possible. When school was over that day I went straight home and had a look at what had happened. It had ballooned up around the end and was very painful. After about 30 mins manipulation the swelling went down and I got the skin forward. I remember at the time thinking that if I had not got it forward then perhaps this is how men may have got the skin to stay back, of course I was wrong! After that day the skin was a lot looser and I tried to keep it back.

### The trials and tribulations of having a loose foreskin.

After that first day I tried to keep my skin pulled back but it kept slipping forward. This is the first problem and one that a lot of men will know if you have a loose foreskin, the hairs get caught between it and the head. (We all know that is why most men end up pulling at themselves so often.) Also I found that when it slipped forward the head was getting slimy and more smegma was produced. I started to not like this, and found it so annoying. Lastly I was forever pulling it back and it was forever slipping forward.

### The decision to cut it off.

At 19 I had read a number of things about initiations and circumcisions and most of what I read suggested that it was only performed in these types

of rites of passage. So I did not know that I could go to the Doctor saying that I had a problem and have it removed professionally perhaps on the NHS. My parents were very open but I thought that they would freak if I said that I wanted my willy cut! So I decided to do it myself, (and the aborigines seemed to do all right in the bush). So I tried with the thing that was most like a scalpel which I thought was a razor blade, but that turned out to be slow and painful. I then got to thinking about a carving knife, well that was the thing used to cut meat and I might be able to cut it quickly enough to not feel too much pain.

#### The first cut is always...

I chose the day when I was going to do it, also a day when my parents were going to be out. I psyched myself up by reading some of the things on circumcision and saying to myself "I am going to do it!!" over and over again as I washed the carving knife and cutting board. I then sat on the kitchen floor with my back to a wall and my legs spread with the cutting board in between them, I was determined to do it! I just wanted to have the tip of my head showing when soft, and for it to pull back when hard. So I pulled the skin slightly forward and rested the knife on the skin, it felt cold to the touch. By then I had learned to let the knife do the cutting. So I ran the knife over the skin in a straight line careful not to lift the knife off, so as to run the blade over the same place with each stroke. With the first stroke I did not notice the pain, it was there but I had a natural high from what I was doing. But I do remember feeling every burr and pit in the knife blade as it cut into my flesh. The feeling as I pushed and pulled the knife over the skin harder and harder was so intense (not so much pain as intense feeling). I could almost hear the sound the knife was making when it was running over the skin, like running a fingernail over the teeth of a comb.

#### The pain is too much.

I managed to get half way though the job when I started to cut into the sensitive inner skin. This is when the pain got to be too much for me and I ended up stopping. I did try to continue but just could not. I managed to stop the bleeding and in fact I was not bleeding too much at all. I have always healed up relatively quickly so I wrapped a dressing round my cut willy and went around for two days like that. So I ended up with two holes in the foreskin I could push my head through.

#### Finishing the job (3 cheers for the NHS).

Something had to be done as it was not normal for a man in the UK to have two holes for the head to go through! There was also a bad infection that I was getting worried about as it was starting to smell somewhat. So I went to the local hospital's A and E department, it took me 3 goes to get the courage to talk to the nurse. When I did it was most embarrassing since after they took the details she shouted "split foreskin" down the ward. Well, I saw the Doctor and he said that he would try and save as much as possible but because of

infection I had to have a circumcision and it would be done under a general anaesthetic. So it was done and I ended up with a job that was not either loose like I wanted or tight. But I was cut!!!

### The end of part I

I was never absolutely happy with the job but that was because of me trying a DIY job instead of getting it done professionally. I lived with it and had a good sex life until I was 30 when I experimented with piercing and then with re-circumcision but I had learned a lot and did a better job and I am much happier now but this is for part II. Please see a Doctor if you want anything done but make sure that you get what you want!

*Steve – Northampton*

If any one wants to get in touch then they can ring 01604 785515 or E-mail 'steve@topcat.skynet.co.uk'

## **From France**

Your readers' letters are quite interesting, but I cannot see what all the fuss is about – except for Joseph's letter (2/99), which I will respond to later.

I was happily uncircumcised until the age of 29 when, after working in Malaysia, I developed a persistent type of athlete's foot under the foreskin and elsewhere. On my return to France I was treated for a year with creams, lotions, pills and jabs, but it kept returning. After a visit to England, when my granny told me her brother was circumcised when about 12 because he had "problems down there", I asked my doctor whether circumcision would solve the problem. He replied "100%", and when I asked why he had not suggested it before, he said that people here did not like it. It is true that the French are very rarely circumcised. Some friends over here even asked how I was going to make love afterwards!

Anyhow, in I went at 8 in the morning and out at 4 in the afternoon after a little cut under general anaesthetic, stitches out 8 days later, and gently making love a week later. I am now a happily circumcised man! My girlfriends who knew me before and after, prefer the 'after' version, especially during intercourse as they have more sensations due to the skin being tightly drawn back and thus rubbing with the whole shaft length. If you are uncircumcised, try holding your foreskin tautly back during intercourse and see what she thinks of it. Personally I have the same erections and ejaculations whether solo or accompanied. The only difference is that previously the pleasure was mainly concentrated on the glans whereas now it is spread over the whole penis and the groin, which gives a slightly fuller, deeper pleasure.



Most of the women here have never had a circumcised partner, and are quite happily surprised afterwards. I still have persistent athletes' foot on my right foot and belly button, but amputation of my foot does seem rather excessive, though circumcision, apart from curing my little problem, has had no disadvantage, and I could say even a slight advantage insofar as the little extra pleasure it gives to my partners.

In answer to I.D. of Herts' letter, I had a foreskin that wholly covered my knob without any excess when limp, and half covered it when erect (at 18cm if of any interest), neither tight nor loose, and a frenulum long enough for it to be pulled back wholly and smoothly. My glans has not flared since the operation 5 years ago, but a friend of mine says his glans increased greatly after being circumcised. I have never had problems with smegma either, water and soap being abundant and cheap. Surely, if a man has a cheesy knob, then he probably has a sweaty bum, musty balls, B.O. armpits and socks that stand up by themselves, so I don't think circumcision is a remedy for that problem.

What I really would like to say to you all is that circumcision has no negative effects, so if you need circumcising for medical reasons, then go ahead and do it rather than suffer from a tight foreskin or whatever. If you are circumcised already (usually at birth), and are not too happy about it, you have no advantage in being uncircumcised, so don't let your genital state hinder your present state of mind. I have also heard talk of mutilation, but all men have a genital scar that runs from the anus to the frenulum via the scrotum and the underside of the penis, which is more or less visible, as it is with the trace left by circumcision. Uncircumcised, my willy was pink and brown when retracted, and circumcised it is the same. We all also have another scar; the belly button – except for Adam.

However, if you simply wish to be circumcised for no medical reason, then why not have it done. Men and women undergo cosmetic surgery in order to feel better about themselves, and why should the removal of a piece of nose be any different from a piece of skin? I think the only problem here is that the wish to be circumcised may be a way of blaming a sexual dissatisfaction on a foreskin, and the operation may not resolve your problem, though it will do you no harm. The same applies to those circumcised who wish to be uncircumcised, if that were possible.

As for A.F. of Berks, regarding the cost of private circumcision in the UK, he should go to France. A ferry trip there and back and a few nights in a hotel near the clinic before his return (hotels are cheap in France). My circumcision cost 2500 Fr. all included (about £250). You need to see a 'URULOGUE'. The appointment can be made by phone and there is no waiting list.

I was also very touched by Joseph's letter as, if I now had a baby, I would have him circumcised when young, but with anaesthetic. I was horrified a few years ago when I learnt that circumcisions on babies, as well as other operations

such as tonsils, were done without anaesthetic. I just cannot believe that in our 'civilised' world we actually practice barbarism in our hospitals. Joseph's problem is not that he was circumcised, but that he was tortured. He should not fight circumcision, but the lack of anaesthesia and respect for toddlers. Would you have your appendix removed without any anaesthetic whilst fully conscious? Then don't operate on your children without ensuring they will receive an anaesthetic. And that applies to Jews and Muslims who may claim traditional rites but are quite happy to accept progress when treatment for cancer etc. is on offer.

*R.H. – France*

## Reply To 'Distraught', (2/99)

**Y**ou don't really expect us to believe that after 51 years you can suddenly be overwhelmed with distress at your circumcision, especially in such detail. Might I suggest that you are looking for a scapegoat upon which to blame your feelings of inferiority, fear and disgust – feelings about what?

OK, so you distrust women. Have you been to some whacky Regression Therapist lately who has put these thoughts in your mind? Are you so afraid that you have never, in 51 years, had sex with a woman? How did it feel if so? Sounds to me like you are closeted and don't want to admit it.

So now you say you no longer have a normal life, surely your normal life has been for 51 years without a foreskin and a fear of women and I don't think anything has changed. If you intend to push the bandwagon against RIC then please ensure that you have all the facts and realise that whilst RIC is not an individual choice on the part of the child, it certainly has proven benefits.

I would like to know if anyone else in your position feels the same way or does anybody have thoughts similar to mine as to your state of mind and ridiculous assumptions?

*Chris – Aussie*

## The Time Has Come

**I**am to be circumcised tomorrow. I have only just found this site and it is interesting to find so many favourable testimonials from guys who have been done as adults. With so much anticirc debate going on I thought I was in the minority for wanting such a procedure. I have wanted this for a long time. In some ways I almost feel like I am being initiated into the realms of adulthood; strange as it sounds.

I have weighed up all the arguments and now its 10 hours to go till surgery. I am nervous but I have made my decision and I can't wait. It has taken me

years to pluck up the courage and finally its all going to happen. If you could e-mail me more information regarding the Acorn Society I would be most interested.

Many thanks.

*denn45b@netscape.net*

## Comments On 'No Contest' (3/99)

I don't believe any chap at 55 years old, or even younger, makes it 5 times a night, whether he be circumcised or not, But I suppose we all like to brag a little when the ladies are around. I would like to comment on the fact that a circumcised penis is likely to make a woman sore. I find this a bit far-fetched with the amount of juice that a woman should produce, and also the amount that a man produces. This should lubricate a woman and not cause undue friction. (They say it's a poor fanny that can't supply its own grease.) Personally I have found women get a bit too wet at times, and the friction is not enough to make me come sometimes.

My wife found my long foreskin to be very uncomfortable and insisted that I be circumcised. She said that my foreskin was like a roll of lino being pushed up her. After I was circumcised we both found that the result was right, we have always encouraged our friends to be circumcised if possible, and out of those that find the condition quite satisfactory, none have ever complained about soreness.

For those who like oral sex, the circumcised state is very much the best and a lot cleaner, as is the shaven woman. Getting your mouth full of hair when you try to suck her clit is not as nice as a shaven one.

In this day and age, most women know all about foreskins and pulling them back. That is one thing that comes naturally, they shouldn't need educating on the subject. If Sharon at 44 has only just found foreskins fascinating, she must have lived quite a sheltered life.

Since I was circumcised I have had much more feeling in my penis, especially when I visit a massage parlour and the girls rub oil into my knob, which make it very sensitive. All the parlour girls I have had dealings with, and they are many, all like the circumcised penis for their looks and cleanliness.

I am a naturist, and being circumcised and shaven makes me feel a lot more naked. As for the comment that God meant us to have foreskins, he also gave us testicles, appendixes, kidneys, and many other bits and pieces which all get removed sometimes, so why not remove foreskins if you like your body without one, as I do.

I watched mine being cut off and loved every minute of it. In fact, I have contacted the clinic in Byfleet which was mentioned in the last issue and I

have an appointment for the 25<sup>th</sup> of September to see if I can have even more foreskin removed to tighten things up a bit. As you can tell from my comments I am very much in favour of circumcision and cut as short as possible. Being a naturist I get around the house and garden naked, and the girl next door sometimes joins me sunbathing. She says she likes to see my circumcision and is trying hard to get her boyfriend circumcised. I always look forward to the *Acorn* magazine and we need a lot more women's response to circumcision. I'm always happy to correspond with male or female through the magazine with those interested in circumcision, and exchange photographs any time.

*C.P.- Wiltshire*

## Contact Corner

Uncircumcised man, enthusiastic foreskin player, tattooed and pierced, is keen to make contact with other men who are attracted to cock modification.

*Mike – East Sussex*

## After Frenulum Surgery

Good morning! I had the frenulum until I was twenty and I made sex, then I injured it with my nails; after a year the urologist operated the frenulum in 5 minutes with a cut: it remained only the tip of the frenulum and a scar underneath.

My question to you is: What differences exist, in the same psychological conditions, making sex (more stretch feelings or what uncomfortable sensations or feelings?) and in its performance (ejaculate frequency and distance) and during, before and after the frenulum's injury and in particular after the surgery?

Being sure that I will receive a reliable reply, I thank you.

*102909@ticino.com (Pier Serta)*

[I'm not sure whether he means the frenulum or the foreskin in this. If any members can interpret what he is meaning, and can answer some of his questions please either reply to him by e-mail or through me. – D.A.]

## Acorn Inspections

Thank you for the latest edition (No 3/99) of *Acorn*, and for including my short article about *Smooth & Cut Naturists* (SCN) on page 13.

Following on from the penultimate paragraph of the article called 'Cogitations' on page 15 of the same issue and as the issue also contained an invitation to the next *Acorn* Weekend in November, my mind focused on the missing link in *Acorn* activities which would make the club more enjoyable.

It is basically that one essential thing is missing amongst all the excellent *Acorn* organisation and the magazine itself: It's all writing or talk with no inspections of the parts we are talking about!

All males (and a great number of females) are interested in the male sex organs – sex organs which, although all of a basically similar design are in fact all individual and different in so many ways, making everyone curious as to what 'equipment' the other fellow has. Shoot the person (probably a woman?) who said, "If you've seen one, you've seen them all" – absolutely NOT TRUE!

The author of 'Cogitations' (Anon) states: "I would like to discuss, compare notes, experiences etc. on matters sexual ... with other men in a frank and non-sexual way". I think most members would agree with this. He goes on to say that "lots of us face the same problems ... but are afraid to talk about it".

In my view, placed in the right environment, members would most certainly have mutual benefit from such discussions and an even better environment would be one where, if they wished, those present could be nude or at least openly able to compare their 'tackle' (especially circumcisions, of course) in an honest and open way.

So why not select a private venue for an *Acorn* Weekend where, for at least part of the time, members would be encouraged to discuss matters of mutual interest freely – illustrated by inspections and comparisons?

Such venues do exist – as a devoted nudist, and Organiser of *Smooth & Cut Naturists*, I am organising an exclusive nude weekend for SCN members at an hotel in the very near future.

What better environment (exclusive to *Acorn*) in which to be open about discussing mutual problems and comparing notes (etc!) with other members?

How about it Committee?

*Smoothie John*

The SCN Web Site may be found at: <http://www.164northwood.freemove.co.uk>

**Dear David,**

Firstly many thanks for getting my newsletter 3/99 released. I do hope the system does not collapse – I enjoy reading some (but not all) of the letters.

Bearing in mind your comments on lack of copy, I attach below a report on a statement by the AAP which is extremely relevant to our organisation and which should fill a slot or two. I know I've recently sent you some notes on the *BJU* supplement on circumcision which was equally relevant (hope you got it) so I'm doing my best, even if it may not be to everyone's taste.

*R.B.W.*

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### **Report on the Policy Statement of the American Academy of Paediatrics Task Force on Circumcision**

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My impression on reading the statement is one of a dismal and depressing document. An attempt to clear the decks and help American doctors and parents to make an informed decision on the matter has succeeded purely in clouding the issue. The authors' claim "to give parents of all male infants accurate and unbiased information" is patently false: in every case they trot out the tired old claims for the benefits of circumcision, most of which have been so thoroughly discredited in the past. Very much in second place, they then state the case against circumcision, dismissing it in as few words as possible.

Some of the most telling factors of all, such as the violation of human rights of the victim, are not even mentioned. No mention is made of the word 'mutilation', although this is unequivocally the right description and one they do not hesitate to use elsewhere in connection with similar operations on females. Their use of adjectives provides clear grounds for an accusation of bias: they demonstrate the 'potential' medical benefits of circumcision, which to the layman could indicate 'expected to be considerable', when it should in fact be 'negligible'. Most notable is their claim that "there is no 'absolute' medical indication for routine circumcision", with the implication that the next word should be "but - -". Understand that the word 'absolute' did not figure in a previous statement but was added subsequently to placate the pro-circumcision lobby, when they first introduced the largely spurious claims about UTIs in an attempt to counter the mounting publicity of the anti-circumcision lobby.

In fact a large section of the statement is devoted to "Circumcision Status and UTI (Urinary Tract Infection) in Males". Much play is made of the fact that intact males are up to 10 times as likely to develop them as circumcised ones. They then shoot down their own argument to some extent by stating that differences in statistical methodology can cause confusion, i.e. that the

results are suspect. But the most telling point of all, that such infections are usually only of minor importance is hidden in the phrase “UTI usually necessitate a physician visit and may involve the possibility of hospitalisation” [my emphasis]. So what? The same could apply to most childhood diseases. The point is that the layman will read huge tracts of bilge which, without actually saying so, give the impression that UTIs are a real problem for intact boys, when they patently are not.

Even worse is the emphasis put on the claimed higher incidence of cancer of the penis among intact men. Once again a whole page is devoted to this subject when it should have been dismissed as a non-factor after the first paragraph – in which it states that the incidence among predominantly circumcised American males is slightly higher than among the non-circumcised male population of Denmark. Instead of accepting this as a valid comparison, since Denmark enjoys a similar life-style and first world status, it goes on to mention the much higher incidence in third world countries such as Brazil and India, where conditions are in no way comparable. The authors admit at the end that “in a developed country such as the USA, penile cancer is a rare disease and the risk of it developing in an uncircumcised man, although increased compared with a circumcised man, is low”. Even so the reader is bamboozled into thinking that, since so much space is devoted to it, it must be an important factor. Otherwise why make all the fuss about what is essentially a non-issue?

In the section entitled “Penile problems”, there is a refreshing honesty in the admission that in a study in New Zealand, “circumcised infant boys had a significantly higher risk of penile problems (such as meatitis) than did uncircumcised boys”. They then spoil it by stressing that after infancy, intact boys suffer much more from balanitis and inflammation of the foreskin, without mentioning that such problems usually clear up spontaneously or are easily treated with medication. They fail to mention that meatitis is a much more serious condition often requiring surgery. They also fail to mention that infant ‘phimosis’, by which they mean an unretractable foreskin, is not pathological, is also usually resolved spontaneously with time and if not, can successfully be treated with the application of steroid creams. However they do admit that “there is little evidence to affirm the association between circumcision status and optimal penile hygiene”. This, of course, is the reason most frequently given for perpetuating circumcision when there is no other excuse.

The paper gives large coverage to epidemiology and embryologic and anatomic consideration, which is of peripheral interest only to non-medically qualified readers. It does however make the point that “there may [my emphasis] be a concentration of specialised sensory cells in specific ridged areas of the foreskin” and the corollary that sensitivity and therefore pleasure are degraded when the foreskin is removed is ignored. According to a presentation from a distinguished medical source on the subject at last year’s symposium in Oxford, there’s no ‘may’ about it. The tip of the foreskin is packed with sensory cells which are lost through circumcision. The authors do say that “there are

anecdotal reports that penile sensation and sexual satisfaction are decreased for circumcised males” but then quote Masters and Johnson who “noted no difference in exteroceptive (?) and light tactile discrimination on ... the glans penis between circumcised and uncircumcised men”. Once again, Masters and Johnson’s claim has been thoroughly discredited in recent years because of deficiencies in the way in which the test was conducted. The paper goes on to mention that circumcision is uncommon in Asia, South America, Central America and most of Europe. This totally obscures the proper emphasis which is that, apart from the religiously motivated Muslim countries and the Jews, the Americans, who have no such motive, are the only developed people in the world who routinely circumcise their male children.

In the section headed “Complications of the circumcision procedure”, once again statistics are quoted which are at odds with the most recent findings. The paper states that the complication rate is between 0.2% and 0.6% and that most of the complications are minor. Statistics quoted in *NORM-UK* circles suggest that this greatly understates the real situation. They go on to mention some of the more distressing effects of circumcision but brush them aside as ‘isolated cases’. What they do not explain is how you apologise to a child whose penis has been burned off. Even one ‘isolated case’ is one too many, a totally unnecessary tragedy for some poor child, mutilated for so little reason.

Having subtly weighted the paper in favour of circumcision, the authors then establish their humanitarian principles by insisting that analgesia should always be used if circumcision is performed. So that’s all right then. They spoil it by admitting that analgesia is only partially successful. However they do accept that circumcision causes severe trauma to infants.

There is a brief discussion about the relationship of circumcision to HIV and the authors suggest that foreskins are more vulnerable to infection. No attempt is made to explain why uncircumcised Europe suffers only a fraction of the incidence of HIV compared with circumcised USA but they do concede that behavioural factors are far more important than circumcision status. In other words another red herring.

When it comes to ethical issues they start by stating that “the practice of medicine has long respected an adult’s [my emphasis] right to self-determination in health care decision making” and mention the importance of “informed consent”. They go on to say that “for children who lack the capacity to decide for themselves, a surrogate, generally a parent, must make such choices”. The illogicality of such a statement in the context of an unnecessary bodily alteration as opposed to essential medical treatment is breathtaking. The rights of a child to bodily integrity are totally disregarded, as is that of the same child when he becomes an adult, whose stated right to self-determination has thereby been violated. What is also depressing is the total disregard of the distress, anger, desolation and sense of deprivation being expressed with ever increasing vehemence by victims as they find the courage and the voice to do so – and of which the authors must be aware.



The question arises, after initially expressing their view that circumcision was unnecessary in a previous statement, why has the American medical establishment retreated and written a paper which clearly weights or misuses evidence in favour of the pro-circumcision cause? The best that can be said is that they are trying to avoid the issue. The answer to the question is that they wrote it whilst looking over their shoulder, fearful of the unrepresentative but influential body of Americans who demand circumcision with all the blind unreasoning fervour which one associates with fanatics.

The cynical may also suggest that common sense can never prevail whilst the foreskin harvest nets so much gain for those of the medical profession who practice it.

*R.B.W.*

## Celebrity List

### Circumcised:

Paul Nicholas	Actor/Singer
Anthony Booth	Actor
Leslie Thomas	Author
Les Dennis	TV Presenter
Nicholas Lyndhurst	Actor

### Intact:

Wayne Sleep	Dancer
Clive Owen	Actor
Simon le Bon	Pop Star
Max Beesley	Actor

*D.B. – Lancs.*

## And More

Some celebrity sightings this month include little dancer Wayne Sleep, who is uncut and surprisingly well-endowed. I suspect that this might be an optical illusion as he is only about 5' tall, though?!!

Likely lad Rodney Bewes is also uncircumcised, but not very well-hung.

Stanley Baxter at the age of 70+ has kept his figure and is also well-endowed and uncut.

*K.G. – London*

[We seem to have crossed lines regarding Stanley between this and the next list. – *Ed.*]

## And Even More

Here's a new celebrity list. All the information below is based on personal experience. As usual, foreskins in lower case, circumcised in capitals.

Tom Baker	Actor
Sean Bean	Actor
DAVID BENEDICT	Theatre critic, <i>The Independent</i>
ANTONIO BANDERAS	Actor
STANLEY BAXTER	Actor
RICHARD BRANSON	Executive
Nigel Charnock	Dancer
ANDY CUNNINGHAM	<i>Bodger &amp; Badger</i>
JAYE DAVIDSON	Actor
Javier de Frutos	Dancer
BEN DOVER	Porn star/director
NIGEL FINCH	TV Director
Rupert Graves	Actor
JEFF GREEN	Comedian
JOHN HAMILL	Actor
Douglas Henshall	Actor
DAVID HOCKNEY	Artist
Saul Jephcott	Actor
PATRICK MARBER	Writer/comedian
Kevin McNally	Actor
SPIKE MILLIGAN	Comedian
JON MOSS	Drummer, <i>Culture Club</i>
Neil Norman	Journalist, <i>Evening Standard</i>
John Peel	Disc Jockey
Frank Riploh	Film Director
JERRY SADOWITZ	Comedian
Louis Sheldon-Williams	Actor
ANTONY SHER	Actor
Bob Spiers	TV Director
MERVYN STUTTER	Comedian
KENNETH WILLIAMS	Actor
Ray Winstone	Actor

Gary – London

## Response To 'Cogitations' (3/99)

I empathise with Anon's feelings on the long tapering elephant's trunk type foreskin being an ugly sight. While not coming under that particular description, I had foreskin problems most of my life, so I've got the baseball cap, the t-shirt and C.D.

It would appear that he and his wife have a perfectly satisfying and fulfilling sex life, so why not leave well alone. After all, he has elected not to have the 'cut' and feels he is better off with his foreskin than without it. I took a gamble and opted for its removal.

He also is still not reconciled to having a small cock. Well, if he can boast 5" when erect, he is certainly not a tiny Tim, and his wife hasn't suffered from a lack of orgasms. I, personally, can only boast 4.5" in length and a girth of 5" when erect, but, since being circumcised nineteen years ago, my sex life has improved. I should also add that my frenulum was removed, and I think that all my nerve endings now converge on that spot, which nearly drives me crazy when aroused. And I'm still enjoying an active and fulfilling sex life at 71 years of age. By the way, I'm 71 years young, not old and, contrary to popular belief, it doesn't fall off, you know!!

Like Anon, I used to have a 'hang-up' about being under-endowed but, let's face it, there is not a lot we can do about it. Instead of thinking the other man's grass is always greener, why not concentrate on perfecting the quality of what we do have.

Yes, we men, whether we like to admit it or not, are curious about each other's tackle, and I also find that younger men are shyer and tend to wear trunks or boxer shorts in the showers. It may be due to their conditioning, or because of greater sensitivity, or even a genuine coyness about exposing their privates. Don't forget that we still live in a homophobic society, and growing up and maturing can be quite a traumatic time for many young people. I remember I was in my forties before I would walk about naked in the showers or changing rooms. As far as adjusting the foreskin to wash one's penis is concerned I think that is a very personal thing, and there are some things that should remain private. I don't honestly think prudishness comes into it.

Regarding 'ball' size, like Anon, I have a smallish cock with larger balls, while my best friend has a large cock and quite small balls. It is simply a matter of coming to terms with what we are given, and the wearing of jockstrap, briefs or boxer shorts is very much a matter of personal choice. Is it not also the case that the continual wearing of tight-fitting underwear can affect one's fertility?

In conclusion, I would be only too happy to discuss any matters sexual and cock-related with Anon in a frank and non-sexual manner. But, one last word of warning (and I speak from personal experience), be very cautious

about approaching any stranger in the changing room regarding his genitalia. I don't think the majority of men are sufficiently well-adjusted yet to cope with that.

*J.C. – Ayrshire*

P.S. While I fully appreciate the editorial comments about the ratio of letters passed on to items submitted, I still feel very strongly that if a member does send a personal letter for forwarding, the recipient should at least have the common courtesy to acknowledge it, even if only to say that they neither wish nor are in a position to carry on personal correspondence. In the past year I have sent six such letters and had only one acknowledgement. If members are so 'screwed up' or 'secretive' about discussing matters concerning the male genitalia, then they should state in their articles that they are not in a position to enter into personal correspondence.

## The Gilgal Society

The *Gilgal Society* is a non-profit organisation which exists to provide accurate, medically approved, information about male circumcision and its benefits in terms of health and self-image.

Its publications include a video of an adult male circumcision, a guidance booklet for those considering circumcision for themselves or their sons, and a leaflet answering some of the questions teenagers and young people have about the operation.

The leaflet is available in English, French and German whilst the guidance booklet is in English and French with a German version to follow later. It is hoped to be able to increase the range of languages in due course.

A provisional list of doctors, clinics and hospitals willing to perform circumcisions is jointly published with the *Acorn Society*.

The *Gilgal Society* acts as the sponsor of a web site for the *International Circumcision Information Reference Centre*, an on-line resource set up to provide correct information and to counter the lies, half-truths and distortions with which anti-circumcision activists have flooded the web.

The *Gilgal Society* and *ICIRC* believe that parents have a right and duty to exercise their choice as to whether or not to have a son circumcised, in the light of available evidence regarding its medical benefits and risks as well as its social and religious significance within their community.

For more information and prices of publications please send an S.A.E. (and a loose 1st Class stamp for expenses) to The Gilgal Society (Dept A), PO Box 21675, London, SW16 4WY.

*Vernon – London*

# ACORN

Issue  
Nº 1 2000  
Editor  
Steve Acorn

## Editorial

**W**elcome to the first issue of the year 2000, and my first issue as editor. I would like to say a big thank you to David for his outstanding job over the last ten years. There is no question that his role has been crucial in keeping the Society together and his unbiased approach has made the newsletter a robust forum for discussion rather than just one sided ranting as is the case in many other organisations. I shall do my best to continue his work.

**Please note the new box number** is now up and running and it should be used for all correspondence to the Society. The old box number will be phased out in due course.

We will get at least four newsletters out this year as evenly spaced as possible. These four issues will make up the balance of issues that were due in 1999, and therefore it has been decided there will be no additional subscription for the year 2000. I know that this reduction in frequency will disappoint many people, but the biggest problem is a lack of good content. We have a small core of members who have written many articles, and the large bulk of us have contributed very

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: [acrn soc@aol.com](mailto:acrn soc@aol.com)

little or nothing at all. So please can we all do our utmost to submit articles, long or short, fact or fiction, but particularly anything that can contribute to the understanding of why the presence or removal of a small piece of skin is of such deep significance.

Steve Acorn

## Skiathos

My partner and I have recently enjoyed a two week sojourn to the Greek island of Skiathos. Although a relatively small island, Skiathos boasts quite a number of very beautiful beaches. Two of these in the south are designated Naturist and can be reached by bus, followed by an arduous twenty minute walk or, as we soon discovered, by boat.

Aptly named: big banana and little banana (because of their crescent shape) they are separated by an outcrop of rocks forming the stalk. Big banana, we discovered is a mixture of textile and naturist, totally textile at one end, totally naturist at the other with a small mixed area in-between. Little banana however was totally naturist and this was the one we preferred. It boasted a very nice Taverna, sun beds and shades as well as the most amazingly crystal clear water seething with fish.

Whilst lazing away the hours, soaking up the sun, I decided to undertake a bit of investigation on behalf of *Acorn*, so here are the approximate results:- 75-80% of the beach population were heterosexual couples. The remaining 20-25% were gay men, with a smattering of assorted others. The predominant nationalities were British, Dutch, Scandinavian and a few Greeks. The ages ranged from 17 – 70+ and I would estimate that 85-90% of the males were uncut.

Of the men who were circumcised there did not appear to be any connection to age, although the majority seemed to be British. I was surprised to note that quite a number (perhaps 20%) of the uncut men wore their foreskin rolled back to sunbathe and swim. Having read so much in the *Acorn* magazine about the extra sensitivity of the uncircumcised glans, I would have thought they would have found exposing it to the sun very uncomfortable.

My Prince Albert was very much in the minority and I only spotted two other genital piercings during ten or eleven visits to the beach. Initially it did arouse some curiosity but fortunately no hostility and soon became accepted, along with my other piercings.

The freedom of a naturist beach is something I can really recommend for a holiday and a great way to loose some of the inhibitions and worries about the shape/size and surgical status of your wedding tackle!

V.W. – Leicester

PS: A lot of pubic hairdressing was in evidence, the most popular style for men being shaven scrotum and short neatly trimmed bush, although some were completely depilated, whilst a few favoured the wild and natural look. Most of the ladies sported the bikini wax.

## Piercing Sensitivity

Although its not a strictly cock related issue, I wonder if any other *Acorn* members can explain why some men have erectile, sexually sensitive nipples whilst many of their more unfortunate brothers have little or no feelings there at all. You may have gathered that I am one of the lucky ones and the merest touch on one of my erect nipples can cause stirrings down below. The brush of a shirt or hand can send electrical feelings straight to my groin and, since having them pierced, the movement of the rings as I bend or turn can cause a quick thrill. However a friend who had non sexual nipples found that his piercing made no difference at all. Most people seem to associate male nipple play with S&M and consequently tend to be rather rough but a gentle tickling and stroking can be a far more effective method of foreplay, leaving the heavier stimulation for later. I would be interested to hear the views of any other nipple buffs.

V.W. – Leicester

## The Guide

Just by chance the other day I was passed on an American monthly publication called *The Guide* which appears to list, comment on and write about most things on the American gay scene, much as perhaps *Gay Times* does here in the UK.

I have never ever seen this magazine before and just casually glanced through it to see what it was all about. However the point of interest was this months leading article entitled 'Restoring Your Foreskin'. I read this article and its contents were most informative. The article covered four A4 size pages, and in brief listed various methods that could be used to stretch or re-grow a foreskin on a penis that had previously been circumcised. The article, written by Scott Richards, was not only very informative but also listed various organisations where further advice could be got and also a list of suppliers from where the various apparatus described in the article to aid the re-growth of a foreskin could be purchased. As well as all this there were a list of various publications that may be of interest and listings of internet websites that would be of interest to those wishing to restore their foreskin.

Having read on many occasions articles from *Acorn* members about the restoration of foreskin tissue, it occurred to me that while the topic had over

the years been well aired in print as yet no informed or too serious advice had been given on the subject. Having read this American article it appears to go a long way to remedy this shortcoming.

As this magazine was already three months old, by the time this letter gets in to print it will be twice this time out of date so its not much use suggesting people write to its publishers for a copy. However I will be more than pleased to send any one a photostat copy of this article should they be interested to read it for themselves. Please send your SAE via the *Acorn* box number to me and I will forward a copy by return.

*Wm. – Dorset*

## Browned Off

Having studied the topic of circumcision ever since I discovered myself a preputial amputee, my presumed 'mastery' received a setback when I was asked to explain a distinct brown ring on an American nudist's circumcision. Recalling decades of study I could not find the cause for such a phenomenon. From shower room sightings at school where the circumcision rate was a heady 45%, and at work, baths, changing rooms and the beach where Plastibelled neatness was an occasional occurrence, not one brown ring was present on any of those hundreds of circumcisions seen.

It took much reading before I meanderingly came across two mentions of a brown ring!

1) A Sacramento man recalled as a young boy noticing a brown ring around his penis whilst bathing. Asking his mother what it was, he was told... "That's where you were circumcised...to keep it clean."

2) A tightly circumcised 40 year old from Missouri admitted to having a  $\frac{3}{8}$ " wide brown ring around his penis.

Was this a phenomenon of the land of scars and stripes never encountered in Britain's ever decreasing minority of circumcised males?

The reason was simply an instrumental one. It resulted from the skin crushing of the Gomco clamp, the most often used circumcision clamp in the U.S.A., remaining unchanged since it's introduction in 1935. Though Aaron Goldstein's Gomco clamp remained across the Atlantic, the disposable Hollister Plastibell, first used in 1965, has gained favourable acceptance in Britain, and never produces the wide brownish stripe, and only very rarely slight discolouration after healing.

Yes, the brown stripe has become a strange distinguishing feature of many American post 1935 circumcisions, even ritual ones on Liberal and Reform Jewish babies where the mohel uses a Gomco clamp. Though the cut edge is exceptionally neat, even near invisible, the wide brown band visually separates



the denuded glans from the natural remaining shaft. The ring, hardly one of confidence outside America, will, like vaccination marks, widen with growth up to a possible ½" in width.

In comparison, the Plastibelled penis is of relatively uniform hue after healing and consolidation of tissues with growth. With a recent sighting, the scar was barely visible and well incorporated into the infant's shaft tissue slightly below the glans.

For years I have taken 'browened off' as highly synonymical of 'cheesed off'. In the smegmaphobic U.S.A. it is clearly possible to have one without the other!!

*Anthony*

## Lubrication

I had always been a little envious when seeing a roundheaded guy with a large, prominent and flared helmet and considered this a great boon in sex, being able to stimulate the walls of the vagina more easily.

However, surfing the Internet and reading articles now it seems that this is perhaps not the case and that such a helmet may cause irritation rather than pleasure.

The modern theory is that the foreskin assists greatly in sexual intercourse not only for the woman, but for the man as well, with its enormous area of nerve endings to heighten sensation.

So, maybe I'm lucky in having a long foreskin and now that I've overcome the problem of insufficient natural lubrication (my original cause of investigating circumcision), I want to make the best of what I have.

For years I've worn my foreskin rolled under itself, so that part of the helmet shows – comfortable, looks better than a tapering skin and I don't have to pull it back to pee. Occasionally, I'll have it all the way back, but not for long periods and only when there is some tight clothing to hold it in place – when it gets cold, it flops back of its own accord anyway.

Recently I've been trying wearing my foreskin in its original, full length state – a strange feeling with this extraneous bit of skin protruding beyond my helmet – sometimes it causes irritation, other times it tingles with sensation. My latest trick is to put a spot of lubricant, usually KY jelly on to the helmet under the skin and then roll the skin completely forwards, so that the cool lubricant is trapped – it gives a delightful, icy feeling. I try and do this before having sex and, as my foreskin still remains covering the whole helmet even when hard, my wife then rolls it back in foreplay and there is the lubricated helmet, ready for action – better than having to stop halfway through the proceedings and apply the jelly!

I'd be interested to hear from others, both roundheads and cavaliers, about lubrication and how much they need. It is important to apply just the right amount – too little and it causes irritation, too much and one slides around without getting any sort of grip. I'm never sure to what extent my foreskin is coming forwards over the helmet during sex, but sometimes the sensation is almost unbearable, so maybe this is when the helmet is bare on the inward stroke.

Having grown up as a cavalier in a minority group, it is quite nice now to look around a changing room and see that my cock and its long foreskin are quite normal and in the majority – one sees far fewer cavaliers with protruding helmets than with long overhanging foreskins.

Anon

## Mind Over Matter

**A small excerpt from page 75 of the book *Mind Over Matter*, Ranulph Fiennes, Mandarin, 1993**

I buried the pants, my only pair, and the crotch-rot did in due course begin to get better. But the remaining two protective layers of underclothing were not enough even at sea level and, with the sharp winds off Berkner, my private parts were nipped and swelled up. When I mentioned this to Mike, it turned out that he was having the same problem only worse, with a blistered end. He was circumcised and therefore, in effect, had one less layer of insulation. I made a note of this factor in terms of selecting future candidates for polar expeditions.

## Reply To A.B. & Other Thoughts

I really enjoyed the last newsletter and one of the articles 'reactions' by A.B. of Bucks. particularly interested me.

A.B. says that her brother is gay and has recently got himself circumcised because a gay friend of his told him that it would make him more 'acceptable' in gay circles. She also states that his penis looked 'traumatised' after the operation.

I don't think anyone goes and has a painful, irreversible operation on their cock without thinking about it carefully first and I'm sure A.B.'s brother thought about it long, hard and carefully before going ahead and becoming a roundhead. As far as making him more acceptable in gay terms, I don't think

that's true. In my experience the only age group where circumcised cocks are in the majority is those men aged 50 – 70 years old. I don't think that as a whole gay men prefer cut meat, although I know I do! There are certainly men who love it uncut as evidenced by *Uncut* magazine, etc.

Secondly, what does A.B. expect her recently post-op brother's cock to look like anyway? It's hardly going to look like the final healed roundhead. It's of course going to be swollen, have stitches and look a mess for up to a month. After my first circumcision age 16 it took the best part of 3 months for my cut cock to finally smooth out and take on its final appearance.

I also think that A.B.'s comment about her brother's choice re a revision is again very short sighted of her.

If someone is going to get their cock altered then they sure want it to be perfect and looking how they want it, and I think that people who are dissatisfied with their current shoddy circumcisions should pull their fingers out and go and get them re-shaped.

I would also like to reply to Anthony's article, in particular reference the change in shape of the glans post circumcision. I have always thought that after removal of the foreskin the glans rim does become more prominent and mushroom like. This was based on seeing other lads in the swimming pool changing rooms at school. However these lads may have had large helmets that meant they necessitated circumcisions due to relative phimosis. This is certainly true of a friend of mine who was cut when aged 21 when he went and emigrated to Canada. His helmet is huge and has a roughly 1cm overhang all around it at the coronal sulcus before the very mushroom and bulbous head joins his quite short and thin cock shaft.

I personally noticed no change in the shape of the glans after my first circumcision because there was an awful lot of loose skin left behind that nestled my glans the whole time, and never put any tension on the shaft even when erect. In contrast to this immediately after my second circumcision 7 years later at the age of 23, I noticed a very big difference. This is because the surgeon used the cuff resection technique and radically exposed my helmet at rest. The look in the mirror when I got home was great as now lots of the excess shaft skin that bunched behind and over the glans rim had gone and left me with a relatively more narrow and tight shaft and a well protruding helmet which was very prominent looking.

The angle that my cock rested at seemed to change after the second op and instead of being vertical when flaccid, it just jutted out a little because of the tension in the shaft skin.

Another first hand experience I have of seeing an adult uncut cock head change shape and flare out is when my partner became a roundhead. His prepuce covered his glans completely and his helmet wasn't particularly prominent through his foreskin. When erect the glans didn't become fatter

than the diameter of his shaft. After his circumcision there was a gradual change in the size of his coronal overhang and he noticed and commented on it before I said anything. Now it looks great especially when flaccid because his cock is still quite large when limp and his mushroom shaped glans really fans out beautifully and stops any of his slightly loose shaft skin moving forward and encroaching on his helmet. When his cock is erect now, it looks very prominent and bulbous, with a great overhang at the coronal rim.

As a young lad my dad used to walk around the house naked and the shape of his cock head was extremely pronounced and prominent. He had been circumcised around 1940 as a baby and I recently found out that he had wanted to have me cut as a baby too. He said (and was quite right) that I had a very long foreskin and that he had been circumcised and loved it and wanted me to have all the benefits of cleanliness and also the same look as him. However the hospital refused and my mother said I could always get it done later if need be. Dad's cock was probably the most obvious circumcised cock I've seen at a swimming pool with trunks on, the coronal ridge juts out whichever way his cock is and looks really good.

He commented after my first circumcision that he thought my cockhead would enlarge and flare out more because he said that several boys from his school days had had theirs at 16 and their helmets had enlarged. He was disappointed with the result of the initial circumcision like I was because it just looked shoddy and from the other end of the changing rooms you'd have trouble telling I'd been circumcised at all. The day I came back from hospital he came up to my room and asked if he could see what the result looked like. When I showed him he wasn't impressed and thought they should have removed more of the shaft skin.

In summary I think that lots of factors about being circumcised and the way it changes the proportions of the shaft and glans etc. make it always look more bulbous. I also think that guys with large helmets are more likely to get cut because their helmets are so big anyway. I also believe that there is a variable flaring 'mushrooming' of the glans post circumcision that is highly desirable and makes roundheads very sexy, bulbous & prominent. I put this to good effect down the gym when I wear my lycra cycling shorts which show my well defined exposed helmet off very well and don't leave people in any doubt as to what my status is!

*Dan*

## New PO Box Number For Acorn

Please note that we have a new PO Box Number to which all correspondence should now be sent. The old Box in Weston is being phased out.

The address is now:- **The Acorn Society, PO Box 296, Ipswich, IP2 8SH**

## Revision

I was circumcised as a young boy and since joining *Acorn* two years ago I have been increasingly interested in being re-circumcised to remove some of the slack in the skin on the shaft of my penis.

Through reading articles in the newsletter I am aware that this operation can be performed quite successfully, but my problem is that I'm unsure where to go to get such an operation performed. I am aware of a Dr. Sifman who can be approached but I'm keen to hear from *Acorn* readers about other doctors or clinics who may provide this service. I'm also keen to find out about the methods used.

This is quite a big step for me and understandably, I want to be sure that I'm going to get what I ask for. Therefore, if any reader has personal experience of, and can recommend, a sympathetic doctor or clinic who will understand what I am asking for I would be very grateful.

*Anon*

[If any replies could be open and published, I would be very grateful — S.A.]

## Australian Holiday

A recent and wonderful holiday in Western Australia gave me the opportunity to size up the scene in Oz. Here are my findings:-

The saunas seemed to be the best starting point. What a variety of establishments, and what a variety of clientele! All races, religions, colours, shapes and sizes meet in Australia. Uninhibited behaviour in the saunas reveals all the goods on offer in a very short time and what a selection there is.

Oz is a half cut country. About 50% of the males appear to be cut, as a general rule and disregarding colour and creed.

Aboriginals by tradition are mostly circumcised but unlike in the UK many orientals are cut too. Oz white men whether of British or Irish descent are generally cut if born in Australia. Immigrants are far less likely to be so. Australians of Greek and Italian descent are generally uncut. Vietnamese likewise. Thais and those of Malaysian descent are often cut.

I chatted to many people and formed the opinion that as a routine 'at birth' procedure, circumcision is going out of favour. However, many young men are cut later in life. I was unable to find out who performs the operation and at what cost. That research must wait until my next visit.

*M. – Worcester*

## Reply To R.H.

I felt interest in reading the last issue (no4, 1999) of *Acorn* and specially R.H.'s letter.

I totally agree with his thoughts about the positive effects of circumcision. I think, me too, that circumcision cannot be a remedy for unhygienic problems.

R.H. wrote his glans has not flared since the operation, but a friend of his saw his own glans increase greatly after being circumcised. I knew a similar situation and during the three months after the operation my glans began more bulky (around a third more).

Am I to understand I'd be this friend and so have I already seen this R.H.'s nice circumcised... dick?

*Ronald – Paris (France)*

## Restoration

I am 51 and gay and have consequently observed many penes (I think that is the correct plural). I joined *Acorn* in an attempt to see things from the other side as there are definitely two camps, one for the knife and the other against. I have never been able to reconcile the idea of circumcision as anyone 'uncut' can easily retract their foreskin to expose what is hidden beneath but nature's own can be restored after use. Those people that I have encountered who have been circumcised all suffer from a very dry glans and have to resort to lubrication in order to masturbate satisfactorily.

I was circumcised very badly at birth, the frenulum was cut away leaving a second aperture in my urethra on the underside of my glans where it had been attached which made urinating very difficult with two streams in opposite directions. Various skin tags and stitch tunnels were also left although fortunately the skin was not stretched tight for the chop and left the basis for restoration.

My ambition is to 'restore' my foreskin, by stretching or other means. I have read many books on the subject of restoration and they nearly all suggest stretching using various appliances. I have tried these and find them all to be rather awkward or inconvenient. I have now stretched the remains of skin so that it will cover my glans completely but without an attached frenulum and frenar band the skin retracts. However, by stretching two of the stitch tunnels, left after circumcision, I have effectively formed two piercings in my new foreskin and with a ring inserted it helps to hold the skin forward. I have noticed a very considerable difference to the feel of my glans now that it is covered. It is now moist and feels very smooth and soft to touch. It is far more sensitive than before which can be a problem as I do tend to reach an

orgasm more quickly. Previously my glans was dry, tough and wrinkled with much less sensitivity.

I would like to investigate the possibility of surgery to either re-attach my frenulum, it appears to remain attached to what is left of my foreskin although it has been cut from the glans. Additionally I would like to find out if it is possible to reform the end of the skin into a tighter aperture as it is currently the same width for its length. I am too embarrassed to ring around general surgical clinics but I would be pleased to hear from anyone who may know of a clinic which could offer help in restoration rather than removal.

Anon

## America Re-visited

Longtime readers of the *Acorn* Magazine may remember my contributions to the magazine under the heading "Ian's Tail" and "More of Ian's Tail" etc. in issues 4/93, 5/93 and 7/93. These articles told much of my own circumcision history, (circumcised at the insistence of a midwife shortly after birth, an untidy job, hated my state as a child, became reconciled to it in adulthood with the intervention of a doctor I worked with in New York and had a revision to circumcised normality after returning to England). Having worked in a New York hospital for a year and in addition to becoming familiar with the New York circumcision scene I also established friendships which have endured.

I have returned to America for holidays of two or three weeks at a time most years since 1970. On each occasion I have kept both my eyes and my ears open for any information I could glean about the attitude towards, and practice of, routine circumcision in infancy. One of the ways I have done this is to visit the larger reputable bookstores and to look through the index of recently published books written to give advice to parents on child care. Throughout the 1970's the editions of Dr Spock's advice to parents strongly supported the circumcision of infant boys, on the grounds that it made them regular little guys, and like all the other kids on the block. Publications by a number of other authors also supported routine circumcision, usually as a measure of good hygiene and to prevent trouble later. There appeared to be a general agreement that circumcision after infancy was both embarrassing and painful, the increased cost of circumcising an older boy was occasionally mentioned. The embarrassment of a teenager or young adult I can understand, the idea of it being painful was, I believe exaggerated, as pain control, even in the 1970's, was not difficult to achieve.

I was interested to note that when Militant Feminism came along, and the movement of Lesbians that wanted children, men were useful only for shooting their sperm into a bottle, or into the turkey baster, depending on the degree of sophistication to be used for insemination. However, those women who rejected

the input of men (please excuse this expression), certainly wanted their male offspring to remain intact; they howled against circumcision as something brutal, done to the infant male, by the mature male. This was contrary to the opinion I had formed in both England and the United States where I had found women to be in charge of child care to the almost total exclusion of the man, be it father or partner.

Following the *Statement on Routine Circumcision of Infants*, published by the American Academy of Paediatrics, the advice to parents was bland, usually something like "If your child is a boy you may wish to discuss with your Obstetrician whether or not your son is to be circumcised".

On my recent visit to America (September 1999), I again visited the bookshops and find a significant change in the advice offered. The only advice against circumcision that I could find was in the few childcare books originating in the United Kingdom. American publications, and there are lots of them, appear to encourage circumcision but emphasise that it is now a matter of parental choice. The following are quotations from recent publications:

"If your tribe or religious group believes in it (circumcision), go ahead.

If the child's foreskin can not be retracted by mid-childhood have him circumcised or a less radical procedure.

If Dad and all the other males in the family are circumcised you may want to have him circumcised to avoid invidious comparison."

Elmer R Grossman MD. *Everyday Paediatrics for Parents*. Pub. Celestial Arts.

"I always ask the father, if its a boy do you plan to have him circumcised? I think the father should make the choice. Most fathers want their sons to be like themselves." "...this is of deep significance to a male, the father's choice needs to be based on his emotional reaction rather than on the fairly inconclusive studies that have been done so far. I will support the father in either option".

T Berry Brazerton MD. *Touchpoints*. Pub. Perseus Books.

"I encourage you and your baby's father to follow your hearts. My boys are circumcised primarily because I am a product of the 1950's and wanted to share the circumcision bond with my sons".

Alan Greene MD. *A-Z Guide to your new baby*. Pub. (sorry, not recorded).

During this visit I caught up with Peter whom I first knew as a young schoolboy, he is now married, has moved away from New England and is the father of two sons, Joseph, aged 5 and Michael 2. Peter was making a visit to his mother, the neighbour of my hostess. Peter's wife, mother and my



hostess decided on a girls' night out leaving Peter and I to care for the boys and to catch up on what has happened to us in more than ten years since our last meeting. During Peter's bathing of the two boys I noticed that both were radically circumcised. When we settled down with a beer I remarked to Peter that I had noticed that both boys were circumcised and said that I understood, from magazine articles, that this was no longer a routine practice. Peter's reply was along the lines that I should not believe all that I read. I pressed for more information with a question about whether or not there had been need for discussion about it with the doctors. On this occasion Peter's reply was succinct. "What is there to discuss, I am circumcised, they are my boys, they are circumcised." Our conversation moved to other matters.

Before returning to England I had a 'telephone visit' with Arthur, a doctor with whom I worked in New York in 1965. Arthur helped me to accept my circumcised state and encouraged me to have the revision which took place after I returned to England; Arthur is now a practitioner in family health in Vermont. During a conversation of more than an hour I asked about the effect of the American Academy of Paediatrics *Statement about Routine Infant Circumcision*. "It didn't have much effect here, we are a small and stable community, folks did what the family had done in the past. Most all the boys here are circumcised before they leave the hospital. We have a small Hispanic community, they disallow it, and a couple of French families that came here from Quebec. I actively encourage it only when there is already a circumcised boy in the family, sibling rivalry will always come up sooner or later but I think brothers should be alike in this department." I asked "What's the bottom line on your own opinion?" "I'm a Hicksville kid, born in a shack in the mountains, I have two brothers both a lot older than me, none of us were cut as kids. There were only two or three uncut kids in my year at school, and it was like that when I went to College and Med School. I married just before I went off to Vietnam. Sex was great but if it got a bit hectic I was a bit sore for a day or two afterwards. My circumcision was a present to myself, I had it just before my discharge from the Army – I have before and after experience, I've no regrets, I like it, I just wish it had been done when I was a kid."

Ian

## Stan & Eddie

Regarding the dispute over comedian Stanley Baxter's status, I sat opposite him, virtually knee to knee, in a sauna, and he certainly looked circumcised to me. I suppose there is a chance he could have had his foreskin pulled back. Add to the list Eddie Izzard, outed as a cavalier by the theatre critic Nicholas de Jongh when reviewing the play *Lenny*. De Jongh could not take seriously Izzard, with a foreskin, playing Jewish Lenny Bruce. Subsequently a line was added to 'explain' this situation.

Gary – London

## An Alternative To Circumcision

I was in our local bath's changing room recently, and happened to notice the only other occupant, like me appeared radically circumcised. A second glance showed his shaft to be unusually thick and near the scrotum were three tiny gold rings. Seeing we were alone I asked him the reason for the nearly invisible gold rings being put where they were. He explained that several years ago he had gone to one of the body piercing shops and asked them to keep his foreskin permanently retracted for him, with as neat a job as possible. What they did was to initially insert the open rings in the tip of the foreskin. The latter was then fully retracted, and the rings inserted in to holes made in the skin at the base of the shaft, whereupon they were closed and sealed. The foreskin was then unable to return leaving the glans permanently free as if it had been circumcised. He was, he said, delighted with the result, and said that his wife enjoyed his thickened shaft.

Thinking about this later, it occurred to me that now that the medical profession make such problems about circumcising infants, this would be a good alternative for them, as the parents had only to take the baby to the piercer. By keeping the foreskin of a young infant retracted like this the enlarging and flaring of the glans would naturally occur as in a genuine circumcision, and say by the age of five the rings could be removed with no risk of the skin slipping back to cover it. I only wish I had known of this technique when my sons were born, as the doctors refused to circumcise them, and this would have achieved the same result.

Anyone contemplating circumcision which of course can't be reversed if for some unlikely reason you don't like it, this technique is fully reversible and gives a chance to savour the delights of the bared glans.

*R.F.W.*

## Anthony Strikes Again

There was a bold fireman from Ryde,  
Whose foreskin was tougher than hide,  
He declared it his hose,  
Directing the flows,  
At old flames and lovers beside.

A teacher whose foreskin was 'taut',  
Got a 'lesson' with help which he sought,  
The bit that did 'flop',  
Was given the chop,  
With a new 'head' revealed as it ought.

*Anthony*

## Circumcision — My Story

### Part 2

In part 1, I told you about my first self-circumcision attempt and my subsequent trip to the hospital. After that experience I was left with a divided frenulum, a loose lowish circumcision and a skin tunnel along the top of the scar area where one of the dissolvable stitches did not dissolve and was not taken out.

For some time I lived with this situation and wasn't terribly unhappy. I had a number of sexual partners and they didn't complain about my cock.

Anyway at about the age of thirty I discovered the internet, and went back to my early fascination with circumcision. I found out about people who had re-circumcisions, removed their frenulums and other modifications.

So my search started for someone who could perform a re-circumcision and frenotomy. I found that most of the places that I could get this done I could not afford, so the next port of call was the N.H.S. Of course this meant coming up with some symptoms – tightness and soreness mostly around the skin bridge and the divided frenulum. I went to see a surgeon who said he was willing to remove the skin tunnel on the scar and to remove the part of the frenulum on the shaft; he was not willing to remove the part of the frenulum on the head or to do a re-circumcision.

The task was carried out at the local general hospital, under local anaesthetic it took approximately 15 minutes. Healing took about three weeks. I was very careful to follow the surgeon's instructions about stitches to prevent any new skin bridges forming. After healing I found that I was not completely satisfied with the end result. The surgeon had done a good job, but I wanted complete removal of the frenulum! Also removal of the skin bridge had left me with two nodules on the top of my cock. I then decided that because there was not much of the frenulum left I could most probably remove this by crushing and cutting. I had read of people doing this on the internet and so decided to have a go myself.

I cleaned up my cock, I also got together some gauze, lint and micropore tape as I knew that there could be bleeding, but I also knew from my past experience that this would most probably be (in my case) not a problem. I

also cleaned up a set of electrical side-cutters, these are used for cutting wire etc. The cutting edge is not particularly sharp. Carefully placing these so that they were as tight against the underside of the cock head as possible with the remnant of the frenulum in between, I slowly started to squeeze the handles. When I began to feel a little pain I stopped and waited for it to subside. I continued the process squeezing tighter and tighter until finally I felt things give way. I had finally got rid of the residual piece of frenulum. As it turned out because of the crushing there was no blood but in order to protect the area at least for a day or two, I applied a small piece of sterile gauze with micropore tape.

Part 3 will go into my last circumcision experience using a home-made plastic ring and some fishing line as a crushing device. Will I ever be satisfied?

Please note that since Part 1 my E-mail address has changed, so feel free to E-mail [steve@topcat.nccnet.co.uk](mailto:steve@topcat.nccnet.co.uk)

*Steve – Northampton*

# ACORN

Issue  
Nº 2 2000  
Editor  
Steve Acorn

## Editorial

Many thanks to all of you who have sent in articles for this and future issues of the newsletter and to those who have welcomed me to this new post.

I am sorry to have to inform you that Brian has decided to leave the *Acorn Society*. Brian has done a huge amount of work for the Society over many years and his single handed production of the magazine, at such low cost has enabled the subscription to be kept at a modest level. Another major task he undertook was the organisation of the meetings. Aside from his hard work, Brian will be missed by us all.

We are now working on how best to move forward. Unfortunately, it has not been possible to organise a Spring meeting, however, there will be an Autumn meeting as usual. We have plans for the production of the next couple of issues, but the long term solution needs to be found. If anyone has any good ideas, or has the time, means or skill to help, please let us know.

I think that there are some interesting articles in the newsletter this month, please keep them coming!

Steve Acorn

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## Correspondence

Please send all correspondence to:-

THE ACORN SOCIETY  
PO BOX 296  
IPSWICH  
IP2 8SH

Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: acornsoc@aol.com

## Third Time Lucky?

This is my first letter to *Acorn*, although I've been a member for a year. I was so glad to find this society, as I couldn't get enough circumcision stories. It's great to have a magazine that doesn't apologize for publishing articles and letters about circumcision. This said I'd like to read more letters per issue, and also read more detailed descriptions of circumcised cocks.

I've got quite a lot to talk about, and for this reason I'm going to send the information in 'installments'. Logically enough I'll start with how I came to be circumcised, and why I've probably been circumcised more times than anyone else. In following letters I'll talk about my experiences of being circumcised and reactions to it and describe the operations on my cock, masturbation and 'fetishes'.

So, I first heard of circumcision when my best friend noticed I wasn't circumcised in the toilets at 6 years old. He'd recently 'been done', and told me you had to have it done to be a 'real man'! This stirred my interest, and by the time I was ten I was madly into circumcised dicks, and desperately wanted to have the operation done. To add insult to injury my brother had the operation at about the same time. Just seeing a circumcised cock would turn me on (but not uncircumcised ones), and I started to wonder how normal this was, and if I was homosexual. In fact, I've always fancied girls a lot, and have never had any amorous feelings towards men just circumcised cocks. I've only had one sexual experience with another man (this year, and I'll talk about this 'planned one-off' in a future letter). I have a sort of fixation or fetish, which I've had to accept, I wonder if any other members are in a similar position?

I wanted to be circumcised for the appearance, which was different and the fact that something so private was made public and vulnerable. Later on, I felt 'dirty' and longed to have a clean, smooth glans for girls to suck. I fantasised about them noticing and talking about how much they liked my circumcision.

In fact, I never had any doubt about wanting to be circumcised, and the desire for it never abated. I prayed that I'd have a medical reason to have it done, or some valid excuse. And it wasn't until I was 29 that I finally plucked up the courage to speak to my GP about it (I had been within an inch of it the year before); I live in Spain and was in England on holiday. Amazingly, she told me that I could get it done on National Health. So, I made an appointment to see the surgeon. He told me that I couldn't have the operation done since I had a normal foreskin, and why did I want it done? I said for aesthetic reasons (a mistake). You should always say for health reasons at the very least. In the end, I asked him why the GP had sent me if I was just going to be wasting my time.

In the end he agreed to do the operation putting 'routine circumcision' as the reason to justify it to the NHS I suppose. He described briefly how he'd

do the circ, and that it would be done under general anesthetic. In fact this is why I decided to cancel, since I'd been told in another clinic in Spain that it could be done with a local one, which I believed was 'safer'.

Next, I phoned around hospitals (seemed cleaner than clinics) in Spain until I found one. I'd cancelled the day before the op in a private clinic due to getting strange feelings about the place.

After scouring the yellow pages under 'Urologists', I chose a surgeon at a hospital. He was a bit old, but I reckoned experience would tell. To get this far had meant me plucking up more courage than you could ever imagine, and getting cold feet and hanging up on the phone many times.

I had the operation (took a couple a pics before hand – still not developed), in a proper op theatre, and was bandaged up and walked straight out of the hospital.

I had asked to have the 'minimum circ', which to me meant cutting the skin to just behind the glans. To my later shock only the tip was cut off. I felt as if my whole world had collapsed around me. So much stress for this! I went back and demanded to know what he'd done and soon found out where the misunderstanding had come in. He agreed to do a 'full' circ, but was surprised I wanted be like the Jews! I said that's exactly what I wanted, although I don't think either of us knew how much is cut from a Jew.

Anyway, I readied myself with relief, for the second definitive chop. To my total disbelief, I got the following: 1 inch of mucus membrane left (top-side) and only the skin cut level with the corona, meaning the skin slightly covered the glans, definitely what I didn't want. The good news was that a small very sensitive 'hot spot' had been left on the back just below the scar, and when erect it looked extremely circumcised. Shortly afterwards I started going out with a new girlfriend (I'll talk about her interesting reactions in my next letter).

A year later I was still unhappy with the appearance when flaccid, and had become a fan of tightly circumcised cocks. I looked up more info about it on the web, and reckoned I knew what I wanted; the inch of mucus membrane pulled tightly back behind the glans when flaccid. The only thing that held me back from a third circ was losing the 'hot spot', but I wanted the tight circ so much that it outweighed the disadvantages. Strangely, I went back to the first private clinic as I remembered that the surgeon had asked if I'd wanted a full or part circumcision.

He remembered me. I said I'd had the op done on the NHS in England but was very unhappy with the result. I left the 'foreskin' as far forward as possible to prove it. I told him exactly what I wanted, and in fact on the operating table we negotiated the drawing of the lines so "there won't be any surprises". In fact he won the negotiation and surprised me because he left half an inch of under-skin (acceptable) but cut just below the corona line (unacceptable), because it leaves a small 'rolled up' ring of mucus membrane just touching the

corona on the top-side. When I went back for the check up I complained but he shrugged it off saying the stitches would have burst if it had been any tighter when erect. So, after 3 attempts I still don't have exactly what I want.

I now favour a tight circumcision, and would love to have my remaining mucus membrane pulled back when flaccid to highlight the glans even more. Due to my diminished sensitivity I'd probably be mad to go for a 4<sup>th</sup> circ, but if I could be sure I wouldn't be much worse off, I'd be willing to undergo a record-breaking one. Any suggestions on private clinics that could give such advice?

Below, I give more detailed information on the operations and my cock.

### Surgery information

All the 3 circs were done under local anesthesia and each circ hurt more than the previous one, as more was cut off I suppose. The injections hurt a lot, but were just about tolerable. The penis soon goes numb luckily. The stitches dropped out after 2 weeks in the hospital case and 4-5 weeks in the clinic due to a different suture being used. The clinic's operating theatre was a small room with minimum equipment and strip lighting, with the surgeon taking emergency phone calls during the op! My hunch had been right the first time. I had the operations 4 years and 2 years ago. The first 2 cost in the region of 200 Pounds and the 3<sup>rd</sup> about 175 Pounds.

After the first time, I had almost full sensitivity, and it was a neatly done job. The second time it was a well-performed operation, although big stitch scars could be seen round the back, although I kind of liked this. I had a sensitive spot too.

The third operation has left an uneven scar on one side, which I don't like much. It was the last part to be stitched up as the local anaesthesia wore off. Sensitivity has now dropped considerably especially around the frenulum area. Although I always asked to have as much left as possible, the little 'thread' at the back is far less sensitive, and doesn't 'drive me mad' any more, and I don't have any 'hot spots' either. I would have accepted all this if I'd been circumcised as I'd wanted.

The glans is also much less sensitive than when uncircumcised, and in general sensitivity increases when a) I haven't masturbated for several days b) I rub in baby oil. The glans is only too sensitive to touch just after coming. Ejaculation is normally very pleasurable (luckily).

### Description of Penis

When flaccid my cock measures 4 inches with half an inch of inner skin (smallest point, top-side) which rolls into a thin pink cuff touching the corona. Due to the shape of the glans there's an inch of inner skin behind the glans with a small thread of frenulum. The glans has a more sharply defined shape now, (especially the underside) and the 'thread' has 'crept' up to the pee-hole.



The penis is 7 inches when erect, and pulls the half inch of inner-skin back. To pull the skin over the glans I have to 'borrow' skin from the base of the penis (the pubic hair area), and with a 'comfortable' pull  $\frac{3}{5}$  of the glans when pointing the cock upwards, and just cover  $\frac{1}{5}$  when pointing it down.

How would my cock be classified in terms of tightness? Loose – medium tight? Well, that's all for the first installment. I wonder how many other members can relate to my experiences and feelings.

S.J.

## Growing Up With An Acroposthion

I went to a minor public school in the early sixties. It was still the case then that boys from the aspiring classes were more often than not circumcised since it was considered one of the marks of a 'gentleman'. I unfortunately was not, since my parents were Hampstead socialists and although my uncircumcised father wanted me done, my mother, a forthright woman of powerful will, indignantly refused on the grounds that it would betray her left wing principles for me to have a cock associated with the hated upper classes. Anyway I was given a really hard time at school. The masters said little but when my long prehensile foreskin was exhibited in the changing room wriggling about like a worm as I changed, they indicated fastidious disapproval implying that possession of a foreskin was evidence of a character defect. Meanwhile the attitude of the other boys was one of horrified disbelief that I had been so neglected and interestingly, badly concealed envy from boys who recognised the fun-potential of a long sleeve of mobile skin in the universal wanking games which they organised and in which I was a sought-after partner. Those who enjoyed the exercise most though, saved their consciences by exclaiming how filthy foreskins were (although mine wasn't) and how glad they were to be circumcised, even though their actions showed clearly that they weren't. Anyway the fact is that I was being picked on by boys and masters and was consequently in a state of deep unhappiness. Finally I decided I'd had enough and on my next holiday, asked my mother if I could please be circumcised. She nearly went through the roof and accused me of being ungrateful after she'd carefully preserved my foreskin from all the pro-circumcision pressure and proceeded to instruct me in how lucky I was and why. With remarkable prescience she described the so-called benefits of circumcision as an old-wives' tale ("load of bollocks" to use her actual words). I'm afraid I was not convinced and still felt I'd be better off without it. Anyway, after she'd calmed down I told her how I'd been treated and she once again blew up, picking up the telephone and giving my housemaster the rough side of her tongue, before telling him that he had just lost a pupil.

I was then enrolled in one of the famous (now infamous) progressive co-ed schools where pupils were allowed virtually to do what they wanted provided that they did not overtly break the law. What a revelation! Firstly it was

co-educational and since the sexual revolution had just started, sexual activity whilst not compulsory was virtually universal. Secondly the kids at the school all came from arty-farty or show biz backgrounds, including a sprinkling of pop stars, where circumcision was not on the menu except for religious reasons. It was interesting that the few circumcised boys around suffered absolutely no abuse as I had done, although there were sniggering discussions and quiet disapproval expressed when they weren't there.

Whereas in my first school – a buttoned up single-sex school where sex was swept under the carpet, it was clear that in the environment of my new school, sexual expression was allowed to occur freely, although the older girls were discreetly supplied with the pill and the boys with condoms to prevent the unwanted publicity of pregnancy. My first shock came when I joined the weekly swimming session. Although compulsion did not exist in the school we were expected to establish our trendy credentials by all taking part in nude mixed swimming. The Head was very keen that children should not be shocked by nudity of any sort and therefore insisted that all staff (of both sexes) should also take part. This was not the imposition it might seem since the staff were all chosen for their progressive attitudes. A number of their wives came along too. I was shaken to the core at finding myself in a pool with a mass of nude people of all ages, including several in their late forties and fifties. The first thing I noticed was that, unlike most of the boys, nearly two thirds of the staff were circumcised. This formed a discussion point which we never tired of airing, with views being expressed for and against by both boys and girls. One particular thing which caused a great impression among the older boys (and some younger ones, including me) was the fact that the physics master's wife, a large brassy blonde, had shaved her pubic hair off, revealing with clear enjoyment her impressively developed pudendal slit, thereby causing the more susceptible of us to rise stiffly to attention as we looked at her, much to her amusement. (The others pretended not to notice.) Her husband also attracted a lot of attention, being endowed with a cock like a rolling pin from which drooped the longest foreskin I've ever seen. One of the more precocious girls gave the opinion that his wife was to blame for pulling it too much!

Sexual activity was of course widespread and although open displays of sexuality and orgies did not happen very often, when they did it was usually under the influence of drink (there was no prohibition on social drinking but getting pissed was discouraged). Amongst the younger kids, sex usually took the form of mutual handling and unlike the 12-year old shaggers today, full sex seldom occurred. A group of them would pair off and head for a secluded nook called the 'fornicatorium' where mutual masturbation took place. For the sake of those interested in wanking techniques, nearly all the boys – and girls – preferred the traditional method of whipping the foreskin up and down over the knob. One or two boys found this a problem due to tightness but other than arousing a certain amount of curiosity, no one got upset about it. The older ones naturally enough indulged enthusiastically in rumpy pumpy and it would be true to say that virtually everyone lost his/her cherry at some

stage. Two events stand out in my memory, both fuelled by booze. The first was joining a queue of boys at a 'production line' where a couple of girls serviced a line of boys, getting the first one's cock out and rubbing him to climax before taking on the next one. The other occasion was an outrageous display by four knickerless girls, known for their loose morals, sitting on a bench with their skirts up round their waists making fountains for the entertainment of the crowd of boys who stood round sniggering.

In later years I was lucky enough to have no sexual hang-ups and no urge to play away, since I was (and still am) happily married. However when my wife went off to look after a sick friend in Canada, I took a couple of weeks holiday in Ibiza – and I can tell you the goings on there made school high jinks look like a tea party! I've never seen so many people, mostly youngsters, so hell bent on getting their ends away, girls even more so than boys and the sights to be seen in the streets and clubs when the booze had been flowing were unbelievable! The highlight of the club scene was inevitably a live sex show with several couples stripping off and misbehaving in the most scandalous fashion on the stage in front of huge audiences, including a girl performer who stripped off and then, believe or not, pissed over the edge of the stage into the front row, to the huge delight of the rest of the audience! Apparently this practice was initiated by an all-girl band – banned in UK of course – called Rockbitch whose party piece it was to piss on one another on stage. Now this might seem like the raving of a seriously deranged fantasist – but it's not. It all happened and still is happening! But to return to the subject, public nudity in such an environment is almost a foregone conclusion and large numbers of drunken clubbers could be seen with their private parts in full view if not totally naked. Contrary to the assertions of the circumcisionists who claim to have seen lots of unhooded cocks in Europe, I never once saw one in Ibiza, either in the sex clubs or on the nudist beaches.

I notice in recent newsletters that some people have a hatred for the so-called "elephant's trunk". In virtually every case they are men who have had themselves circumcised for some reason and to whom it seems that the less penile skin remaining the better. I'm afraid they (and I) are in a small minority. Most women in my experience find a long foreskin attractive and my wife reckons mine is dead cute – otherwise I would certainly be circumcised myself now. Not just my wife though. In June a urologist, Frederick M. Hodges, published a paper entitled *Phimosis in Antiquity*. (See [www.cirp.org/library/history/hodges1/](http://www.cirp.org/library/history/hodges1/)) The following are quotes: "...useful Greek word *acroposthion*, which designates the visually defining, tapered, fleshy, nipple-like portion of the foreskin that advances beyond the terminus of the underlying glans penis. The acroposthion, especially in early youth, can run to impressive lengths. As demonstrated by their visual art, the Greeks highly esteemed the foreskin as a defining feature of the male body. Indeed, Galen speaks of the foreskin as a brilliantly useful *adornment*." Apparently the Greeks were so offended by the sight of a bare glans that athletes with short foreskins were required to wear a *kynodesme*, a string tied round the tip of the foreskin after it has been pulled

forward off the glans to avoid displeasing the ladies or frightening the horses. On the subject of long foreskins Hodges says, "One common misuse of the word phimosis by nineteenth-century and some modern medical writers concerns the length of the foreskin. Penises were and are frequently misdiagnosed with phimosis because the foreskin has arbitrarily been determined to be 'too long', 'redundant', or 'hypertrophic'. The Greeks, however, recognised no such disease. In antiquity, the problem was not having too much foreskin, but having too little. Consequently, classical medical writers were concerned with a deformity called *lipodermus*, a condition in which the foreskin was *not long enough* to cover the glans penis completely. Galen, Soranus, Dioscorides, and Antyllus among others, published lengthy descriptions of lipodermus and made detailed recommendations for its correction. Greek medical writers also devoted considerable space to surgical and non-surgical methods of foreskin restoration following posthectomy" (removal of the prepuce) presumably for the benefit of unhappy Jewish subjects.

*I.D. – Sussex*

## More Questions

I was delighted with No.3/99 newsletter which contained much fascinating material about foreskins and less of the interminable methods of circumcision. It also included the first answers to I.D.'s questionnaire, which of course was fascinating to me, having been circumcised in infancy – probably for no very good reason. There are two further questions that should be added to the questionnaire:-

How much of the glans is covered when flaccid, and how much on erection?

Do you pull back your foreskin to pee?

This is advised in some books, presumably for better hygiene(?): but in my experience this is practically never done. Why not? Far from pulling back, most men seem to finish by pulling strongly forward several times, presumably to get rid of the last few drops.

All you lucky cavaliers, let's hear your answers, please.

*I.D. – Herts.*

## Demanding Cut

When my partner pretended to have phimosis and we superglued his normal foreskin together, it completely fooled his G.P. who said she would refer him immediately to the Urologist.

The next week we went for the appointment and the Senior Registrar told Barry that he thought he would 'get away' with frenuloplasty and not have to

do a full circumcision. This wasn't what we had expected and Barry was a bit surprised and so at the time said nothing. We afterwards discussed the matter and decided that we would just have to re-superglue after the frenuloplasty and hopefully get a full circumcision the second time round.

However on the morning of the operation the Surgeon came to consent Barry for his frenuloplasty and Barry said that he would be very disappointed if the op failed and that he'd be angry if he had to have the full circumcision after all because it meant more time, pain and embarrassment. He said that he'd rather have the full circumcision straight off and get it 'all sorted'. The Surgeon said that he thought a frenuloplasty would do the trick and that a full circumcision wouldn't be necessary and was besides a longer op and more painful as an adult. Barry then said to him that he would hold him responsible if he had to come back again and that he wanted his preference to be put in his notes that he would prefer to be fully circumcised and not have the frenuloplasty. The Surgeon got a little bit angry at this point according to Barry but eventually agreed to do a full circumcision that morning even though he didn't think it 'medically or surgically the best option'. Barry therefore surprised me when I saw him the next day with a fully cut cock and great fully exposed helmet.

*Dan*

## Psychology Of Circumcision

I watched the recent TV programme about amputees with some interest. There are apparently numbers of men and women who feel certain parts of their bodies don't belong to them. A woman had tried everywhere to persuade doctors to remove her legs as she longed to be rid of them as being alien to her. One man interviewed, had succeeded in getting one of his legs amputated and was, he said, delighted to be on crutches.

Well it struck me that many of us have had similar lifelong compulsions to be circumcised. In my case it started as far back as I can remember: At least as early as three when I used to play with our next door neighbour's son of the same age. He was circumcised and I loved to look at his clearly exposed knob in contrast to my long foreskin. In the 40's and 50's some 50% of the boys I saw at school were circumcised and I longed to be like them. One friend I had at about 12 years old was radically cut with inner foreskin going well over half way up the shaft. His knob was a lot bigger than mine with the typical flared edge of those cut at birth. Also the rim beside the sulcus was quite smooth, unlike mine which was covered in tiny bumps, which with the foreskin covering them had remained, unlike his, which had long ago withered away having no use without a foreskin.

I used to try and keep my foreskin retracted by such devices as surgical tape, rubber bands, etc. and even had it bare for three days before the constant

friction and awareness of the organ caused me to wank, when I would become too sensitive to try retracting it again for a while. I soon realised the only option was to remove my hated foreskin. As an older schoolboy, I was too shy to go to the old GP so I had to live with it for a few more years until I became a student. One particular girlfriend I remember taking my erect member out, and when she saw the long foreskin she dropped it with an exclamation of revulsion. That finally convinced me that I had to be circumcised! Sadly in the 50's clinics couldn't advertise and I knew of only our GP and couldn't go to him. I therefore decided on a DIY circumcision which if anyone is interested in contacting me I will describe in detail.

Going back to the psychology side of the subject I thought I would, once cut, be rid of my fascination with circumcision. Far from it I still find the word a quite magical one, and love to sneak a glance at the all too few men with cut penises one sees at the sports centre changing rooms. A few days ago I was in to the changing rooms of the local swimming baths and saw several boys of about eight taking off their trunks and noticed one had been circumcised. The circumcised boy even at that age had a glans twice as big as the others and made no attempt to hide his penis unlike the others who attempted to keep theirs covered with towels. Incidentally, from the neat appearance, I imagine he had been circumcised using a Plastibell.

I would welcome any correspondence and having recently heard about docking would like to meet someone who still sports a foreskin to demonstrate how its done.

*R.F.W. – Surrey*

## **Answer To Anon**

I thought I would answer Anon on p9 of the last issue of *Acorn* by saying that a revision of his slack circumcision is very possible and indeed, highly desirable. As many readers of my DIY exploits (*Acorn* 1/93) will know I did a successful but slack cut at the age of 24. The skin when flaccid just lapped the corona which annoyed me greatly, and I decided to remove the excess. Having once circumcised myself I had no fears regarding pain or competence etc. however, if I was to achieve a radical result, I would risk the inevitable erections damaging the healing wound. I overcame this by use of good quality surgical tape which dragged shaft skin from the base down towards the glans so that the wound skin was kept in a state of slackness.

It is important to note that I did not use stitches during either operation for two reasons: 1) unnecessary pain by prolonging the op. 2) the cut edges joined together after healing leaving virtually no scar at all. All those who have seen the result have been very impressed.

*R.F.W. – Surrey*

## A Suggestion

A suggestion; could you find someone who would write a comprehensive article describing the various forms of circumcision, ranging from the small snip of the end of the foreskin as used to be the kind done by the Jews to the complete stripping of the foreskin and skin of the penis back to the pubic area performed by certain Arab tribes.

If no member of *Acorn* has such knowledge, then perhaps Dr. John Warren of NORM UK or one of his members or medical colleagues may be able and willing to help.

Such information could be of interest to anyone who is thinking of being circumcised themselves or has responsibility for another person's proposed circumcision (e.g. a father).

A cut cock might look attractive but I believe that a lot of sensitivity is lost following the operation.

Anon

[There is a 'book' available, *Circumcision: An Ethnomedical Study* by A. Thomas which can be obtained by sending a cheque/P.O. for made out to A. Thomas to the *Acorn* box no. This is a very comprehensive study running to 264 pages with full illustrated descriptions of both infant and adult operations, as well as religious and tribal rites. There are also personal accounts, glossary, bibliography etc. — *Ed.*]

## Replies To Dan, Anon & R.F.W.

Prominent Glans Rim: How fortunate for Dan to have a father who was circumcised himself, wanted the same for his son, and was evidently supportive when Dan obtained his first circumcision at age 16 and the revision seven years later which gave him the result of which he is so proud.

Dan has achieved the prominent glans rim that he wanted, after his revision circumcision radically tightened his shaft skin and removed the roll of skin that bunched behind and rolled over his glans, so that he now has a relatively narrow and tight shaft and a well protruding helmet which is very prominent looking. Indeed, Dan tells us that when at rest, instead of hanging vertically, his cock juts out a little because of the tension in the shaft skin. This is just the 'skinned back and ready for action' look which I think is so admirable in a well-cut cock. There is at least one such penis to be seen in the swimming pool changing rooms at my local Leisure Centre.

But, as with faces etc., the structure of the penis does vary with individuals, and even the tightest circumcision does not always produce the result which



Dan achieved. I was circumcised at 14, and was very pleased to have the bare glans which I so much wanted and which allowed me to join the roundheads, among whom were the school-friends I most admired. I still have a sense of pride and achievement when I remember being able to show it off for the first time. That, too, was a loose cut which was tightened when I was 21. The shaft skin is tense when I am erect, and well clear of my glans rim when flaccid, except in extremes of temperature (cool in the pool, hot in the sauna), when the shaft shrinks to a minimum and a wrinkle of skin covers the glans rim.

But whether flaccid or erect, the thickest part of my penis is the shaft about halfway along, and not the helmet. I have wondered whether there is some way to tighten the circumference of the shaft skin, so as to make the glans rim look more prominent. I have concluded, however, that the cigar-shaped shaft I have is the one I will live with.

Revision: Anon writes to ask about a revision. Circumcision is always done on a flaccid penis, and the main difficulty is to judge how much slack to allow for erection. A medic faces the risk of a charge of unprofessional conduct or even 'abuse' if he stimulates the patient to an erection. Yet this is really the only way to ensure that the right amount of foreskin is measured up and marked off for removal, and it has to be done before injecting the anaesthetic, which may cause some swelling and will almost certainly bring an erection to an end. For these reasons, a really tight circumcision is usually only achieved in one of two ways. Either the boy is circumcised before puberty, so that when the penis grows it takes up the slack in the shaft skin. Or a first circumcision is followed by a revision, when the proportion of skin to be removed to achieve the desired tightness is relatively small. Having seen the results achieved by Dr Sifman, I would happily recommend him for both sympathy and effectiveness. Alternatively, a request to VQ, c/o *Acorn* (together with two loose 1st-class stamps) will also bring a list of circumcisers, although without specific recommendations.

An alternative to circumcision: RFW tells us about the man he met with three small gold rings placed to keep glans bare and his foreskin tethered to the base of his penis. This is, indeed, a reversible alternative to circumcision, especially if sufficiently strong ball-closure rings are used. It would be well worth a try by any adult or teenager interested in feeling what it is like to have a fully exposed glans. But I take issue with RFW's suggestion to try it with an infant, since the foreskin may not be fully retractable in the first 3-4 years, and its bunched-up presence would be difficult to keep clean while the boy was still in nappies.

*Tony Acorn*



## Impatiens Glandulifera

In response to Dan's article in the last newsletter which made reference to several well shaped helmets and of interest to those readers who like uniforms, I thought the following horticulture tip might be of interest to our gardening inclined readers, and anyone who might have joined *Acorn* thinking it was all about gardening for future generations.

A truly wonderful plant to grow in one's garden that is very easy to cultivate is *Impatiens Glandulifera* growing up to six feet tall in a season, its bronze stems and leaves are an architectural asset to any garden. Its pink flowers prolific throughout the season, their shape giving this plant the common name of Policeman's Helmet. Now there's a talking point to introduce *Acorn* issues. Its Latin name also should appeal to those who prefer to call bodily bits by their correct name. Will collect seeds for next season should anyone be interested.

I.W.

## Anthony's Snippets

A greaser whose walk was a mince,  
Was circumcised making him wince,  
A very poor job  
Was done on his knob,  
His helmet he's hid ever since!

A yank feeling personal itches,  
Was circumcised out of his riches,  
Whilst there was no cheese,  
His lover yelled "Jeeze"  
When catching her lips on the stitches.

## Acorn Issue 4/99

This was one of the issues you sent to me and I was particularly interested in the article "Comments On 'No Contest' (3/99) by CP – Wiltshire.

I note that CP advised he was going to the clinic in Byfleet to see if he could have more foreskin removed to tighten things up a bit. I would like to know how he got on. During the eleven years since my full circumcision there have been many, many occasions when my wife has masturbated me. She applies an aromatherapy blend called 'sexy' to my glans, masturbates me very

vigorously and the effect is mind blowing. However my wife pulls the shaft skin back very hard so that there is considerable strain on my penis and on the circumcision scar in particular. On the occasions I masturbate myself I also pull the skin back hard. Over the years the skin has stretched a little and now when my penis is flaccid a small amount of skin rolls over the top of the glans and the neat fully exposed look I had directly after circumcision has disappeared. I would like to get this look back but have, up to now, thought it unlikely that a surgeon would consider trimming my penis again. CP how did you get on??

C.B. – Cornwall

## Circumcision Hailed As A Way To Curb AIDS

The following extracts are from an article on page 13 of the *Sunday Times*, March 26<sup>th</sup> 2000 by Brian Appleyard:-

New evidence suggests that circumcision of all male babies could help to halt the global Aids epidemic. With 50m living cases and more than 16m deaths, the disease is now the worst human health disaster since the black death.

The thesis – laid out in a scientific paper to be published soon – seems likely to create huge controversy as it represents a complete change in accepted ideas about the transmission of Aids.

One of the paper's authors, Roger Short, professor of obstetrics at Melbourne University and a respected scientist with long experience of Aids ravaged areas, has been told that he cannot address the subject at a forthcoming international conference.

Short and his co-author, Dr. Robert Szabo, are convinced that a high level of receptors – sites which invading organisms attach themselves – on the inside of the foreskin make it responsible for transmission.

Short and Szabo noted a sharp difference in the prevalence of HIV infection in the 'Aids Belt' countries in Sub-Saharan Africa. In some areas the infection rates are as high as 25%, in others as low as 1%. The lower infection rates were clearly associated with the practice of male circumcision.

"The presence of an intact foreskin" says the Short-Szabo paper, "has consistently been shown to be the single most significant factor associated with the much higher prevalence of HIV in the Aids belt."

The article goes on to describe further differences in infection rates of circumcised males as well as differences between countries with high circumcision rates versus low rates. They are hoping to shortly begin experimenting on 'newly removed' foreskins, and though not advocating

adult circumcision, believe that future generations could be saved if mass circumcision began now. The article concludes:

“The whole of my life’s prejudice has been anti-circumcision” said Short. “I’ve written papers against it. I didn’t believe the benefits outweighed the costs. If God had made us the way we were, why remove a sound organ? But I have been totally converted.”

## Partial Cut

**I**n a recent issue, one of our circ-curious colleagues listed several topics about which he would like to know more. The one topic that caught my eye was partial circumcision. As older members will know, I was circumcised in 1995 at 49 years old. Unintentionally, I was partially circ’ed. How did this occur?

I was cut for medical reasons – diabetes, its resulting urinary infections and balanitis. At the time I was quite untutored about the operation, but, when my doctor suggested the procedure, I began a rapid study. I made sure I knew the terminology that applied to my penile anatomy and had a general idea that I didn’t want to lose my frenulum. I had always enjoyed the feelings that originated in this spot and had noticed that most cut men seemed to lack this sinuous flesh.

During my pre-op consultation, I told the urologist that I didn’t want to have a tight cut, since I was dieting for my diabetes and losing weight quite effectively with the help of pondamin – a now discredited medication. I was afraid that if I were circ’ed tightly, the loss of weight might tighten my shaft skin even more, causing discomfort. The urologist agreed with my reasoning and scheduled the op. He did a freehand job – a dorsal slit. When I came to my senses after the procedure, everything was swollen and tight. My glans was prominently exposed to the cold (this was January) and to my briefs. I did note with satisfaction, however, that my frenulum was still in place and very swollen.

It took several weeks for the swelling to subside and several months for the frenulum to return to its supple form. However, in the meantime, I had to stop taking the weight reduction drug and I gained back 30 pounds. I am proud however, to maintained 100 pounds of my weight loss for over five years. The effect of this gain was a partial circ! Unfortunately, avoirdupois pushes downwards. Now my cockhead is  $\frac{2}{3}$  covered, most of the time. With very little provocation, however, it reappears and completely uncovers – something that never occurred before the circ. My glans has never gotten tough, but remains moist most of time. As for sensitivity – it has lost some – I can touch it during masturbation. The cockhead dries out quickly when uncapped, allowing me to stroke it. I could never have done so before. During sex the slight loss of sensitivity has given me staying power.

All in all, I'm very satisfied at the partial circ result. I never had another urinary infection and sex is better than before. I would recommend it to any guy who wants the cut experience, but is isn't obsessing about the high and tight look. It's the best of both worlds.

I hope to react about other men's experience with a partial circumcision. So many in *Acorn* write about second and third cuts, I wonder if a partial cut has satisfied anybody else.

*D.P.R. – NJ USA (deeper219@aol.com)*

## A Great Cut At 44

I sent a message to *Acorn* last year hoping for advice or help with my decision to seek a circumcision.

Well, I did proceed and the result has been fantastic. But I would like to thank a small group of people who encouraged me. I don't want to name anyone in particular but I have received e-mails of encouragement from subscribers of *Acorn*. I don't live in the U.K. so *Acorn* is a publication I am not familiar with.

I grew up in the minority at school being uncircumcised and was forever the subject of mockery and ridicule. Then when I left school, I was deterred by a doctor who was against such a procedure. I think he felt he knew best and the patient's needs and wants were secondary. His advice was simply at the age of twenty-one I was too old. And so, because of ignorance, I waited twenty-five years to have my circumcision.

With the advent of the 'net' and all the information that could be found there, I started researching the subject. I stumbled over anti-circ sites, one after the other. Then finally a small group of men who have experienced adult circumcision was revealed to me at certain sites. One by one they wrote of the revelation and enjoyment that being free of a foreskin meant both in every day life as well as in bed. With their encouragement I faced the doctor's scalpel last year. I have to say I enjoyed every minute. It almost felt like an initiation for me. It is something I would do again to feel the way I do now about myself.

Well, that's my story. The result has been fantastic, such was the surgeon's skill and so I wear my scar with pride.

*denn45b@netscape.net*

## Translations Wanted

If any members are willing and able to translate some circumcision supportive literature into a) Italian and b) Spanish please contact Vernon c/o The Gilgal Society, PO Box 21675, London, SW16 4WY. Or email [vernon@dircon.co.uk](mailto:vernon@dircon.co.uk)

# ACORN

Issue  
Nº 3 2000  
Editor  
Steve Acorn

## Editorial

**F**inally here is issue 3, I know how hard it is for you all to have to wait for it, but the last few months have been exceptionally busy.

PS. Sending in articles will speed up the appearance of the next issue!!

### AUTUMN MEETING 2000

Another year is rushing by and the summer has been and gone, but before we get to Christmas, there is the Autumn Meeting. This will be held at Hemel Hempstead (not Milton Keynes as had been hoped). I know that many of you were disappointed that we didn't hold the Spring meeting, but I think that this one will more than make up for it. Already nearly twenty people have signed up before the invites have even gone out, so I think that this may be one of the biggest meetings yet.

This Autumn Meeting will follow the same basic format as previous meetings. Please do try and come. Members will start arriving on Friday evening where we will meet informally in the bar & then have dinner later on. More members will arrive during Saturday morning;

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## Correspondence

Please send all correspondence to:

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

we will have a **very brief** business meeting starting at 2.30 pm, after that we have a private meeting room where we can all chat about our favourite subject and any others for the rest of the day until supper at approx 8.30 pm. A lazy morning on Sunday with rooms vacated by 12.00.

You are welcome to come along for as much or as little as you would like. Already nearly twenty members are definitely coming so it looks like it may be the largest meeting yet! If you would like to come but are 'unsure about it', let us know and we'll give you a call and explain everything. If you would like to meet up with someone beforehand, we'll see what we can organise. If you can't get there, let us know and we'll try to arrange a lift. There is no excuse not to go! Although there is plenty of space at the moment, the hotel will become fully booked up nearer the time, so please book early (we have tried many hotels, but most were fully booked already!)

Please fill out the enclosed form and return it to the PO Box.

*Steve Acorn*

## The Sights Of Europe

**I**n the interests of science, on my recent holiday, I did a tour of the gay saunas in Prague and Vienna. Of well over two hundred sightings I was amazed to find only one circumcision. We've had only one member from Austria, and he wanted a circumcision.

It would appear that in gay saunas it is not the done thing to talk to other people unless they are bosom (or is it bottom) pals. Anyway, they had to put up with me, although all I enquired about were their nationalities, as these are cosmopolitan cities. I found that there were Hungarians, Italians, Romanians, German and Swiss as well as their own nationals.

No attempts were made to keep foreskins retracted, unlike on the naturist beaches in this country. Maybe circumcisions are so uncommon there, and they know so little about the subject, that they don't think about imitating circumcisions like they do here.

Anyway, the vast majority of the foreskins were very normal with a gap at the tip and just a few long and short ones. All very interesting.

*D.A.*

## Status

Leonado di Caprio – Uncut – Picture on the net.

John Edrich (former England Batsman) – Uncut – Personal sighting.

## **A Landmark Paper On The Foreskin**

**Lateral preputioplasty for phimosis**

**J R Coll Surg Edinb, 1999. 44:310-2**

**TM Lane and LM South, Department of Surgery,  
The Maidstone Hospital, Hermitage Lane, Kent, UK**

### Abstract

There exists a lack of understanding of normal preputial development which is reflected in large numbers of inappropriate referrals for circumcision. While the scarred prepuce invariably responds best to formal circumcision a more conservative approach is recommended in those symptomatic patients with non-retractile foreskins. In this study, patients referred to the out-patient department with phimosis were assessed. Those with a phimosis and secondary preputial scarring were listed for circumcision. Those with a narrowed foreskin and a history of recurrent balanitis or local symptoms such as fissuration, thought suitable for a more conservative approach were listed for preputioplasty. N.B. Those with a phimosis but without local symptoms were reassured and discharged (no treatment was considered necessary or appropriate). Thirty patients were referred for preputioplasty. One patient developed a post-operative wound infection which settled with oral antibiotics prescribed by his GP. This left him with further preputial adhesions and he later underwent circumcision. The remaining patients reported no post-operative problems at follow-up. Cosmesis was good with high levels of patient satisfaction expressed. All had easily retractile foreskins at follow-up.

Large numbers of patients might reasonably benefit from a lateral preputioplasty when presenting with a symptomatic phimosis in the absence of significant scarring of the prepuce. It avoids the needless loss of the foreskin, the importance of which is only now beginning to emerge.

*Correspondence: Mr T M Lane, 25 Harwood St, Camden, London, NW1 8DW*

## **Reply To**

## **'Circumcision Hailed As A Way to Curb AIDS'**

I feel that I have to take up the cudgels in defence of the foreskin over this article.

It is true that some African countries such as Zimbabwe have a fearful high rate of AIDS, and the two main tribes, Shona and Ndebele do not ritually circumcise. But the same can be said for those countries that do circumcise, and, as *An Ethnomedical Study* shows, most tribes in Central Africa do ritually circumcise. I can remember Jomo Kenyatta making an edict that every man in Kenya must be circumcised. If what the article suggests is true, why isn't

it rife in China, Japan and India, where there are millions of foreskins. I suggest that the authors should look more at ethnic cultures to find out why one country has a lower rate of AIDS than others.

Let us now move onto the Western World. No one would doubt that there would be much difference between the promiscuity rate of American and European homosexuals. By 1995, half a million American gays were dead from AIDS. In Europe it was a few thousand. One would then, by the authors' hypothesis, be led to think that no Americans are circumcised and all Europeans are, although the reverse is true.

The poor old foreskin has had a torrid time of it in the last 150 years from the medical world. Imbecility, gout, piles, ingrowing toenails, gall stones and a host of other diseases, caused by masturbation, which in its turn was caused by the foreskin. (Think what all the circumcised are missing nowadays because they don't masturbate, their circumcision having taken away the urge to do it.) Then we've had cancer to women, penile cancer, and all sexually transmitted diseases. The whole lot have been unfounded. And now, up comes AIDS. What next!!

*D.A.*

## Day Surgery

I recently had to visit the day surgery unit of our local hospital in order to have a cyst removed which repeatedly kept bleeding.

In the next bed was a young bloke who was clearly anxious to talk to someone and before long we were chatting away. He had never had to be a patient in hospital before and was very fearful of his present situation, he was about to be circumcised.

He had never been able to retract his foreskin and see his helmet, but this had never caused him any problems, he had never known anything different. He had two previous girlfriends but neither of them had mentioned his tight foreskin. He had now met a pretty Malaysian girl and was rapidly falling in love with her but she kept on asking when she was going to see his helmet; this was beginning to interfere with their relationship.

After giving the matter much thought he had decided to see his local doctor who confirmed that he definitely needed circumcising and if he left the matter he did run the increased risk of developing cancer of the penis – this had shaken him. He was concerned that even if he was circumcised there was no guarantee that they would not split up but he hoped very much that this would not happen and had decided to go ahead with the operation. For two strangers we found ourselves having a very intense heart to heart about an intimate subject. As I left the hospital, he was beginning to come round from the anaesthetic.



I told him that I had been circumcised as an adult some thirty years ago now. At once he was relieved to hear from someone who'd had a similar operation and he naturally had a number of questions he wanted to ask.

It had been possible to retract my foreskin which was long and often used to get red and sore particularly after sex. After the operation the surgeon had told me that my foreskin was abnormally long and this condition often does aggravate balanitis and that the only permanent solution was circumcision.

I told him that he would have a number of stitches and that any discomfort could easily be controlled with painkillers. I did warn him that to begin with his helmet would be very sensitive and that it would take some time to get adjusted to his new situation.

Quite by chance six weeks later I met him again in outpatients. We had both come to have checkups. This time his attitude was very different. He was very pleased with the result of the operation and his relationship with his girlfriend had deepened, and they were seriously considering getting married. Apparently a high percentage of Malaysians are circumcised. He was still adjusting to having a permanently exposed helmet, but things had turned out very much as I had described. Good luck to both of them.

*Bill*

## A Tight Pullover

What do you do when you discover in early adulthood that you have a foreskin that is mobile and retractable when your penis is flaccid and soft but will not retract over the glans without pain and discomfort when erect? Sometimes it even gets painfully stuck behind the glans until the erection subsides. Over exuberance in intercourse results in several days discomfort and recovery time. On the other side you know of circumcision but don't want unnecessary surgery particularly when recognising your foreskin's major contribution to pleasurable sensations eg. during masturbation.

To heighten your dilemma, it's not an easy problem to discuss and you can't illustrate it to a doctor. You consult medical books and the diagnosis is that horrible word *phimosis*. Like tuberculosis and asbestosis it sounds like a disease, and bad news, but your foreskin is perfectly healthy – just tight. The books also state that the only cure is circumcision and also warn that if you have any penis or foreskin problems, don't under any circumstances put anything down your penis – consult a doctor. You do, and he merely confirms what the books said, in a conversation which makes you feel you should never have asked.

Some years later I consulted a specialist whilst going through a vasectomy, he also confirmed the diagnosis (*phimosis*) and the cure (*circumcision*). So its circumcision or soldier on with the considerable help and understanding of

my wife and in the strong belief that my foreskin though long (but not really knowing exactly what long is ) was meant to be there, and also learning that circumcision is all or nothing – you can't just have an inch or so removed – I soldiered on. After all everything was healthy and worked OK, it was just too tight.

Why oh why did none of the books, or the doctor, or the specialist suggest stretching my foreskin – a gentle non surgical treatment just like a brace on a tooth? Perhaps because it was 20 years ago though I don't believe much has changed today unless you probe beneath the surface of standard medical information and practice. NOCIRC and NORM are doing this albeit from the viewpoint of those unhappy with their circumcised state. Finally the foreskin which nature provided all men with, is deservedly starting to get a better press and make a comeback.

The kick start for my cure was a NOCIRC piece on TV's Good Sex Guide showing downward stretching by weight and tension for foreskin restoration. If you can stretch downwards and you can put something down your penis (or at least inside the foreskin) why not stretch by width? Eureka! Suddenly I could see the light.

Several plastic and rubber devices of increasing diameters and lengths later (basically tubes) and nearly three years, the stretching is successfully and painlessly completed. The successful conversion of my foreskin from a pain into a pleasure. I don't accept that my problem was phimosis, just everything was intact but too tight – a 'tight pullover'. I'm also sure that for anyone starting from where I started now – the job could be done in much less time.

These questions remain on which members might have views, answers or observations:-

- 1) How common is the 'tight pullover' condition? Difficult to assess, but I don't believe my condition and the long overhang that undoubtedly encouraged it, is that unusual. If there are others out there, believe me there is an easy painless way to make a massive improvement in your sexual sensation and performance.
- 2) Having completed the stretching exercise successfully, is there any danger of the overhang foreskin retightening since it doesn't have the dilation effect of contact with the glans? As an insurance policy against nature undoing the benefits of stretching, I use a small dilator or sleeper in the form of a rubber thimble. Whilst it's easy to wear, day or night, is it necessary?
- 3) Now having the full benefits from the pleasurable sensations in all the nerve endings of a corrected foreskin begs the question is there an optimum length of foreskin? When it provides so many benefits, logic would suggest stretching further in length to provide additional benefits of pleasurable sensations during movement and retraction – or can you have too much of a good thing?

I await views and observations.

F.S.

## A Well Cut Cock

Recent articles appearing in *Acorn* have prompted me, regarding what is considered to be a well cut cock, and that which is loosely cut, to write and give my views on what I consider to be a well cut cock.

From a purely personal point of view I give my definition of a well cut cock. When in the flaccid state there should be no loose skin around the base of the corona. The skin on the shaft should be smooth, without any wrinkles. When erect, the shaft skin is stretched tight, and if necessary skin is pulled up from the scrotum area. At no time should there be any noticeable folds in the skin whether flaccid or erect.

As some members know, I was circumcised some thirty five years ago. I was given the opportunity, by the Doctor who did the circumcision for me, to have a tight circumcision, or what he called a French style of circumcision. This, it transpired, was a partial circumcision, and only about half of my foreskin would have been removed. Fortunately, as far as I was concerned, I chose to have a tight circumcision. I was told that there would be no need for me to have a revision, and it would do me for the rest of my life. How glad I was that I chose the latter.

When all was healed, I ended up with a fairly 'radical' circumcision. There was no loose skin behind my corona and the knob was fully exposed at all times. Initially, when erect, there was a tight feeling and skin was pulled up from my scrotum area. This had the effect of causing my testicles to be tightly bunched, and not hang down in the sack. This has proved to be no disadvantage over the years. The compensation is a very aesthetically shaped cock, which has been admired by many people.

I once had the opportunity of giving advice to a guy I knew, who was having a circumcision done through the NHS. I advised him to insist on a tight circumcision, and not to be fobbed off with anything less. When he went in he was told that the surgeon would only split the foreskin, and not remove any of it. He protested strongly that he wished to be fully circumcised so that there was no need for a repeat operation. I believe he had quite a problem in convincing the surgeon what he wanted. He was finally able to get a tight full circumcision.

I since saw the final result, and he certainly got what he asked for. After some years, he said to me that he had no regrets at insisting that the job was

done properly, and he used to thank me for putting him on the right path. He said that he would not have been happy with a very partial circumcision.

As far as sensitivity is concerned, I would probably agree with those who say that when the frenulum has been removed there is a slight loss of sensitivity. However I would say that after thirty five years I have not found this a problem, and everything still works very well!

If I were to have the chance again, knowing what I do now, I would probably have tried to have a Muslim cut. This, I believe, entails keeping as much of the inner foreskin, whilst removing the skin on the outer foreskin. I am told that this allows the nerves of the inner foreskin to be exposed, and therefore maintains sensitivity. The resultant scar is some distance down the shaft. I have never been able to confirm this or not, as I have not had the opportunity of speaking, or corresponding with someone with this style of circumcision. If anyone has either got a circumcision like this, or has first hand experience of this I would be very interested to hear from them.

Returning to my original comment. A well cut cock has to have no surplus skin around the corona whilst flaccid, exposing the knob the whole time. I am sure that there are many who would argue the other way. Such is life.

If anyone would like to contact me I should be happy to pursue this further with them. I can also be contacted at: [john@shakerley.fsnet.co.uk](mailto:john@shakerley.fsnet.co.uk)

*J.S. – Guernsey*

## Byfleet Clinic Closure

Reference to my article in *Acorn* Issue 4/99 saying that I was hoping to have a Revision Circumcision done at the Emergency Plus Clinic in Byfleet Surrey. Well I had a booking for 10 a.m. on the 6th June. After doing a round trip of 250 miles I arrived to find the Clinic closed and all the windows had been whitewashed. On making a few enquiries no one next door was prepared to comment.

Me being me I rang the General Medical Council who very kindly gave me the address of the Surgeon who would have done my operation. I have been in touch with him and he gave me the run down on the situation. I have also written to the nurses that made my appointment and am waiting for a reply from them.

If anyone is interested and would like to call me or write to me on this problem I would love to hear from you, male or female, there may be hope in a couple of months time when the Surgeon is hoping something will open up again and he will contact me personally, although he only works for the Clinic and is not a part owner, he is very much in favour of surgery at the right price for the every day people who cannot afford the high private hospital prices for first time circumcisions and revision circumcisions plus many

other procedures for men and women. I have all the other procedures details if anyone would like them and very good prices, although obviously at the moment they are not available due to the closure.

He is quite disappointed that the Clinic closed in this way and assures me that things will sort itself out with new owners. Please do not hesitate to contact me on this problem and I will give you all the information that I have. As soon as I have some useful information regarding another Clinic I will share it with you all. My details are with Steve Acorn.

*C.P. – Wilts.*

## Another Prince Albert

**An article in the Kentuckian Gay Nudist, April 2000, states:**

**D**id you know that the Prince Albert who gave his name to the form of genital piercing popular today, was not Prince Albert, consort and husband of Queen Victoria?

He was Prince Albert Victor, Duke of Clarence, a grandson of Queen Victoria, and the eldest son of the then Edward, Prince of Wales – the future Edward the VII. Prince Albert Victor was well known in society for his hedonistic and debauched lifestyle, and he was even rumoured to have been Jack the Ripper. The Prince died in mysterious circumstances before his father came to the throne and he is now almost forgotten, apart from giving his name to this rather strange form of personal adornment.

[Any remarks? — D.A.]

## Thoughts On Acorn

**C**ongratulations on taking over the mantle of Editor from the excellent David, though you may wonder at the moment if you've not been given a poisoned chalice! David told me of the problems being faced which was not just lack of suitable copy but a haemorrhaging membership.

In this respect I do think that if we want to expand the appeal of *Acorn*, we need to make it acceptable to a wider audience. For example in the last issue just received, all the letters bar one very brief one, were from pro-circumcision members. Consequently people like me who are not pro-circumcision will wonder if there's any point in continuing as members if our letters are not going to get published and our point of view is disregarded.

This is fine if it is the intention of the club to re-write the rules (which give equal emphasis to the foreskin as well as circumcision) but it is rather

sad for people like me – I shall always be grateful to *Acorn* for giving me the opportunity to express my life-long anguish and distress at being circumcised without the option. By unloading your pro-foreskin members you will virtually restrict your membership to gay men who have had themselves circumcised as adults and who get their jollies from talking about it. This is necessarily a tiny cross-section of the population and as a result, membership will never increase.

If on the other hand you do want to appeal to a wider audience, you need to get away from the endless diet of revisions, re-revisions, DIY knife and fork jobs and so on and I suggest you take a leaf out of NORM-UK's book who are going from strength to strength, with a rapidly growing membership, charitable status and a national figure as its President. It also has a very powerful and effective women's section and a strong Jewish and Muslim membership.

So as well as re-instating pro-foreskin material, I suggest we expand to include women's issues, with articles about female circumcision for example – or the function of both male and female genitals in general. At the same time the price needs to go up quite drastically to pay for production expenses – if you rely too much on volunteers you will inevitably be let down. If people think that what we are saying is worthwhile, they'll be prepared to pay for it. That is certainly NORM-UK's experience. But it must be worthwhile!

As a case in point I submitted a report on the BJU's Circumcision Supplement (enclosed) to David some time ago which he said he would publish since it is a landmark publication totally relevant to our chosen subject. Although it will make uncomfortable reading for a lot of our membership, we should be made aware of these developments, like them or not. Do hope you can find room for it.

Best regards – and good luck.

R.B.W.

[Many thanks for your letter which raises some good points.

I would love to have a large stockpile of letters, so that each issue could be well balanced. However that is not the way the letters come in, so the balance comes in over a number of issues rather than in just one. Issue 1 was fairly anti/pro-foreskin/restoration & unbiased observation, issue 2 was more pro, this issue is somewhat anti – a rough balance is achieved, I hope.

Any comments from members on your letter would be welcomed.

PS: The report on the BJU circumcision supplement runs to three closely typed A4 pages, and is rather large for the newsletter. If anyone would like a copy of this report, please send an SAE to the Box No. At least one member is planning to bring the full supplement to the Autumn Meeting & I will bring your report on it. — S.A.]

## Childhood Wish Fulfilled

After reading the letters in the *Acorn* issues you sent I felt I had to write with my own experiences.

Born in 1948 in Germany (father BAOR). This period was still open season on foreskins and many boys (including HRH) were circumcised if their parents wanted it done. My father and brother (born ten years earlier than me) were both circumcised. According to my mother when she asked that I be circumcised she encountered some opposition from the doctors in the military hospital who did not want to perform the operation on me and it was some weeks after my birth, when my mother, claiming that my foreskin would not retract, finally persuaded the doctor (even though, I assume, it was known then that the foreskin is not necessarily retractable at such a young age) that my penis needed attention. However I was not fully circumcised but had what is called a dorsal slit presumably to allow my foreskin to retract over the glans. My foreskin was sliced apart on the top by about half its length. My mother must have been content with this or else she could not get a doctor to cut any more foreskin away, because no further attempts were made to remove my foreskin and I lived with my penis like this until I was 39.

During my early years my foreskin covered my glans but as I grew up it receded until, on the top of the glans it sat just over the rear of the glans the remainder of the top being uncovered but the underside and sides of the glans were well covered. If I gave the foreskin a tug it would cover more of the glans but after a while it would peel back to its normal position. (I hope you can get an idea of what it looked like but it is not easy to describe.)

During my school days I was the only one in my class who had been cut this way (the other boys were either totally circumcised or not cut at all. It was shortly after I started school at 5 before I realised that penises were different. My father never undressed in front of me and my brother was away at boarding school and being that much older than me I had not seen him naked either. I am sure there were occasions when I was nude with other boys and girls but these did not register. It was when I was in the toilets having a wee that a classmate also 5 made any reference to my penis. He challenged me to see which of us could wee up the wall the furthest and during the contest we obviously looked at each other's penis. I had pulled back my foreskin fully exposing my glans which was the usual way for me to wee. The other boy's penis was fully covered by his foreskin which was also quite long. He must have thought that I had an advantage by pulling my foreskin back and he tried to do the same thing. It must have been the first time he had tried to do this or he wrenched his foreskin back too firmly because either his foreskin and/or the tip of his penis started to bleed. Needless to say the game ended immediately. I do not remember the boy having time off school but I assume he must have had some time off because on a later occasion (it was only a few weeks after the earlier episode) when he and I were in the toilets playing the

same game that I noticed his long foreskin had gone and he had a red scar round the shaft of his penis. He told me that after our earlier game he had told his mother his penis had been bleeding and after a visit to the doctor he was taken into hospital and circumcised. That was the first time I had heard that word. When you are young significant episodes like the one just mentioned really stick in your mind.

Needless to say when I went home I told my mother that a boy in school had just been circumcised and the skin over his penis had been cut off. At this point my mother told me that she had asked the doctor to circumcise me when I was a baby but that he had only sliced through my foreskin which was why my penis looked the way it did. She also told me that my father and brother had been fully circumcised.

It was not until I was 11 and started secondary school that nakedness became a more familiar state. At the infant and junior schools PE was not really on the timetable. Our school did not go swimming and we did not have any proper facilities, consequently what little PE we did was done in our normal school clothes; we did not change into PE kit and there were no changing rooms. At 11 the boys in my class (I went to a Co-Ed school so each class was about 50/50 boys/girls) found ourselves thrown together with another class of boys of the same year for PE; PE was a recognised formal lesson and on the timetable; in fact we had a PE lesson almost every day. Now changing rooms were provided including showers and we were required to change out of our school clothing and into PE kit when we had a lesson. I remember our first lesson was gym and we had to strip off all our clothes including underwear and were just clad in our white shorts. On return from the gym we were all lined up naked to go through the showers. There were about 30 boys in the PE class and the showers only took 10 at a time so there was a queue. As this was the first time most of the boys (including me) had been made to stand naked in a queue, looking, even staring, at the other boys' penises was what most of us did and as I recall about half the boys were circumcised.

At the age of 23 I was married and my wife and I had two children (a boy and a girl). Our sex life was great until I was 38 when I started to get a problem with my penis. For reasons I could not understand the underside of the glans became very red and sore and looked as though the first level of skin had been peeled away and the inside of my foreskin became 'manky'. My doctor prescribed a cream and this appeared to do the trick. However a short while later the same problem flared up again but went away with the use of the cream. This problem occurred on a number of occasions during the next year but I was able to contain it by use of the cream. As you can imagine my wife was very concerned about the problem and wanted a permanent cure. On my next visit to the doctor he suggested that I consider a full circumcision. My wife and I pondered this proposal for a while but as we were just about to move house and location I had to put any decision on hold. However shortly after our move the old problem reared its head again and my wife and I decided



that the operation would be the best solution. Having just moved and changed doctors I did not feel like going through the same routines with my new GP.

Fortunately my wife saw an advertisement in the *Observer* newspaper that circumcisions were available privately at the Surgical Advisory Service for £190; I immediately wrote off for more information. The response was immediate; the letter gave clear information about the operation and advised there was a two week waiting list. I wrote back enclosing the deposit and an appointment was made for early August 1988. I opted for a local anaesthetic for my circumcision although a light general was available. My appointment was for 1:30 pm and I arrived about ten minutes or so early. The waiting room was comfortable and there was one other guy sitting there when I arrived. Not being one who just sits in silence and ignores people and as there were only the two of us we got chatting. This guy had been circumcised about half an hour earlier and was waiting for the surgeon to inspect his penis to ensure he was not bleeding. The door opened, in came another guy and the guy I was chatting to was called out. The guy who had come in had just been circumcised and was required to sit and wait for half an hour to ensure he was not bleeding. The nurse called my name and I was led to a small room and told to remove all my clothes below the waist. I sat there for a few minutes when the surgeon came to see me. He asked why I wanted to be circumcised and when I told him about the infections I had been suffering with he just said fine and led me into the operating room (I would not call it an operating theatre as it was pretty basic). During the chat with the surgeon I made it quite clear that I wanted a total circumcision with no foreskin left to cover the glans and he agreed.

I laid down on the table (I wanted to watch but the surgeon said he wanted me lying down so unfortunately I did not see what happened) and the surgeon applied some fluid and then injected my penis at four points. He then waited for a few minutes chatting to the nurse; returning to me he pricked my penis and asked if I felt any pain. Having established that my penis was completely numbed he commenced to circumcise me. I felt my foreskin being gripped and pulled forward at various points and I could feel/sense the foreskin being cut away. It took a very short time to remove my foreskin and then the surgeon was sewing me up; some gauze was applied and a bandage was wrapped round my penis. That was it. Back to the waiting room to wait my half an hour. There were two guys waiting; the guy who had been circumcised just before me and a new guy who I learnt had come to be circumcised. This guy asked if it hurt and I told him the only minimal discomfort I experienced was when the needle injecting the anaesthetic had been inserted in my foreskin. I told him the whole procedure took only a short time and that we seemed to be on a conveyor belt: one done, one being done and one waiting. The literature had advised that loose clothing be worn so that minimum rubbing of the penis would occur. I did not have any underwear on and just wore a pair of tracksuit bottoms so my penis was able to hang free in its bandage. I pulled the top of my tracksuit out so that the guy could get a view of what his penis

would look like in about 30 minutes; that is all wrapped in a bandage. After my wait and a quick check I was given a prescription for a couple of things which I got in a nearby chemist and I was on my way home.

I had travelled to London for the operation by National Express so I had about a four hour drive home. During the trip the anaesthetic wore off and I could feel my penis coming back to life. Surprisingly my penis did not hurt; it was a little uncomfortable but certainly not painful. Maybe I was lucky but the sort of stories one hears of regarding pain etc were not so in my case.

After three days I sat and soaked in the bath as the leaflet I had been given by the Surgical Advisory Service advised. I peeled off the bandage and the gauze and saw my fully circumcised penis for the first time. True to his word the surgeon had removed my foreskin completely and I had a circular cut round my shaft that was held together by numerous stitches. Even at this time I did not experience any significant pain with my limp penis soaking in the bath water. As I came out of the bath I had my first real erection since the operation. It was not painful and my penis tingled more than anything else as the cut area and stitches came under strain by my erecting penis. I think I can say the experience was 'pleasurably painful'. The skin on the shaft was very taut and I was hardly able to get any movement of the skin. The skin on my glans was also tight and was drawn back towards the cut and stitched area. The stitches were dissolvable and with a little help from me all disappeared within a week or so. The wound healed up fairly quickly (within a few weeks) and I was and still am left with a circular scar round my penis. The skin on my shaft appeared to slacken a little and I had considerably more movement than immediately after the operation. It may be that this movement was always there but I was rather hesitant at putting pressure on the cut when it was still open.

Since my circumcision my sex life has been great and my wife became more willing to engage in other forms of sexual stimulation. My wife certainly likes my penis fully circumcised. We are both naturists and my wife has often said that she finds the look of some of the uncircumcised penises (not all, but those with particularly long foreskins) one sees on the beach quite 'off putting'.

I have never regretted being circumcised and to some extent wish I had taken the decision earlier. I do however consider that the decision to be circumcised or not should be taken by the individual and not for them by parents unless there is a real medical need or religious requirement. To my knowledge my son, now over 20, still has his foreskin and it would have to be his decision to get circumcised.

*C.B.*

## In Answer To Revision (1/2000)

**I**n answer to the revision question (Issue 1/2000) perhaps my story may be helpful.

I'm 41 and was always fascinated by the sight of a circumcised penis. When I was a kid I used to pull my foreskin back in the vain hope that it would stay there and I would be 'circumcised'!

When I was 21 I went to my local GP and to my surprise, he referred me to the local hospital even though there was no medical reason for the operation. I saw a consultant and 6 weeks later I got a letter calling me to go into hospital the following week. Great! my dreams had come true. Not so!

Whoever did the operation didn't know what he was doing because it ended up a right mess. Very loose, an extremely jagged scar line and a 'blob' of skin (I can't think of any other way to describe it) on the underside. When hard, most of these defects weren't that noticeable but when soft, not a pleasing sight.

A few years later I started to notice adverts for circumcision in the *London Evening Standard* and I decided to book an appointment with the Surgical Advisory Service. The Doctor there was so horrified at what he saw he wanted to sort it out there and then. I wasn't ready to go ahead that day but went back a week later for a revision.

He removed the blob of skin on the underside, tidied up the scar and all in all, did quite a good job, but it still was fairly loose. Although because of my first op I'd never have the 'high and tight' I'd always wanted, I did want it tighter.

About 6 months ago I heard about Dr Sifman through a guy I spoke to on the net. After some initial hesitation, I went to see him. I wanted to find out whether two things could be done: to be tightened up and have my frenulum removed. Why I decided I wanted my frenulum removed is difficult to answer but that's what I wanted.

He didn't give me an easy time. I was a bit nervous and he was of the view that there was nothing wrong with the circumcision I had. He was cautious about doing anything but said if that is what I wanted, he'd do it for me. So, after thinking about it for a week. I arranged to have my final revision!

He tightened me up, removed my frenulum and did an excellent job. The main difference in his technique which he sometimes uses and which I had is not to use any stitches. On adults this, I think, is unique. Given my previous circumcisions, I had a pretty good idea as to what I'd expect to see and how the healing process would progress. By not using stitches it was all very different.

When I first took the dressing off I was horrified. I thought he'd made the most horrendous job of it and I went into a blind panic. Fortunately, Dr

Sifman had contacted someone else on whom he had performed a similar operation. This guy rang me and after I had told him my fears reassured me that everything was ok. And it was. I was warned that the healing process could be at least six weeks. After 4 weeks I had my first careful wank. After six weeks, I was back in action.

When soft, the skin lies nicely on the shaft without any bunching near the head. When hard, there's almost no skin movement at all. Sex is fantastic and all for only £300.

I would certainly recommend Dr Sifman. Although any revision is always restricted by how the original circumcision was done, from my experience and others I have spoken to who have also been circumcised by him, he will try to give you the circumcision you want. Some, I believe, have taken pictures from magazines along to him of the sort of circumcision they wish him to emulate.

*R. – London*

### **Re 'Replies To Dan, Anon And RFW' In 2/2000**

I do not believe the comment made by Tony Acorn in the article is quite correct. His concerns about a medic stimulating a penis to erection are noted but I watched a programme on Channel 4 TV – Under the Knife – which took us through the operation on a penis for Peyronie's disease. The whole operation was undertaken on an erect penis and the surgeon injected the penis to make it erect and pumped a fluid into it during the operation to maintain an erection.

If this procedure is acceptable for this operation and if the patient consents to his penis being erect for the operation of circumcision I fail to see why there should be any problem. May be Tony Acorn or anyone else could comment further. If by making my penis erect was the only way I could get a tight result I would have no difficulty in consenting to this procedure.

I was quite impressed by the surgeon's (a woman) performance as she made every attempt to make the penis aesthetically pleasant and this involved cutting round the old circumcision scar and skinning the penis down to below the area where the disease was. On completion she sewed the skin up more or less along the same line. It would seem a relatively simple procedure to the competent surgeon to make two cuts and remove the small amount of skin between and sew up the result. This would certainly give a tight result. The only down side I would assume would be the cost. If a surgeon was prepared to undertake the procedure for a reasonable price I would suggest he/she would be on to a winner.

*C.B. – Cornwall*

# ACORN

Issue  
Nº 4 2000  
Editor  
Steve Acorn

## Editorial

As another year draws to a close, I guess its time to take stock of where we are. A few members have left during the year, and unfortunately a few have died, however we have welcomed several new members and the membership remains slightly up at just over 180. We have recently had a successful Autumn meeting, though due to the problems on the railways, several members were unable to attend. We are solvent and although we have gone down to having only four issues of the newsletter per year, I think that the majority of the contributions remain interesting.

A membership renewal form is enclosed, together with a proposal for a gathering in March next year. If we are to go ahead and arrange this meeting, we will need to confirm it by mid January, so if you would like to come, please reply a.s.a.p. I think that the meetings are one of the real bonuses of this group. To be able to meet people with similar or related interests and talk freely and openly has certainly helped me to a better understanding of my feelings towards circumcision.

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## Correspondence

Please send all correspondence to:-

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IP2 6SH

Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: acornsoc@aol.com

I am looking forward to the year ahead and wish all of the members a happy and prosperous new year.

Steve Acorn

## The October Meeting

A meeting of the *Acorn Society* took place in Hemel Hempstead during the weekend of the 27/28<sup>th</sup> October. Members from Cornwall, Dorset, Somerset, Surrey, Essex, Greater London, Suffolk, Norfolk, Cambridgeshire and Merseyside made it to the hotel by road, rail and air during a weekend when travel was made difficult by Railtrack's massive action on the railway service following derailments and serious flooding which occurred in some parts of the country. We numbered twenty-one in total and we were pleased to welcome Peter to his first meeting and to see again Don and Edward. A further three members were expected from Sussex and Lancashire.

Having done some 'market research' about a date and possible location for a meeting we hit difficulties in finding a hotel to accommodate us. Eventually, and though the suggestion of Ian, a long time member of *Acorn*, I contacted a Conference Organiser who proved most helpful, found us a suitable hotel and negotiated favourable terms for our stay. For the first time we found ourselves in a hotel with sauna, steam room and swimming pool.

During a short business meeting members exercised their minds on three particular topics, the magazine, the accounts and the question of future meetings.

**The Magazine:** Our Editor, Steve, explained that there had been some difficulty in obtaining copy for the six magazines issued in the last year. After some discussion it was agreed that a target of four editions of the magazines, with a possible bonus of a fifth edition, would be the intention for the year 2001. It is a pity that we are reduced to this, we know that all our members have a story to tell or opinion to express and wonder why they are so reluctant to share their story or opinion. Without contributions the magazine will fold and with it the *Acorn Society*.

**The Accounts:** Douglas, our Treasurer, presented a financial statement for the period Jan 1999 – Sept 2000. We are financially secure. Recognising the objective of four or five editions of the magazine in the year commencing January 2001 a subscription of £5 plus the additional cost of postage for our overseas members was proposed and agreed.

**Future Meetings:** At breakfast on Sunday morning, that time when telephone numbers and e-mail addresses are exchanged, there was general agreement that the meeting had been a success. However, twenty members staying at least one night in the hotel is about the lowest number for which reduced terms can be negotiated. Meetings held in Leicester have attracted

the largest number of members, is this location the most convenient to our members? Our Conference Organiser has suggested that a lower cost event could be negotiated if members were willing to meet in a hotel between, say, Brighton and Bournemouth rather than within ten miles of the M25. We would like to know your opinions.

*Douglas*

## **Reply To: A Well Cut Cock**

**I**n reply to I.S. of Guernsey (3/2000 – A Well Cut Cock), I am the proud possessor of a ‘Muslim cut’ as J.S. describes it, or ‘high and tight’ as it is often described in the U.S. In my case, this was the result of a forceps-guided circumcision by the skilled hands of Dr Sifman, with an additional half-inch of shaft skin removed all round at the same time.

As in a muslim circumcision, the foreskin and shaft skin were pulled hard forwards beyond the glans and clamped. This resulted in almost all the inner foreskin remaining behind the forceps and still covering the glans, and all the outer foreskin and about a third of the shaft skin being clamped off beyond the forceps and removed on circumcision. In order to ensure a suitable degree of tightness an additional half-inch of shaft skin was then removed, which allows the skin to stretch smoothly over the shaft when erect and avoids covering the corona when soft. This has resulted in a circumcision scar which lies about halfway along the shaft between the corona and the base of the penis. The scar itself is quite pale in colour and is a ‘Q’ shape (rather than an ‘O’) as it continues towards the glans with a ‘T-junction’ on the underside, resulting from the removal of the lower part the frenulum. About an inch of the frenulum remains by the glans. There is a distinct colour change between the darker skin of the shaft and the pale pinkish inner foreskin. I think that the corona of the glans has expanded to some extent since circumcision, giving a more mushroom-shaped appearance rather than the more bullet-headed appearance when it was regularly covered by foreskin. This may, however, be due in part to the skin on the shaft no longer bunching behind the glans, and the sleek shaft emphasizing the true helmet shape of the glans. In any case, it is quite clear to any observer that I am tightly circumcised, and the clear contrast in skin colour across the scar shows that I was cut as an adult. This has resulted in several interesting discussions after the showers!

On every occasion the topic of sensitivity has always come up (as does: “was it painful”, and “how long did it take to return to normal?”!). Having been circumcised well into adulthood, I feel I can comment on this, having had experience of both states.

One of the main concerns of those who were uncircumcised, but felt that they might like to be, was the alleged resulting ‘loss of sensitivity’. From my experience with my style of circumcision, there is no *loss* of sensitivity, rather

there is a *change* in sensitivity. My uncircumcised glans freshly uncovered from beneath the foreskin was certainly sensitive: a sort of raw, sharp, prickly sensitivity, rather like touching your eyeball. If touched, even very lightly, it would make me jump – obviously not the best of reactions in the sexual situation! – and would require a bit of drying-off time before getting too far. My circumcised glans is still equally as sensitive, with what I can only describe as a smooth, mellow, velvety feeling (but still with some sharper feeling), which will withstand a lot more stimulation, making the final orgasm deeply satisfying. The tight shaft skin and the prominent coronal ridge keeps me much more 'in touch' with my partner (and the feeling is reciprocated!). Before circumcision, the glans often seemed to slip back into the foreskin on the outstroke, so that the sensation was little different from masturbation. Any dryness of the glans is soon rectified with a little lubrication (from whatever source!) – rather like licking your lips – giving the full range of feeling. The remaining length of the frenulum also adds to this.

Moving up from the glans, the almost complete inner foreskin, now turned inside-out and covering half the shaft, provides a further sensitive area. Before circumcision I had always found the inside layer of the foreskin to be much more sensitive than the outer shaft skin, and enjoyed the feeling when the foreskin was pulled well back, unrolling the inner skin along the shaft, but regretting not being able to keep it that way permanently. Circumcision made it permanent. I really enjoy the continuum of sensitivity of the glans and the inner foreskin now stretched halfway up the shaft. The stretch and tightness of the skin is also enjoyable in itself, together with a slight lifting of the scrotum.

An unexpected, but entirely enjoyable result of my style of circumcision occurs at the scar. The sudden *transition* from sensitive inner skin to the less sensitive (but by no means un-sensitive) shaft skin halfway along the shaft provides a surprising sensation almost entirely absent in the uncircumcised state. Caressing across the scar line, and also on the 'T-junction' with the frenulum scar and up towards the frenulum, can be enough to bring me to orgasm, even without touching the glans! This is something I never found with a foreskin, even at the frenar band (the crinkly bit at the tip of the foreskin where it turns inside) either with the glans covered, or with the foreskin pulled hard back. The scar itself, on stimulation, also gives a slightly tingly, itchy sensation which is also rather interesting.

Is there, then, anything I now miss without a full foreskin? Well, yes. It has to be said that some of the sexual nuances involving a covered glans cannot now be achieved. Masturbation is certainly different, and a 'quickie' involving a vigorous romp with the foreskin is no longer possible. However, provided there is some lubrication available, quite a quick one is still possible.

As with so many things, circumcision (or not) and circumcision style is (or should be) very much a matter of personal preference. It really is a pity that teenagers and adults find it so difficult to obtain a well balanced view of



circumcision (if they can find any information at all!). From my point of view, had I known all the advantages of circumcision which I now enjoy, I would not have waited so long. However, I did want to ensure that I obtained the style to suit me.

I certainly feel that my high and tight 'muslim' style of circumcision, which retains almost all of the sensitive inner foreskin, provides the ideal style of circumcision, providing the maximum benefits with the minimum disadvantages. The maximum area of sensitive skin is retained, whilst providing the additional stimulation of a tight shaft and prominent glans, together with the unexpected extra of the scar line sensitivity. Not only does it feel good, but (I think – as do others) it also looks good. It is comfortable, convenient, and (of course, that old excuse) clean. The three 'Cs' of CirCumCision!

*P.T. – Sussex*

## Cavalier Reasoning

First, some background: I am 56, 5'8", weigh approx 150lbs; Cavalier cock 5" long when hard, approx 4.3" circumference, bends slightly upwards (an advantage, I think when fucking), angle when hard about 45 degrees; long overhang foreskin, which is very loose; if foreskin in full extended length, then it does not retract over helmet when hard – if lubricated, will slip back over most of helmet of its own accord. A sprinkle of hair on chest!

My interest in circumcision stems from schooldays when I was in the minority and wanted to be like all my roundhead friends; since then, I have had a few bouts of balanitis (am going through one now) and this also made me consider the cut. In 1984 I was advised by the doctor to have it done and stop messing about, but I was worried about the result, so persevered and the infection cleared up.

I joined *Acorn* in the late 80s to find out more about circumcision and have learned a lot – that it's not just a matter of cutting off the foreskin. I have made contact with a few members circumcised as adults to find out their pre and post experiences – but not very successful; a couple were gay and so could not report on heterosexual sex before and after. What I also noticed was that the cuts were not very clean and stitch marks were left. I prefer the look of a tight cut, but I think this is more US style and most UK roundheads seem to have some skin bunched up behind the helmet.

So, I've decided to stay a cavalier, unless, of course, the balanitis can't be cured – quite apart from the pain and hassle, the unknown sexual result, I'd go through hell being mocked by my mates at my sports club. (As one of our members was a few years ago, but I've never had the courage to ask him why he had the cut!)

Although I still think a circumcised cock looks better, I think that cavaliers have it better sexually – I’ve proved this to myself by wanking with the foreskin held back as far as possible, leaving the shaft skin taut and the helmet totally exposed – there is a definite reduction in sensation without the extra skin movement.

My reasons for keeping my foreskin rolled under itself to expose some of the helmet are – I have slight hypospadias so that my pee-hole is almost split in two and very tender. I always used to pee with the skin forwards, but then experimented with the roll-under – this helped to toughen the end and I now pee almost straight rather than in two differently angled streams! I notice my helmet skin has a slightly different texture where it’s been exposed. This also means that I can pee without pulling the complete foreskin back.

The other reason is appearance – I’m very aware of my small cock – not only length but more importantly, girth – it’s strange that when talking about cock size, it is only length that is referred to. With my foreskin fully forwards, tapering to a point, my cock looks so infantile and pathetic! At least with the skin rolled under it looks slightly thicker and stubbier and with a bit of helmet showing through, a little more aggressive! I also now find this most comfortable to wear – nice to feel the end of the helmet against one’s underwear and I find the fully extended foreskin OK for a while, but then uncomfortable and I’m always aware of this bit of extra skin hanging off the end of my cock! I always wank with the foreskin fully retracted and use lubrication over the bare knob.

When fucking, I find there are various different sensations to be had depending on the angle one goes in at-

- tip of helmet and frenulum area underside
- top of helmet
- base of cock

these give very different orgasms.

I’ve also been experimenting with different lubricants, apart from the standard KY jelly

- Wet or Wet light (from sex shops)
- Liquid silk

I think both have some ingredient which slightly irritates the end of the pee-hole and causes a better orgasm (I think this is the origin of the Spanish Fly claims!)

I think I am probably obsessed with my cock! I don’t know if other guys are, but I have a sneaking suspicion that everyone is, but most are too shy to talk about it! There is no doubt that cocks are observed in showers and changing rooms (I find that I’ll notice someone the first time, but then, unless it is a

particularly huge specimen, take no notice thereafter) – as I do a lot of sport, I'm always in and out of changing rooms and showers.

As I said in my article in *Acorn*, I'm sure many guys would like to discuss this subject more openly, but feel inhibited and that they would be regarded as gay if they did. I think also we all have that desire to exhibit our cocks and show the world what we have!

Anon

## Response To Issue 3/2000

**W**hilst those members opposed to circumcision are entitled to their views, I really must take issue with some of the items in Issue 3/2000.

The attitude of Drs Lane and South towards some of their patients with phimosis is nothing short of deplorable. To turn away patients with phimosis, but no other current symptoms, is to condemn them to a life of sub-standard sex to say nothing of the high risk of balanitis or worse later on. The foreskin is supposed to be easily retractable when both flaccid and erect. Anything less inhibits both cleanliness and proper stimulation of the penis and vagina during sex.

David's comments regarding circumcision and AIDS must surely have been made solely to stimulate discussion. Whilst some early studies in Africa failed to take other cultural matters into account, more recent studies have compared neighbouring groups with almost identical lifestyles and geographical locations. These studies have confirmed the benefit of circumcision in the fight against (heterosexual) AIDS. Comparision of Africa with China (say) really would fail to take cultural and other factors into account and lead to false conclusions.

That AIDS ravaged the homosexual population of the USA long before it was established in Europe is due mainly to the repression of gays in much of Europe compared with the USA. By the time AIDS started to take hold in Europe the need for protected sex was well established.

Why is AIDS still such a problem in circumcised America? Whereas AIDS in Africa is primarily a heterosexual disease; in the USA it is still primarily a homosexual one, and the partner at greatest risk is the 'passive' one receiving anal sex. Clearly it makes no difference whether the recipient of anal sex is circumcised or not as *his* penis is not involved. If one were to look at the AIDS rate amongst the 'active' partners alone the correlation with circumcision status would be more obvious. The other large 'at risk' group in the USA are intravenous drug users where again circumcision status is totally irrelevant.

Anti-circumcisionists repeatedly try to redefine standard medical terms to their advantage. What do they think phimosis is if it is not a tight foreskin?

Phimosis is defined simply as 'a foreskin which is too tight' – no more, no less. In the infant the foreskin is too tight if he has difficulty urinating because of the very small opening (note nothing to do with retractability whilst adhesions are normal). By the onset of puberty all adhesions should have gone and any which remain can usually be broken down by the doctor with a blunt probe. At this point the foreskin should be freely and painlessly totally retractable both flaccid and erect. If, in the absence of adhesions, the foreskin is unable to expand enough to be retracted over the corona then phimosis exists. Phimosis at and beyond puberty is a developmental abnormality and a phimotic foreskin cannot be described as 'healthy'.

Where the phimosis is only very slight it is quite possible that gentle stretching might just allow it to expand enough to uncover the glans properly. However, as the specialist no doubt knew, it is very easy for the foreskin to develop minute tears during stretching. These heal with scar tissue which is even less elastic than the original phimotic ring and only make matters worse. Additionally, where the phimotic area is in the form of a considerable overhang beyond the glans there is every probability that it will tighten up again if the stretching exercises are not maintained.

Stretching the foreskin lengthways will do nothing to add to the number of nerve endings it has, and hence it is hard to see how it could add to pleasurable sensations. Indeed, stretching it out significantly beyond the tip of the glans is more likely to cause it to narrow to provide for the extra length, thus creating a new phimosis. It is also very doubtful whether the primary sexual stimulus actually comes from the foreskin at all. The glans is much more highly enervated and it is the stimulation of the glans, through the foreskin, which is significant. Remember also that some 80% or more of sex is in the mind and not in the penis at all!

*Acorn* started life as an entirely pro-circumcision forum. Issue 4 carried the first anti-circumcision piece – culled from *INTACT* in the USA it was clearly offered simply as information on the activities of the fledgling anti-circumcision groups there.

Since *Acorn* has no official position for or against circumcision it is very different from activist groups like *NORM-UK*. For activist groups to function they must have impressive looking publications and, usually, a permanent staff to deal with the hoped for flood of enquiries and to generate political pressures. *Acorn* does not attempt to pressure anyone. It has no need of flashy publications, articles concocted by 'experts', or rigged 'International Symposia'. It relies entirely on members' contributions (which are unfortunately often thin on the ground) and is doing quite nicely with its volunteer magazine production staff. Funds are currently quite adequate to meet expected needs even if we had enough suitable and balanced material to produce 8 issues a year again.

Finally, with reference to the Prince Albert article culled from Kentucky: *Acorn* Issue 4 (originally labelled 'D') carried an article from John McC. about the origins of the Prince Albert piercing which is probably more accurate.

*Vernon – London*

## Observations In China

A colleague and I have recently returned from working in China where we had few experiences which may be of interest.

Using the communal showering and changing facilities at the factory, which have never been available on previous visits, we quickly gained an audience, which stood and stared at us. This was rather embarrassing and they were told to 'shove off', but it also gave me an opportunity to make some observations. All of the Chinese had short foreskins some of which were worn retracted behind the glans. In conversation with our company agent, who is Chinese but lives in New York, we told him about our experience, his reply was that western men are reputed to have big dicks and we were being checked out to see if it was true.

The Chinese people are polite and well mannered, but are also very curious and at times their curiosity can get the better of them. In general conversation it is normal to be asked about life in the west, also why, both of us being English, we look so different me being blond haired, fair skinned and green eyed, my colleague being dark haired, sallow skinned and brown eyed. Eventually one of the men who I was working with had been set up (you can always tell when they have been told to ask something), to ask why our penises were so different that I looked similar to them, but my colleague, with an ample foreskin looked so different. I explained, with the aid of a dictionary, that I had been circumcised but he hadn't. The impression I perceived was that he knew the word circumcision but didn't know what it actually was (neither did I until I was circ'd). That night he must have done some research as the next day he asked, 'Did a Dr cut off part of your penis', he looked flabbergasted when I said yes, I also replied that some of his colleagues were circumcised. He said they weren't but that at puberty some men's foreskins retracted and stayed retracted.

That evening I told my colleague about this conversation. He asked me how I felt about being circumcised, that twice 'His banjo string had split and had to be stitched' and the Dr. had recommended that he be circumcised, but that he had refused on both occasions. I told him that I had been cut for medical reasons and had no problems and that if the Dr.'s were recommending it that he should take their advice.

A number of Japanese were working in the locality and resident at the same hotel as we were. Using the changing rooms at the leisure facilities I was able to make some discrete observations. They all had bared glans, most with

foreskin bunched behind the glans, but some, mostly younger men, had no bunching and appeared too tight to just have a retracted foreskin and looked 'obviously' circumcised although there did not appear to be any change in skin colour on their shafts. My understanding had been that Japanese men wore their foreskin retracted and that circumcision was rare. Does anyone know if circumcision is becoming more common in Japan or are some foreskins so short that their owner appears to have quite a tight circumcision?

Tony

## Sightings And Thoughts

I have just read and enjoyed Issue no 3 and thought I would mention a recent sighting – a convert to roundhead status. The chap in question used to be at the local swimming baths when I was there: he was obviously well endowed with a long foreskin. Then one day he mentioned that he was changing jobs in the near future. I didn't see him for a while and then one day he re-appeared, but this time he was circumcised! Unfortunately I never got the opportunity of commenting on this change in his status to him, and he has not been back as he then started at the new firm.

J.S. – Guernsey: comments in his article on a 'well cut cock'. I do agree with him that those left with a slack circumcision are never satisfied as it is neither one state or the other, and this surplus skin bunching behind or even lapping the glans is extremely irritating. I know as my first DIY job left me with a lot of surplus skin and I used to look in envy at a 'well cut cock'. I put up with it for ten years before doing my revision which has given me a cock admired by all with a smooth unwrinkled shaft skin even when flaccid. My one regret is that the scar line is only about  $\frac{3}{4}$ " from the corona. I firmly believe that the muslims have got it right by leaving all the inner skin and a scar well back on the shaft.

Finally R. – London comments on his stitchless circumcision. I did both my DIY circumcisions without stitching – too painful without anaesthetic – but both left a barely noticeable scar. Far better aesthetically than the nobbly-puckered effect stitching gives. I had to use surgical plaster to drag shaft skin down to allow a loose join to the inner skin at the cut line. I assume R. – London was treated similarly: it's a pity he didn't go into any details as it would have been interesting.

Finally re. Membership: have you advertised in *H & E* etc? I'm sure there are lots of people dying to know about *Acorn*!

R.F.W.

## Piercing As Adornment

Circumcision: not for me. And that's for 2 reasons: the skin involved is so sensitive, that I never want to miss it. The other thing is: I have a piercing right through the glans and without the foreskin I would not be able to cover it when I'm naked and I don't want to show it (for instance in a sauna).

The piercing is called 'ampallang' and it goes from side to side through the head (acorn) of my penis: so you see only a 6 mm steel ball on each side halfway down the glans. My decision came after considering it for more than half a year, so it was really no impulse deed. I moved from my original country Holland to Ireland and, as I wanted it to be done in Amsterdam, I just had to wait this six month, before I returned for two weeks. So plenty of time to think about it, during which I often switched from 'I do it' to 'forget it' and back. It could be too much a sort of mutilation, or it could be too obvious, or it might be too painful (I hate dentists, so...).

But at last in Holland it was: don't think any more, just do it NOW! I went to Body Manipulations, going through the usual procedure of signing a form and having some food first (no empty stomach recommended). I asked for a male piercer (no woman please for such a delicate treatment!) and after some time waiting I was called in a cubicle. During a reassurance talk – 'are' you nervous, 'will it bleed' (probably only the first few days during nightly erections), 'how painful' (different for everyone, but it is really not too bad), advise about not to swim during the first month and how to clean it, and don't use alcohol the first day: it makes the blood thinner and this can cause complications by easily bleeding – he prepared the 'operation': cork, needle, gloves, forceps, 4 different lengths of bars, white paper on the treatment table, etc.

Then he asked me to lower my trousers and to lie down. He put a green sheet with a hole over my genitals and let the penis through this hole on top of it. After disinfecting the area he began marking the two spots, where the needle should go in and out again. This took quite some time: to low, to near, not in line. At last we agreed about the pen markings and I asked if the steel would go through the urethra. "I'm not sure now, but if you want it...". It didn't matter for me, only if it did the healing would be quicker: 2 smaller piercings instead of 1 big one in fact. He still made another correction, handling the glans very carefully: 'the needle will go crooked, if I squeeze your penis the tiniest bit.'

The piercing itself would take only one second, the quicker the least painful. He had a apadravia piercing (a vertical bar from next to the frenum to up in the middle of the head) done himself a few months ago and he experienced it as: 'Is that all?'. Now the length of the bar to be used was measured and estimated: oversized, to allow for erections (rather important) and proper cleaning. (Some shops let you measure this when in fact erect.) After a month I had to come back for a size-down, then having the right size taken during a

hard-on. First the clamp was put into place, exactly over the markings: this numbs the penis a bit (well: a bit only it appeared), as there was no anaesthetics used (it mostly gives deformation and so no straight piercing). My glans was strangely flattened now. In the one hand he took the hollow needle, in the other a cork. I thought for one short moment: "Stop here, I can't stand it", but I persevered. After some checking for the right place and angle, he told me to take deep breathings and at an 'out' he pushed it through in one go. I saw it coming out on the other side and then the pain came in: I felt being against the ceiling!! But it lasted only about 30 seconds: it eased off then and after another minute or so the pain was completely gone (a normal chemical reaction causes this).

He observed me carefully to see if I was doing well (no fainting or whatever), but all was ok. He then applied some lubricant on the bar and pushed the needle out with it. Only the balls screwed on and sliding it a bit to let the head expand again, and it was over. Indeed: is that all? (the dentist IS really worse in my opinion). I did like how my penis looked now and never regretted it later. Not a single drop of blood; the next night, when I woke up, the tissues around it in the protecting bag, in fact a rubber glove round the penis, were completely soaked with blood due to erections. But as I was warned for this, it did not upset me. It was never painful, only a bit sore sometimes. You had to be careful with cleaning and peeing the first days, but it's not too bad.

All together this ornamental piercing (mine is one and a half year old now) is apart from the very attractive view (not for everyone I have to say) also recommendable, because it feels very good as well: the penis becomes far more sensitive. So who's next??

*Kees – Dublin*

P.S.: piercing is addictive: you have one, you want more. About 3 years ago I thought of this practice as weird or whatever. Now I have 12 of them!!! Anyone with other experiences, please write or contact me via the Society. Thanks.

## **Circumcision — My Story**

### **Part 3**

#### In part 1

I told you about my first self-circumcision attempt and my subsequent trip to the hospital. What I was looking for was a shortening of my foreskin so that when I am flaccid the skin just covered the cock head and as I get harder the skin rolls back by itself. After that experience I was left with a divided frenulum and a loose lowish circumcision that stayed back all the time. I also ended up with a skin tunnel along the top of the scar area where one of the dissolvable stitches did not dissolve and was not taken out. I thought at the



time “oh well, if this is what a circumcision is then that is it and I’ll just have to get used to it”. At that time I did not know that more skin could be taken off as easily as I do now. I thought that if I wanted to have anything else done then I would have to go for plastic surgery, and that I could not afford. So I got used to it.

## In part 2

I told you about my experience with the NHS in the UK at trying to clean up the first circumcision. As you will know if you have read both parts I was not too happy with the job, but things are slowly coming together. After some 5 months of healing the nodules that were left after the skin bridges were removed were not really disappearing to my satisfaction.

## And Now

Well the frenulum has gone and now the little bumps have to go! I met someone in the UK though a UK group that has members who’s interests cover circumcision, foreskins and other cock modifications. This person, I’ll call him Bob, told me about his self-circumcision and showed the results, which looked good. He told me how he did it, and what he used. It was a bottle top (in the UK there is a drink that comes in a black plastic bottle with a neck that just fits over the head of an average size cock) and this is what I used, once removed from the bottle and polished. The skin can be pulled up over the bottle top and then tied off using some strong but thin string. Once tied off the skin dies and after 8 days or so the skin has shrivelled then the whole thing will come off leaving you circumcised. Leaving one with a bare scabbed area where the skin has been crushed it takes about 2 to 3 months before the skin becomes smooth and normal.

## Tying the knot.

Now you have read about the theory, this is my experience. I followed the above almost to the letter but made some mistakes, I hope by reading this you will not make the same mistakes. First it is not an easy job done by yourself unless this is a first circumcision and you do not wish a tight job. The problem is holding the skin over the top and tying the string tight at the same time. At first I thought that I did not get the string tight enough. Luckily I had a good friend living nearby who I know would be OK with this type of thing. (As you can imagine if this is not the case, the exercise would have stopped there and then.) With his help we re-tightened the string enough. I was told that after one hour or so that the skin should turn blue if the string is tight enough. Well my skin was not turning as blue as I thought (in the end I should have had faith that it was tight enough) and therefore thought that it was not as tight as it should have been. So what to do after one hour of pain and it was just going numb I did not want to take the string off as this would have been painful and I am not into pain. So I decided to tie another piece of string over the top of the first piece, OOPS! It slipped in the night and I ended up with two crush lines. (This gives a thicker scar that is slightly puffy and will need

removing. See end result.) Through the first 5 hours PAIN!! It does go but it is most definitely painful getting the string tight enough and the pain builds up for about the first hour or so before it starts to go away. After this the inconvenience and slight discomfort that one has to put up with for 8 days or so, for me it was 7.

### 7 Days

It is quite strange having a piece of plastic hanging from your cock for 7 days knowing and seeing the skin that is on it dying off. It starts on the first day with some pain. I went out so that I did not have the chance to remove the string, the pain level in the first 5 hours might have convinced you to take off the string but this would have been a bad move. After the first day the skin is quite numb and cold. On the third and fourth days I was quite interested with this thing hanging there and in fact I used it to wank off with using the top, on the morning of the fourth day. By the fifth day I started to notice that parts of the glans was getting sore under the plastic, as most of us know plastic next to skin sweats. I started, as I should have from the start, to be very thorough about making sure that under the bottle top was dry and clean. Wiping down the inside with cotton buds soaked in salt water then drying with cotton buds. I was lucky as I had the week off work and I suggest that if anyone goes down this route that perhaps they have longer. Also on day 5 I noticed that the dead skin has now shrunk to about half its size and is forming into one black scab. This is not a procedure to use if you want to preserve the skin! By the end of day 6 all that is left is a ring of black scab like dead skin. Day 7 and I felt that there was no point in keeping the string on there and off it came and with some gentle manipulation off came the bottle top with the dead skin. What a relief! The feeling is really good after being confined in a plastic top and having a slightly sore cock head. Free at last!

### 8 Days and more.

So it is off and I have done a little cleaning up. Be gentle, as even though there is a good join it still has to heal quite a bit more. This is where I started to have problems because I put two pieces of string on **ONLY EVER USE ONE!!** The two crush lines made by the two pieces of string were in places about 1cm apart. This is because when the skin is over the top it is a double layer so all distances are double. Anywhere the crushes were the furthest distance apart, which was on either side of the cock, the skin started to pull apart. I was not ready for this as I should have been. You need to have some Surgical Tape or stitches ready because if the parts stay open for any length of time (2 or 3 days) then they will and did take a long time to heal. In my case they actually turned up at the edges slightly like bacon turning up when fried, leaving about 2mm of the inside surface of the skin on the outside. It is hard to explain as I do not have a pic. After this heals there is a little puffiness there. Luckily it is hardly noticeable unless you know where to look.

### The end or is it?!

So after 14 days most of the thing was healed but the two bits on each side took another 5 days to heal up. Is this the end? Maybe, maybe not. The skin on the shaft is still quite loose, I can still wank by moving the skin up and down. I always wanted it tight so I would like more off. But can I find a way to do it myself? I would also like to do a sub-incision but to keep the PA. This is a little harder as most sub-incisions are performed from the slit down. I have seen one keeping the PA so I know it is possible. Finding the practitioner to do it will be a hard task.

Would I do it again YES using the knowledge I now have I think this is an easy way to do a circumcision. BUT do it right and have a friend to help that is what I say.

Steve

*steve@topcat.uklinux.net*

## Penis Puppeteers

On *Channel 4* last night, 15th Sept, in a programme called *Frontal*, a couple of Australians dressed only in brief cloaks made an outstanding contribution to Ozzy culture. They style themselves the Penis Puppeteers and went down a bomb with the teeny bobbars at the Edinburgh Fringe. Their party piece is entitled The Eiffel Tower – a mind-blowing exercise in penile manipulation in which one of them, in close up, pulls his foreskin down to knee level and then stretches it out sideways to touch both knees, representing the base of the tower, whilst the other end of his shaft represents the top of the tower disappearing into his bush (the clouds). The female audience went apeshit!

Depending on your attitude to foreskins, you either feel insanely jealous or you email him recommending a good Jewish clip joint. But a thought – surely most Aussies over the age of 10 have been circumcised?

I do wonder what *Channel 4* will do next – a possible ladies' long range pee contest perhaps?

J.F.

## Foreskin Thoughts

**I**t is disappointing to read of our declining membership. I agree wholeheartedly with R.B.W. that we need to get away from “an endless diet of revisions and DIY jobs...”

It seems that we have many older members who were born when circumcision was fashionable; but today mercifully, this is no longer the case. To attract new younger members, it might be a good idea to dwell on the pleasures of foreskins, rather than their disadvantages. What are the young reading today? If it is *Forum* for instance, I suggest an advertisement in that magazine offering a back issue of *Acorn* to any new member may be worthwhile.

On the more cheerful side, I very much enjoyed F.S.'s 'A Tight Pullover' piece in 3/2000, leading to several questions, which he would like answered; such as whether there are any others with tight pullovers? and what is the optimum length of a foreskin?

Meanwhile, here are some questions I would like answered by any of our members lucky enough to have retained their foreskin.

- 1) At what age did you first retract your foreskin? Was it easy or painful at first?
- 2) Who told you how to do it? Parents, older boys, or did you just find out for yourself by chance?
- 3) It seems to me that parents have a responsibility to inform their boys at an early age (did F.S.'s parents try and help him with his tight pullover?)
- 4) I am always interested in their first sexual activities. Many boys seem to have started at school. So would you relate any adventures at school.
- 5) At what age did you begin having adventures with girls. Did the girls enjoy playing with your foreskin?
- 6) When having sexual intercourse, do you prefer the foreskin to remain forward or back?

Answers please all you cavaliers!

I.O. – Herts.

*The Committee and Editorial Team wish all our  
readers a prosperous New Year 2001*

# ACORN

Issue  
Nº 1 2001  
Editor  
Steve Acorn

## Editorial

**W**ell finally here is the first issue for the year 2001. It's late, partly because I have been very busy, but also due to a continuing shortage of contributions. Thanks to all of you who have sent in contributions and to all of those who wrote in asking when the next issue was due out, how about sending a contribution instead? It would enable it to be produced far more quickly.

The spring meeting had to be cancelled due to not enough people having booked by the cutoff date we had to give the hotel. Unfortunately, by the weekend itself, just about enough additional people had expressed an interest in coming that the weekend could have probably gone ahead after all. Please, if you want to come to the weekends, do let us know as soon as possible, even if it is only a provisional booking. We are hoping that the next weekend will be held over the weekend 2<sup>nd</sup>/3<sup>rd</sup> November – most probably somewhere to the north/west of London. More details will follow nearer the time.

*Steve Acorn*

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## My Experience

As a relatively new member of *Acorn*, I have read the various articles in the last few newsletters with immense interest. Again and again I have agreed so much with the various experiences of other circumcised men that I feel I must write even if my own history mirrors so many others. Like I.D. (Sussex), in the sixties I attended a school where swimming sessions were done in the nude. The main differences being that: (a) the school was all-male and (b) it was absolutely compulsory for all boys to participate in swimming lessons. It wasn't deemed liberal or trendy but viewed as a way of knocking modesty out of shy, largely middle-class schoolboys – probably a hangover from the days of National Service.

Needless to say, this gave me my first real sight of a variety of cocks of all shapes and sizes. The larger they were, the more they were sniggered at. How naïve we were – now I bet most of us would give our eye-teeth for one that was as big as some (very lucky) lads possessed. But I was utterly fascinated by the boys who sported circumcised cocks. There was no desire to conform to the majority as these boys were in the minority. Nor was it a feeling of being in the 'elite', even though it became increasingly clear to me that these boys largely came from well-educated, reasonably affluent families. It was the working class pupils, like myself, who still were intact. I felt no envy for their social status at all, but just longed to be circumcised. If you think it was simple snobbery, this was definitely not the case. To me, a circumcised cock has always looked overwhelmingly more attractive than an uncut one.

The intensity of my yearning grew and I longed to have permanently the bare glans of my circumcised brethren. I became so disenchanted with my hated foreskin that I made no attempt whatsoever to involve myself in any sort of sexual relationship even when I was at University in the seventies. I so hated the foreskin I was still attached to, I couldn't bear anyone to see it. Sex became a solo effort with any attempt I could make to keep my cock-head uncovered for as long as possible. I couldn't even talk about my hang-up with anyone, particularly my parents who would have found my enthusiasm for circumcision quite beyond their comprehension.

With my father's death when I was twenty-three, I suddenly became the 'man of the house'. Now I decided that I had to act like a man and stop being so apprehensive of the thought of an adult circumcision. I realised there was no hope of getting it done on the NHS, but found an advert for a private clinic about 12 miles from home. I rang them and found that they would do the operation, under local anaesthetic, in a couple of days' time. I booked a date and was told that if I didn't turn up, I would still be charged. With this thought there was little chance of not going.

It still took some courage to make my way to the clinic that afternoon. As keen as I was, I was a little worried about how painful it might be afterwards.

But once I arrived, everything went through very quickly. I was pleased to be circumcised under a local, though I wasn't brave enough to watch. I just lay back and thought of England. The sense of relief when it was over was overwhelming. It was like a huge weight off my mind. The next couple of weeks were going to be uncomfortable, but I didn't care – I had done it!

Once the wound had healed and my cock assumed its new shape, I couldn't wait to try it out. I'd been told to wait for four weeks after the op before trying any form of sexual activity. This wait was absolute torture – even walking to the station in the morning would give me a raging hard-on. But when the four weeks were up, that night I began a very tentative jack-off session. Once I could see there was going to be no opening up of the scar I carried on with vigorous abandon. My first postoperative orgasm was an event I will remember for the rest of my days. I think the expression is 'fan-bloody-tastic'.

Admittedly, a few months later, I did have a secondary op or 'trimming' as the same surgeon who did the first, called it. This included the removal of most of my frenulum. This tightening up procedure made things even better as a taut shaft gives greatly enhanced sexual pleasure.

Like R.F.W., my fascination with circumcision has never abated over the twenty years since I was cut. My best friend was also circumcised in his twenties and we have often discussed how we feel about it and both agree that although in the minority in this country, we are very lucky that we are roundheads. My pleasure for sex is still undimmed since that night four weeks after I was circumcised. The enjoyment of the erotic head-rub every time I have an erection has never diminished. Similarly to R.F.W., I also have to sneak a peak at other men in sports changing rooms, to see if any are as fortunate as I am. I never say anything to those who are, but deep down I always feel a kind of kinship to them.

Although I was not as fortunate to be well-circumcised like the guys cut in infancy I feel that at least most of my adult life has been spent with my 'true' status. It may not be the greatest circumcision in the world, but God do I love it!

Should anyone wish to contact me, the Society had my address and email address. I would be pleased to hear from anyone else.

*Peter*

## Kiwi Confidante

I feel I ought to report a recent, interesting conversation I had with a young New Zealand man in a London sauna. My Kiwi confidante remarked that his definitive opinion on Britain was the positive plethora of prepuces present! He was uncircumcised and thought that 'general' circumcision was ended around 20 years ago but he did state categorically that most Antipodean men

remain in favour of a tightly-cut penis. He was plainly happy to have kept his long foreskin but applauded the pendulous foreskins of his British compatriots. I, as an admirer of circumcised penises, still felt (wrongly) that Aussies and New Zealander men were 'cut'. My illusions have been shattered...

*K.G. – London*

## Have You Ever Wondered?

**A**t the age of 7 or 8 I was fascinated by the difference of appearance of the circumcised penis to the foreskinned version, observed from playing the nurses and doctors games of childhood.

As I grew up the subject of circumcision was still of keen interest as I continued to learn and read more from as many sources as could be found, and during all this period I wanted desperately to be circumcised.

However, I was not to achieve this until I was 35, with a revision at 38 – but that is another story.

The question I have pondered all these years, and am no closer to finding an answer “Why and who first thought of performing this operation on the male appendage?”

We read that the practice probably pre-dated Egyptian times and was possibly performed in other parts of Africa in prehistory.

The Jewish people adopted the practice from the time Abraham was commanded by God to circumcise his son and all the males of the tribe. The Muslims also look upon Abraham as one of the great prophets, and perhaps they took up the practice from the same time. I assume this, but must say that I am no historian, religious or otherwise, nor do I claim to have any academic qualification in human studies or anthropology.

My point is, why cut off the foreskin, as a 'badge' or mark of belonging to a group or clan, when that mark is not likely to be seen beneath clothing? Why this permanent and final act, rather than do something that can be seen and recognised by all?

Was the foreskin seen as something that could be removed without altering the function of the person/penis? (I know this comment will provoke some indignation.) Why not snip off the ear lobe; file the teeth; put a bone through the nose or lip, all of which would mark the person with his 'badge' of clan for all to see?

It occurs to me that the practice was never a medical procedure, but has its roots in self adornment/mutilation – dependent on your point of view.

Yet it does not answer the long pondered question – “why and when was circumcision first performed?”



I do not expect the question will ever be answered and I shall just go on wondering (and enjoying my cut cock and the sight of others!)

*E.T. – Essex*

## Second Instalment

I am writing to complete the second instalment of my first letter (third time lucky?) from the last issue. In that one I explained how I came to be circumcised, the operations and the results. This time I'm going to relate some of the most circy-interesting experiences.

However, before I start I'd just like to say how comforting it is to find letters from other people with a similar interest in circumcision, and how easy it was to identify with R.F.W. – Surrey and his "life long compulsion to be circumcised.". And I thought I was the only one!

So, back to the post-op stories. After I'd been cut the second time, the glans was bared except on top where a roll of skin just lipped annoyingly over the rim. I couldn't wait to try it out with females, hoping they would notice. I went to some massage parlours for an 'intimate massage', but the 3 girls who wanked me off hadn't got a clue about circumcision, and I don't think they even knew what it was. I was pretty disappointed, and longed either for one to say how sexy she found my naked knob, or to be even more tightly circumcised so that there would be no doubt.

Then I started going out with quite a voluptuous sexpot, and surprise surprise she absolutely loved the circumcision. The third time we screwed we were lying in bed and she gently ran her finger along my cock and over the knob. She said, "Do you mind if I ask you a personal question?... Have you been operated on?" She was delighted as I proudly showed her the scar and explained how the operation had been done. She really got off on it, but unfortunately has been the only Spanish girl to have "been in to it" or recognized it. Maybe because the rate of circumcision is so low. A quick check and knob count around the changing rooms of a sports club I go to gives me anything in the region of 10%-15%, which I find rather high, and maybe due to the unrepresentative sample. The typical circumcision leaves a very thin band of pink inner skin just behind the glans. (Tight) Cocks with the cuff of inner skin pulled back are few and far between.

After finally getting my third cut, my cock definitely looked more like a roundhead although it falls in line with the typically circumcised Spanish cock described above. Despite the closer cut, I've had no more accurate 'sightings' from either 'massage' girls or girlfriends, although many of the call-girls tend to whip out the creams without asking, so they must notice something. One of the nicest wanks I got was from one who applied baby oil

and rubbed her thumb up and down on the frenulum while simultaneously gently 'squeezing' the skin up and down which was nice.

One of the problems I have is that when the skin is pulled up to its maximum, (about half way up the knob), the skin over the right hand testicle is pulled so tight that it is painful. When I come, the testicle almost seems to 'disappear' into the shaft of my cock. This happens especially in cold weather. Have any other tightly circumcised members had similar problems.

Anyway, after being frustrated with girls' reactions I finally had to know what it was like to wank another guy's cut cock. Girls on USA porn films never seem to do it right, always sucking and never giving the cut cock a good jerking with the skin. (My particular interest is how far the skin can be pulled up the circumcised cock when erect. I'd appreciate members adding this info in their letters.)

So, I eventually found a 'sauna' specialising in transvestites (I couldn't face a 'real' man!). I was nervous, but finally felt I was sure enough about my sexuality to accept what I was going to do. Sitting in a bedroom a procession of 'girls' were sent in one by one. I asked each one if he was cut, and in most cases they didn't know what I meant. Out of about 9 or 10, 2 admitted to being circed. I picked one and we went into a bedroom complete with gay porno vids on a TV. As soon as he pulled down his knickers I knew I made the right choice. It was one of the most beautiful cocks I'd ever seen; so clearly circumcised. We both got undressed and got on the bed. I made an immediate inspection. The cock was about average size, and when flaccid there was about 2 inches of inner skin pulled back down the shaft. There was no hint of a scar or 'thread' of frenulum. And despite being so cut the glans didn't have a particularly prominent rim. Asking for the method, he was reportedly circumcised by his mother when he was 4 years old (he was Brazilian), and according to him this is quite common. I find it hard to believe, but may be plausible in poor working class families who couldn't pay for the operation. Still, hats off to mum who did a clean job, and left an object of envy for circers everywhere.

He let me wank him and I was surprised how supple the skin was, and fully erect I was able to pull the skin just over the rim of the cock. He said he didn't have any sensitive spots but seemed to enjoy the baby-oil wank and the twisting wrist method over the knob. I wasn't allowed to bring him off since he had to 'last' through the night, which was a shame, however he politely brought me off. My 'technical' interest must have shown since he said "you prefer women don't you." I said I did, but my 'fetish' is now undeniably confirmed. I haven't felt like going back (my curiosity was satisfied thankfully), but I'm glad I had the experience I 'missed' when I was growing up.

Now alone and single again, I'm weighing up the 4<sup>th</sup> and definitive tight circ. I know I'm obsessed, but at least I now know I'm not the only one.

*S.J.*

## Circumcision Problems

After reading the article 'Growing Up with and Acroposthion' Issue 2/2000 it brought to mind a number of points that I have found disturbing concerning circumcision.

Why is it that in conversation many people find circumcision a humorous subject and enjoy making fun of the procedure and to some extent the men who have been circumcised. I know many of the jokes relate to the Jews who bear the brunt of the humour like the Irish and Polish do in other areas. However it never ceases to amaze me how many people find the whole topic funny even when the procedure is carried out for other than religious reasons. Is it because circumcision is considered a subject of ridicule in many circles that many men who are circumcised tend not to discuss it and it has this 'not to be talked about' stigma? I know from experience that a lot of women find the idea of circumcision a real laugh and this can cause embarrassment if you are singled out in a group in a pub or other venue for some 'cutting' comments and sniggers. It seems strange that other operations: eg tonsillectomy, appendectomy etc are accepted with little or no comment while circumcision always raises a laugh; consider the number of comedians on the television and some of the comedy soap type programmes that look for a laugh when someone has been circumcised or is to be circumcised.

When I was born in 1948 it was a 50/50 chance you would be circumcised; it was 'fashionable' and found favour with many parents although there was frequently no medical reason for it. I was only a few weeks old when I was circumcised; not a very good job and I decided in later life, because my semi-circumcised state was causing problems, to get the job done properly. There was little ridicule at my school as around 40% to 50% of the boys in my year were circumcised and although boys were classed as roundheads or cavaliers it did not amount to much and problems concerning the state of your penis were few.

I went to a mixed secondary school before the big comprehensive schools were formed. Consequently there were a lot of smallish schools which meant there were numerous inter-school competitions; football, athletics, cricket etc. I was particularly good at athletics (100yds, 220yds, long jump etc) which meant I was always in the school athletics team. There was one large borough meeting a year but there were numerous inter-school meets between my school and one of the many others. It was at one of these small events against a minor public school when I first noticed that problems could be encountered by boys depending upon their circumcised state. After the athletics match was over we went back into the changing rooms; our school changing rooms were divided into two pads and it was usual for each team to change etc on separate sides; but the showers were shared and both sides met up in them. All the boys from the public school were circumcised except one who was

slightly younger than the majority but was reasonably good at his event. He had a particularly long foreskin and was constantly picked on (I suppose it was bullying) by the other boys in his team and it was obvious from the things that were said and the antics his penis was subjected to that his cavalier status was the problem. I must say we met that school on a number of occasions and although he came in for considerable ragging he remained a cavalier and I assume he still is. That was the position 40 years ago.

Moving on to the present the boot is now on the other foot. When my daughter was six she went to a local Friday club for children aged 5 to 9. Eventually as I had to travel some distance to the club and I ferried a number of other children to it I was roped in to help. One evening the lady group leader mentioned that a few of the boys were missing and had been gone for a little while longer than was usual. We soon discovered the boys were in the toilets. The club was held in an old building and as is common with this type of building the toilets were outside the back in a small block. When I entered the toilet block I found one small boy had been debagged and was being tormented by the other boys who were laughing at and poking fun at his circumcised penis. It was obvious that the boy had only recently been circumcised as his penis looked quite red and sore. I was to learn later that this boy and another lad who also came to the club had gone into hospital at the same time; the tormented boy had had what I can only say looked like a fairly radical circumcision that is his glans was totally exposed as the foreskin had been cut back hard and the cut line (it was not really a scar at this time) was well up the penis shaft; the other boy, whose father was absolutely against him being circumcised, had just had his foreskin stretched and been given instructions to frequently work the foreskin back and forth over the glans to keep it loose. I suppose as this boy did not look any different he was not considered worth bullying although he was actually less robust than the other boy. As far as I am aware the stretching exercise was a success as I never heard that this boy needed any additional treatment. The boy who had been circumcised was the only boy in the small primary school to have had the operation and although I understand the teasing etc reduced I am sure it made him very self conscious.

Another instance when a circumcised boy came in for some bullying was told to me by a mother who worked with me. She had had a few of days off work because her son of 11 had to go into hospital for a circumcision; I understand this was considered to be necessary on medical grounds. From the somewhat graphic detail the mother went into concerning the result of the operation it appears that rather more skin was removed than was perhaps prudent as the wound was taking longer to heal than she thought would be the case and the boy had to see the GP/nurse on a couple of occasions after discharge from hospital. From the way she was speaking I believe the GP had given her to understand that only a slight nip at the end of the foreskin would be necessary whereas the hospital doctor, so it seems, had removed

considerably more and left the lad with a totally exposed glans and very tight shaft skin. She did say that she was very surprised at the extent of the operation but she assumed it was for the best. Anyway back at school the boy came in for some nasty teasing which lasted for sometime and he is still the brunt of some ragging although I believe this has subsided somewhat. Again this boy is also one of very few in the school who has had the operation.

I understand that these days circumcision is now only carried out on 1% to 2% of boys as today's thinking considers the foreskin should be retained. I am sure, in the majority of cases, any tightness of the foreskin is restricted to the tip; why is it then that instead of just the tip being removed or perhaps a slit being made in the tip, surgeons still insist on removing the skin right back behind the helmet and frequently some way up the shaft. I know I had problems with my penis requiring further attention but I am sure I am in the minority and most men would not need further surgery.

It would be interesting to read/hear from others whether they have any views on my comments, particularly the younger ones born say in the 1960s onwards.

Anon

## Disadvantage Of 'Muslim' Style Of Circumcision

Your correspondents P.T. and R.F.W. both extol the delights of what they call the 'Muslim' style of circumcision with the inside of the foreskin stretched up the shaft of the penis so that the scar line is well back from the glans. I cannot comment on whether this is really typical of Muslim cuts (the only one of which I've seen close up was not like that but had a faint scar just behind the glans) but I do think your readers should be made aware of a major potential disadvantage of this style of cut.

As Vernon correctly pointed out in the same issue, there is increasing evidence that circumcision offers partial (and I emphasise *partial*) protection against HIV transmission. In fact there are now dozens of studies that have consistently found that men without foreskins are less likely to contract the virus than those with. So compelling is the evidence that even the BBC documentary programme *Horizon* devoted an episode to the topic recently. It has become clear that one of the main mechanisms by which the virus gains entry to a man from a woman is through the inner surface of the foreskin. This surface lacks the protective layer of keratin found on the outer surface of the foreskin, and on the shaft and glans (whether circumcised or not) of the penis. In addition, the inner surface of the foreskin is rich in Langerhans' cells which are especially prone to HIV infection. These cells are not present elsewhere on the penis. The frenulum is another vulnerable point as it is susceptible to minute tears.

As it is now apparent that the inner foreskin is the Achilles heel of the penis it would seem prudent to remove as much of it (and the frenulum) as possible during a circumcision leaving the scar line as close to the glans as possible. A circumcision that left the inner foreskin intact, but spread out along the shaft, would seem unlikely to confer as much benefit with respect to reducing viral transmission. Indeed, differing styles of circumcision may even explain why studies have found so much variation in the effectiveness of the procedure at reducing HIV infection.

I might add that, in my experience, (circumcised by choice aged 30, scar 1 cm behind the glans) the small bit of remaining inner foreskin is rather prone to friction burns in the event of over-enthusiastic masturbation. I certainly would not want any more of it to have been kept. Nevertheless, like every man I know who's been cut as an adult for whatever reason, I am thrilled with the result and would not want my foreskin back even if it were possible.

I appreciate that HIV prevention may not have been the primary intention of your correspondents when they had their operations (and I wish them years of safe joy with their redesigned organs) but should certainly be borne in mind by anyone considering a circumcision for themselves, or their children.

Finally, I am not a medical doctor but the above does seem self-evident. The comments of your medically qualified readers would be most welcome.

*S.M. - Cheshire*

## Prince Albert?

Any remarks on 'Another Prince Albert'? Yes, once and for all, Prince Albert did not have his cock pierced and neither did any other member of the royal family called Prince Albert. Queen Victoria's consort wore a watch chain, which became known as an 'Albert'. The word is in the dictionary and is used by many Victorian and Edwardian writers including H.G. Wells. The ridiculous story that Prince Albert had his cock tethered to his leg by a chain is of very recent origin.

*Gary - London*

## Response To 'Prince Albert?'

It would be very strange for a penis ring to be called a 'Prince Albert' without some connection to one of the many Royal personages bearing that name. One story, purporting to be true, was recounted way back in Issue 4/88 by John McC. Another plausible theory relates to using the ring to hold the penis down the trouser leg by linking it to a garter so as to prevent unwanted erections from showing in the tight trousers fashionable at the time.

*Vernon - London*

## Book Review

### **Circumcision: A History of the World's Most Controversial Surgery by David L Gollaher.**

Over the years there have been many publications, some old others more recent, mentioned in the pages of the *Acorn* magazine and in some ways connected with the topic of Circumcision. These have all approached the subject either by medical, sexual, ritual or customary ways. However, this last Christmas, I received a copy of this book as a gift from an American pen-pal, (he is also a member of *Acorn*).

David Gollaher received Master's and Ph.D. degrees from Harvard University, further, he is President and Chief Executive Officer of the California Health Care Institute, a public policy group of leading biomedical research companies and universities. This book is just what the title suggests it to be, a history of the operation of Circumcision. It starts with the first known reference to the operation, that of a Egyptian tomb engraving dating from 2400 B.C., and continues through to the present day controversy over the practice. The book covers the Jewish ritual, the Moslem custom and makes mention of the practice in other parts of the world including the Australian Aboriginal and African tribal customs. Detailed accounts and statistics are given. The author writes in an easy, tactful and natural way, and giving many references; there is no obvious bias for or against the procedure. That, in reporting on more recent statements, statistics are given which are contradictory is drawn by the author to the attention of the reader. The book is well annotated.

In this book the author draws conclusions that, I am sure, will interest *Acorn* readers. In referring to the medical aspects of the procedure he reports that the variance between the two groups was negligible, but that the same could not be said of their sex lives, e.g. "We find that circumcised men engage in a more elaborate set of sexual practices" and "It makes no health difference whether you are or are not circumcised but you will 'get around' more if you are". A further quotation may bring a smile, "Ironically, in the light of the old theory that the foreskin encouraged masturbation, circumcised men were found to be more prone to masturbation". The study concluded that, on average, circumcised men engage in heterosexual oral and anal sex and homosexual acts more commonly than their uncircumcised peers.

This book, published in hard back format and running to 250 pages, retails in the United States at \$20. The ISBN number is 0-465-04397-6. If you intend to purchase a copy it would be wise to establish the cost before you make a commitment, the notional \$20 = £15 may not apply. The publishers offer further information from Basic Books, 10 East 53rd Street, New York, NY 10022-5299. Direct purchase may be possible.

*W. - Dorset*

## Recollections

I just love the circumcised state and would like to see all men and boys circumcised. I first saw a circumcised cock when I was about 8 years old. On the way home from school we crossed some open fields where a group of us sat and talked. One day Dave, a boy who later became a very close friend, pulled his cock out to show that he was different from the other 3 or 4 boys with us. I remember being fascinated by the smooth head, of which he seemed so proud. Years later as 13 year olds we used to wank off together and by then he was really big and his circumcised cock looked fabulous. Although he seemed bigger than me he was often telling me how big I was and especially how thick my shaft was. The only thing he did not like was the fact that I was uncircumcised. He told me that every Saturday afternoon he wanked off with an older boy who was also circumcised and really huge. I have always regretted not getting together with the two of them and I think that the only thing stopping me was my uncircumcised condition. Though only 8 of the 30 boys in my school class were circumcised I somehow had 3 of those boys in my close circle of 4 friends. I can still remember exactly the boys who were circumcised and even what their cocks looked like although I cannot remember more than a few of the others. Even at home I seemed to be in the company of the few circumcised boys in the neighbourhood and can remember wanking off with 4 of them but only with 2 uncircumcised boys. Wanking with the circumcised boys was fantastic and I especially remember Trevor who was a year younger than me who liked to see which of the two of us could shoot our loads the quicker. Years later I heard from another boy that Trevor used to suck him off swallowing all his huge load of cum. I just regret that he never did that for me but of course at the time I was uncircumcised and the thought of sucking an uncircumcised penis must surely put anyone off.

How much more is relevant? Dave (not the same one as above) with whom I used to wank off instead of doing games at school had one of the biggest cocks I have seen even at age 14 and was in my view perfectly circumcised. Or Tony who I met at University who really did have the biggest cock I have seen and flaunted his circumcision which was superb and without even a visible trace of a scar which is how I like to see them, but I suppose that only happens if you are done at birth. I always had the feeling that like me he was bisexual but he used to go on so much about 'queers' that I did not dare to show any interest in his magnificent cock. Or should I describe the fun I had in the local disused quarry with Peter, a neighbour who had quite a small but well circumcised cock who liked to strip naked so that we could better enjoy mutual masturbation.

All these boys and many others convinced me that one day I too would be happily circumcised.

*C.N. - Cardiff*



## Jealous?

There is no doubt about it: the ideal holiday is a flotilla sailing trip in the Med. You can either hire a whole boat or just one bunk if you don't mind who your companions will be. Since the sailing fraternity is the cream of British society, I was very happy to take 'pot luck' and finished up in a six-berth boat with three younger chaps and a pretty divorcee in her thirties. I was by far the oldest and, being the only experienced sailor, was duly elected skipper, the girl volunteering to cook. As soon as we were out of sight of land one of the lads said that if I didn't mind, they were going to strip off. The girl had no objection but said she'd only go topless, being the only girl – and with that I found myself with a bollock-naked crew and a bare-breasted cook! Now, I'm no prude, heaven knows, but I do find nudity rather unsettling. The problem is that although I'm a fairly well-balanced individual (chip on both shoulders, according to my ex-wife). I've never been able to come to terms with the altered appearance and sense of deprivation of having a circumcised cock and am consequently desperately shy of showing it. I suspected the three lads would be uncircumcised since it's not the vogue these days, and so it turned out. They and the girl had probably never seen a circumcised cock in their lives and they weren't going to start with mine! So I declared, amidst boos and cries of 'Spoilsport' that I'd keep my trunks on 'so as not to show them up'. (Har har.)

Shortly afterwards there occurred what proved to be one of the most sexually provoking and yet disturbing episodes I can remember. We'd anchored well out after a fantastic lunchtime session on local wine. Two of the lads and I crashed out in our bunks whilst the girl said she would go on deck and get her norks brown. The other lad also went up to sunbathe.

After half an hour or so I had to get up to use the 'heads' and glanced idly out of the gap in the unlatched porthole whilst pointing Percy at the porcelain, to find myself admiring from close-up the lovely big breasts of the girl who was snoozing with her back against the mast. At that moment the lad came up and, leaning over her, started securing some flapping halyards further up the mast. I had a grandstand view as his sleek brown dick flopped about in front of her face and, seeing how his foreskin tapered to a narrow spout like an elephant's trunk, pondered sadly on my parents' inconsiderate act in depriving me of mine. At that moment the girl opened her eyes and said, 'if you don't stop waving that sausage at me I'll take a bite out of it.' He just laughed and went on with his task, whereupon she reached her hand out and started gently batting his prick from side to side. He stopped fiddling with his ropes and looked down with a lecherous grin on his face as his prick rose rapidly and jerkily to full stretch. It was noticeable that although his foreskin expanded sideways to accommodate his hugely swollen glans, throwing it into sharp relief through the skin, it retreated hardly at all down the shaft, so that the knob remained fully covered with the pendant rope of skin wagging

about on the end. The girl appeared to find this interesting and, daintily seizing the loose tip of his foreskin between thumb and forefinger, started pulling it out so as to check its length. "Your foreskin's a bit long," she said, "We'll have to have you circumcised." "I've never seen a circumcised cock," said the lad, "would it be an improvement?" The girl said her ex-husband had been circumcised and she doubted if it would be an improvement, but if he wanted she'd show him what a circumcised cock looked like and proceeded to slide the narrow tube of skin right back over his knob and down his shaft, concertina-ing it against his balls and leaving the blood red knob and foreskin lining totally exposed. He shivered. "Wow!," said the lad, "you could do that all day, but what's the point of circumcision anyway" She told him that it was easier to keep clean but other than that, there wasn't much to say for it. He'd lose a lot of feeling and make it more difficult for a girl to 'do her duty'. "What's that?" he said whereupon she stretched his foreskin forward over his glans and, cupping his balls in her other hand, she commenced a slow lascivious wank, pulling the skin all the way from the base of his stomach over and beyond his knob. His eyes shut his face went red and his knees started to buckle as he gasped with pleasure. She stopped to let him recover, and then slowly recommenced, massaging his fat knob through the skin. After twenty minutes of keeping him on a knife-edge of delight, she leaned forward and gripped the tip of his foreskin between her lips. As he groaned and shuddered into climax, her hand movement increased to a blur and she took the whole of his penis head into her mouth, collecting his sperm as it spurted from him and then milking and sucking the last drops from his long foreskin like a baby sucking a teat. She quickly spat it overside and, patting his cock, said, "I wouldn't find that so easy if you were circumcised, and you wouldn't enjoy it so much either." I don't think he even heard her, he just sighed rapturously and stretched out next to her, ecstatically squeezing his wet, swollen prick.

Jealous? Believe me, I've had some sexual experience over the years, but it's scenes like that which bring home to me how much I'm missing. It's not just the loss in quality of response in not having the thrill of a mobile foreskin: I'm sure I'd have got a lot of enjoyment out of such treatment, even without a foreskin. It's simply that my damned shyness over revealing my denuded penis would never let me get into such a situation!

Jim

## Cut Puppeteers

I wonder if any other members went to see *Puppetry of the Penis* at the Whitehall Theatre recently. I couldn't resist the prospect of seeing two Ozzies with their kit off!

JF comments in Issue 4 of 2000 about the versatility of their cocks; but I think their act was even more remarkable because I am sure that they were

both CUT. One had a tight cut, no doubt about that. The other had a little more skin, but it did not intrude over the glans and it was he who managed to stretch what he had into many different shapes including the Eiffel Tower! Most bizarre, but a good laugh too. Just wish I could have got a closer look.

On another matter, I have been considering having a revision job in order to tighten things up considerably and would be glad to hear by email (in the first instance) any guys who can answer one or two sensitive questions about 'after the event'. Also any recommended surgeons (I have already had a word with the Dr in Golders Green, but would like to check out elsewhere first).

*Will*

## Reflections On A Theme

I guess that it is in the nature of things that in a self-recruiting organisation, and an organisation that embraces an emotive topic, there will be a polarity of opinion and that those at one or other end of the scale may promote their opinion with missionary zeal. I am told that passion dims reason, be that as it may, passion certainly appears to allow one member to accuse another of redefining medical terminology whilst overlooking that he is guilty of the same misdemeanour (*Acorn* 4/2000 'Response to Issue 3/2000'). I suggest that Phimosis is not 'a tight foreskin' nor is it 'a foreskin that is too tight' rather it is a foreskin that cannot be retracted due to a narrowed preputial ring. This, I read, is a rare condition and likely to involve not more than 1.5% of the male population at 17 years of age. <sup>(1) (2)</sup>

Whether or not it is deplorable for Drs Lane and South to determine no action on patients with Phimosis depends on the agreement between the doctor and the patient and on the degree of Phimosis. I think it unlikely that the patients will have been dismissed from any future action, more likely that there will have been an agreement for 'No further action at this time' and the patients asked to return if there are any adverse developments. Circumcision is a relatively simple procedure and it is not a case of 'now or never'; unlike the launching of a lunar probe it does not require a gap in the clouds and absence of wind in the stratosphere as pre-requisite to a successful procedure. If surgery is delayed by para-phimosis or infection the delay is unlikely to be either lengthy or life threatening.

We are advised by our correspondent that the phimotic patients of Drs Lane and South are condemned to a life of sub-standard sex. Really? Compared to what (or rather, to who's experience)? If the patient and his partner feel rewarded by their sexual activity it is not for me, nor I suggest, for anyone, to say that what they enjoy is sub-standard. There is no need to dilate further on this as our correspondent thoughtfully changes tack and reminds us 'some 80% or more of sex is in the mind and not in the penis'. No mention is made

of when this was recorded, how, by whom and who's penis was the measuring stick. Is this, perhaps opinion unobstructed by research?

I do not believe that the foreskin is a design fault nor do I support the view that it is 'a vestigial organ now degenerate and now of little or no utility but ancestrally well developed'. <sup>(3)</sup> Clearly we can live with or without a foreskin, but I believe that the removal of the foreskin has more to do with tribalism, the mistaken pursuit of hygiene and the misguided idea of prettiness than with the promotion of health.

*Anon. (Hopefully!)*

1. Ostler J. Further fate of the foreskin. Arch Dis Childhood 1968; 43: 200-3.
2. Rickwood AMK, Hemalatha V, Backup G, Sptiz L. Phimosis in boys. Br J Urology 1980; 52: 147-50
3. Concise Oxford Dictionary. 1960

## Too Clean

**Y**ou may be interested in my visit to the doctor many years ago. I had a shower beforehand and liberally applied cologne and a heavy dusting of talcum powder. Stripping to my briefs the aged Asian medic performed the usual sounding of my chest, blood pressure and heart monitoring tests. He then proceeded to examine my genitals. After palpating my testicles he retracted my foreskin to check the glans and meatus. With much tutting he produced a cotton swab with which he very vigorously 'cleansed' my sulcus and penile ridge. Apparently he thought the sticky white powder (which by then had attached itself to my 'helmet') was the dreaded smegma! After roughly cleaning my sensitive bell-end, Dr Singh advised me of the wisdom of good penile hygiene. So it seems that you can be too clean after all...

*K.G. – London*

## Circumcision Festival

**I** saw in *Lets Go*, a travel book on Turkey, that there is a circumcision festival to be held on the North Coast (Black Sea) at a resort which is apparently accessible only by sea because of mountains or some such. This year it is in July – in the same publication last year it was the 3rd week in July. I do not know if anyone else is interested, I would much like to go but fear the heat, as it must be getting quite warm at this time of year.

*David*

# ACORN

Issue  
N<sup>o</sup> 2 2001  
Editor  
Steve Acorn

## Editorial

**F**inally here is the second issue of the year – yes I know its late! It took a long while to get enough material together and then holidays and other complications delayed things further.

Please see the following notice about the meeting in November. Let us know as soon as possible if you would like to come as we need to confirm the reservations. If you are unsure about what to expect or would like any other information please call us on the phone. I hope to see you there.

Finally, there is little point writing to me complaining about there being too few letters in the newsletter that are pro (or anti as the case might be) circumcision. Instead, write the kind of letter that you would like to read, send it in and there is a very good chance that you will read it in the newsletter shortly afterwards.

*Steve Acorn*

## Acorn Society Meeting

**A** meeting of the Acorn Society is planned to take place in Leicester from Dinner on the evening of Friday 2<sup>nd</sup> to Sunday 4<sup>th</sup>

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

November 2001. Those who have attended earlier meetings will know that we plan to meet informally over dinner on Friday evening and that Saturday morning is 'free time'. On Saturday we plan to meet at 2.00 p.m. and will need a very short Business Meeting.

#### Cost.

The cost of Dinner, Bed and Breakfast is £44 per person per night. Accommodation is in shared twin bed rooms, I have taken an option on two single rooms for which the charge is £62 per person per night.

Booking: By 30<sup>th</sup> September.

By Post to Acorn Society P.O. Box 296, Ipswich, IP2 8SH

By e-mail: AcornSociety@hotmail.com

By telephone 07788 126706 (This number is available evening and weekends only)

Want to talk about it? Call the above telephone number as requested.

Please remember that we cancelled the Bournemouth meeting. Had everyone who eventually asked to book accommodation done so before the closing date there would have been no need to cancel the meeting. What happens to those who try to book directly with the Hotel? – We'll draw a veil over those – heavily!

## **What Exactly Constitutes A Good Circumcision?**

**A**ll to do with aesthetics one would at first imagine. For most persons viewing circumcision as a simple cut and snip procedure without serious thought as to why it is being done at all, will likely seek the aesthetic approach to what exactly constitutes a good circumcision.

The answer entirely lies in the *motivation* for performing it. To many religious people today who practice this procedure as a religious rite, for them circumcision is meant to be a sign for all to see, to show others that they have a relationship with their God because of it. The Jews in particular realised that it became essential to prevent circumcised males from endeavouring a method to effectively become uncircumcised again, because their God warned that such individuals would be 'cut off' from His promises to them. As such, there came a time in history when the rabbi's insisted on the entire removal of all the foreskin, inner and outer parts, with a totally bared glans essential for all to see, whether on a child or adult.

If anyone today in our society decided, without this Biblical backing, to remove a new born baby's clothes, strap him to a circum-straining board, and without anaesthesia, spend some 10 or 20 minutes cutting away at his penis with a scalpel, he would be called paedophilic, sent to jail for life and would likely end up being tortured to death in jail. No-one dare call the God

who ordained circumcision, paedophilic, and in any case how could mankind bring God to bear for such actions?

If the motive for circumcision is sacrificial then a good circumcision undoubtedly will be one where the maximum cutting of flesh occurs. If the circumcision is but a sign or symbol that the person has undergone a 'token' influence on his sexuality, as opposed to a real one, then just a minimum snip, a super-incision perhaps is a good circumcision. For many Christians today, they see physical circumcision as un-necessary because their circumcision is completely spiritual where all licentious thoughts, sexual indulgences, etc: are 'cut away' from their deepest origins in their heart. This is supposedly achieved by their God. This is a pity in one sense because there is much sexual diversity that I am sure is healthy and acceptable to a God, including being utterly obsessed by the subject – know anyone like this? Eroticism is one reason why parents perform this surgery. Doesn't he (it) look nicer with the end of his little willy uncovered? Looking at the end poking out so, helps me not think about changing his nappies.

For all of us who were circumcised without our consent, I believe we should revel and *live* for exactly those reasons. I was circ'd in the 1940's because masturbation was thought to be so serious an activity that blindness resulted. Masturbation should become my oyster. Circ'd for social reasons to look like others? – then enjoy and revel in looking at one's contemporaries circ'd willies. Circ'd for religious reasons so that it will be a sign to others of other faiths? – then make sure you do just that – show the World your willy, in whatever way is acceptable, and if you land up in court over it, quote the judge the bit in the Bible which tells you that your circ is meant to be a visible sign for all to see.

To many people who have never experienced the emotional and psychological knife on their sex, they really can only see the 'tip of the iceberg' of circumcision. A good circumcision to them is no circumcision at all, because the knife can only mean one thing to them in all their life's experiences. Having said that the form of circumcision varies from superincision where the prepuce is cut on its top surface, nothing is removed and the skin hangs down with glans visibly permanently uncovered (a good start if you want to consider circumcision without losing anything). Some African tribes practice this form, particularly the Nuba.

The Australian aborigines in particular are the world's most subincised people, with a very visible groove cut away from often the entire undersurface of the penis from tip of glans all the way to the scrotum, until the urethra is opened. They do this to simulate the female vulva (which they consider something which must surely be true), sacred as life emanates from it, and also to simulate, in the effective bloodletting, menstruation. They necessarily urinate in the squatting position, and their feminine side is thus promoted. A good circumcision for them apparently, lies in the promotion of this otherwise forbidden sexual cross-over.

*Michael – Oban*

## Browned Off Thoughts

I was reading your article, in the Issue No: 1/2000 *Acorn*, by Anthony, entitled 'Browned Off' wherein he offers an explanation for the wide brownish scar on certain American penii, that he concludes can only have been given a Gomco-clamp type of operation to achieve this effective circumcision appearance, many years after the circumcision had been done.

I understood that the Gomco clamp was used, even up to very recent times by more than 50% of medical personnel performing circumcisions in the USA – the Hollister Plastibell technique, slightly less. If this wide brown scar is a feature of this method of ablating the prepuce in entirety, then why do the majority of American surgically modified penii not have this feature, since it is not common? Obviously only a circumciser familiar with this routine for dispatching as many new born foreskins in as little time as possible, can effectively do justice to answering the reason 'why this wide vivid scar?'.

I would like to suggest an explanation: From video's I have seen of the Gomco clamp procedure for circumcision, the skin of the penis is pulled upwards away from the abdomen whilst the clamp tightens this same skin to the bell covering the glans. It appears to me that the clamp is at first slightly tightened so that sufficient tension keeps the outer penile skin against the bell whilst at the same time allowing more skin to be pulled through in case all skin circumferentially has not been pulled through by the same amount or similar tension. If the clamp is just that little bit too tight to allow the skin to go through, it will effectively be compressed as it pulls through a space of insufficient width. During this pulling action through a constricted space, a certain small width of penile skin (and not the inner prepuce skin which is at that time protected by its outer penile skin) will experience a crushing if only lightly, and this will undoubtedly lead to discolouration of the skin involved. The effective width of this scar will be represented by the extent that the skin has been pulled tightly through the clamp.

One must surely appreciate that the circumciser, or medical nurse, has to control the amount of skin being pulled through the clamp device, make sure the tension on the penile skin is approximately the same all around the penis circumference, ensure that too much skin has not been pulled through (or too little) whilst at the same time tightening the clamp to crush the desired amount of foreskin to be removed, and the amount desired exactly by whom? This is really an impossible task to do well.

I don't believe circumcision can ever be done really well, like a face lift, or mole removal. One cannot surely predict how the baby penis will either look or feel many years later after the operation. In circumcision there are far too many unknown or unpredictable factors to enable a perfect operation.



I believe many readers of *Acorn* would love to know exactly how they became dissociated from part of their sexuality and at such a tender age. This can be readily gleaned from the scar type and appearance. Many *Acorn* readers I know will join me in my opinion that there is something special about the American style Gomco procedure for circling with its associated very unique rounded and often tightish scar. In general however, the Gomco does not produce a wide brownish scar, but I have read in the past that the Gomco circumcision line has a more visible nature than the almost equivalent looking Plastibell procedure.

Anyone out there with more explanations of circ appearances and how they got that way?

*Michael – Oban*

## **In Love With Circumcision**

I just love the circumcised state and would like to see all men and boys circumcised. I first saw a circumcised cock when I was about 8 years old. On the way home from school we crossed some open fields where a group of us sat and talked. One day Dave, a boy who later became a very close friend, pulled his cock out to show that he was different from the other 3 or 4 boys with us. I remember being fascinated by the smooth head, of which he seemed so proud. Years later as 13 year olds we used to wank off together and by then he was really big and his circumcised cock looked fabulous. Although he seemed bigger than me he was often telling me how big I was and especially how thick my shaft was. The only thing he did not like was the fact that I was uncircumcised. He told me that every Saturday afternoon he wanked off with an older boy who was also circumcised and really huge. I have always regretted not getting together with the two of them and I think that the only thing stopping me was my uncircumcised condition.

Though only 8 of the 30 boys in my school class were circumcised I somehow had 3 of those boys in my close circle of 4 friends. I can still remember exactly the boys who were circumcised and even what their cocks looked like although I cannot remember more than a few of the others. Even at home I seemed to be in the company of the few circumcised boys in the neighbourhood and can remember wanking off with 4 of them but only with 2 uncircumcised boys.

Wanking with the circumcised boys was fantastic and I especially remember Trevor who was a year younger than me who liked to see which of the two of us could shoot our loads the quicker. Years later I heard from another boy that Trevor used to suck him off swallowing all his huge load of cum. I just regret that he never did that for me but of course at the time I was uncircumcised and the thought of sucking an uncircumcised penis must surely put anyone off.

How much more is relevant? Dave (not the same one as above) with whom I used to wank off instead of doing games at school had one of the biggest cocks I have seen even at age 14 and was in my view perfectly circumcised. Or Tony who I met at University who really did have the biggest cock I have seen and flaunted his circumcision which was superb and without even a visible trace of a scar which is how I like to see them, but I suppose that only happens if you are done at birth. I always had the feeling that like me he was bisexual but he used to go on so much about 'queers' that I did not dare to show any interest in his magnificent cock.

Or should I describe the fun I had in the local disused quarry with Peter, a neighbour who had quite a small but well circumcised cock who liked to strip naked so that we could better enjoy mutual masturbation. All these boys and many others convinced me that one day I too would be happily circumcised.

*Christopher – Cardiff*

## Indecent?

An event took place last spring which was almost a throwback to the bad old days when London's Finest sought out 'filth' wherever they could find it and administered the law of censorship with ruthless vigour. Now although it is certainly not within our remit to campaign against censorship, nevertheless when occasions of heavy handed and totally disproportionate action are directed in a way which brings our subject into prominence, however marginally, I feel it is time to call attention to it.

What upset the guardians of decency, alerted by a few puritanical members of the public (at the instigation of a nasty Sunday red-top), was a photographic art display by Atlanta-born divorcée Tierney Gearon, who exhibited a number of photographs of her young son and daughter naked at the Saatchi Gallery in London. Tierney, in what to my biased mind seems a spirit of joyous and triumphant rejection of the still widespread American practice of infant circumcision, celebrated her son's intact state whilst expressing her feelings in the exuberant attitude of the boy who was peeing in the direction of Tierney's chosen audience (the American public) in an act of in-your-face defiance.

It is a sad fact that any depiction of children in the nude is now considered akin to child molestation, no matter how innocently portrayed and although Tierney's pictures, while clearly innocent, might be considered to be in poor taste (how will the two kids react to the furore in years to come?) the police's draconian action in trying to ban them provoked a furious public response causing them to withdraw their objection. They should contemplate the fact that their immoderate response brought these 'offensive' images on to the pages of national newspapers whereas only habitués of the Saatchi would have seen them otherwise.

I've no doubt that some will query my interpretation of Tierney's reason for publishing the pictures but as an opponent of RIC I like to think I may be right.

*E.T.*

## Alternative To Revision

I have read with some interest the letters on revisions. In almost all the letters the effect of having very tight skin on the penis shaft when flaccid is that the skin around the base of the penis and around the testicles is stretched up when the penis is erect. I note that one or two correspondents have advised that because of this 'borrowing of skin' they get an amount of discomfort or pain. Not the best advertisement for the procedure but if a guy wants this tight look then no doubt he is prepared to put up with the discomfort to obtain his desired appearance.

From my reading of the letters it is apparent to me that the reason for most revisions is that the guy wants his helmet to be very prominent and not in any way obscured by foreskin/shaftskin when flaccid.

In my own case during an erection my shaft skin is very tight as my foreskin was totally removed when I was circumcised. I need to pull up quite a lot of skin from around the base of the penis to get any skin to stretch up to the rim or just over the rim of the helmet during an erection. When completely flaccid the length of my penis is around three inches and the skin on the shaft is bunched and a small piece sometimes just covers the rim of the helmet. If I pull the skin forward when flaccid I can cover about half or maybe a little more of the helmet but once released however the skin springs back and leaves the helmet exposed.

The length of my penis in a semi-flaccid state (that is stretched out and still soft and not erect) is about four inches and the skin on the shaft is stretched out exposing the half-inch or so of remaining inner foreskin, the circumcision scar and the helmet is very prominent. Now if I could retain this length permanently, so that my penis will not shrink back further, I think I will have achieved, more or less, what others achieve with a revision. I think most guys would like to have a reasonable penis length when flaccid and one frequently reads in various magazines etc that many guys are disappointed at the extent of penis shrinkage experienced when the penis is flaccid.

I remember some years ago reading that it was possible to have the muscle at the base of the penis, which controls the retraction of the penis when not erect, partially severed and this would stop the penis shrinking back and maintain the length. The only drawback to this procedure, so I understand, is that the angle of an erection might not be as steep as before and the penis might become slightly less firm and little more wobbly, as the same muscle

also has some influence/control of the erection function. This apart have any members any knowledge of this procedure and the cost? I suppose like any cosmetic surgery it will cost an arm and a leg for what I would assume would be a 30 minute or so procedure.

As an aside I am amazed at the prices some clinics charge for a circumcision under local anesthetic; when I was circumcised the cost was under £200 now some clinics charge over £1,000. I know everyone wants to make a profit but even when one takes out the surgeon's fee and the overhead of the clinic the profit margin must be very high.

*C.B. - Cornwall*

## Down Under

**I**n Issue 1/2001 (excellent as always), KG refers to a conversation he had with a New Zealander who thought that 'general' circumcision ended there around 1980. As an enthusiast of circumcision, it seems KG's illusions were shattered – Aussies and New Zealanders were not necessarily cut!

I have bad news for him – his Kiwi confidante may well be right.

It is the case that, as a general rule, life in NZ emulates much more closely that in the UK than does that in Australia (which is more likely to follow the US). I have no experience of NZ men, but I have very close experience of a straight Australian man of 25 who works with me. We have the most amazingly detailed discussions (out of work!!) and I ascertained at an early stage that he was uncut. He went on to volunteer that his four older brothers (born between 1970 and 1975 – Catholic family!) were all cut. He (born in 1976) was not cut and nor is his younger brother. He has never understood why his parents decided that, as from him their sons would not be cut but is afraid to ask his mum.

The chronology is rather like that predicted by the Kiwi confidante. I have a hunch (which may well be wrong) that perhaps Dr Spock's baby care book was amended around that time and no longer recommended routine circumcision. Does anyone have copies and could check? That said, most American boys continue to be cut even today, and I believe one of the reasons even more are not cut is that some of the US medical insurers do not consider it medically necessary – insurers always have an eye to saving a quick buck!

My Australian man has quite a lot of foreskin, though not covering his peehole. He nevertheless pulls the skin right back to pee and (he tells me) he prefers it pulled back when he wanks. For all that, he said there was no way he would voluntarily be cut – though this *may* be because of the fear of pain rather than aesthetics etc.

The only other relevant experience I had was a very remote one by internet, with an Australian living in London and who was born about 1970. He said his father was cut, but he was not. Unlike my workmate (and even at a safe distance over the net) he would not elaborate.

Does any of this help?

R.

## More Of The Penis Puppeteers

The description of the Penis Puppeteers by J.F. in Issue 4/2000 of *Acorn* did not mention that the two Australians David 'Friendly' Friend and Simon Morley subsequently went on to appear at the Whitehall Theatre in London at the end of last year.

Not wishing to miss the opportunity to see two chaps performing so called dick tricks, I hastened down to the 'Smoke' between Christmas and New Year. I was not to be disappointed.

To put the audience, who seemed to be made up largely of women and homosexual American Tourists, in to the mood for the main event a highly amusing comedienne came to act as warm up. For an hour her mixture of gags and songs, including a spoof version of the 1970s pop song 'Nobody Does it Better' (theme tune of the James Bond film *The Spy Who Loved Me*) with references to lesbian masturbation entertained us.

Following an intermission the two Australians appeared on stage and I knew that what I was about to watch was definitely not suitable for my two young sons – at least not yet! Sitting in the fourth row from the stage and with a screen behind them which magnified everything in close up. I could not help feel awed by the sight of their well endowed appendages which they brazenly strutted for the next hour after removing their skimpy cloaks. Quite how they managed to contort their cocks and balls in to all manner of shapes without hurting themselves went unanswered. In addition I was intrigued that for two chaps who were clearly either circumcised or possessed very short foreskins pulling and stretching shaft skin into party pieces such as 'The Eiffel Tower' was no problem.

My personal highlights were David 'Friendly' Friend holding his dick stretched out and using it like a wind up tool, and Simon Morley's suitably politically incorrect display of his dick next to a picture of the Duke of Edinburgh followed by President Bush. I always wondered what dickheads looked like. There was even a brave young lady from the audience who volunteered to be a prop in one of Simon Morley's stunts. He asked her to stand between his splayed legs while he did a handstand. It is a pity I forgot the gag.

All in all it was a good night out. In retrospect I think that it would make an excellent *Acorn* event, except for those easily shocked or hoping to see erections. The mind boggles to think what our two Australians would do with their members standing to attention. By the way, did any other *Acorn* members see their show? If so, did you enjoy it? And did you buy their accompanying book (last seen on sale at Foyles in Charing Cross Road) with plenty of pictures of tricks to copy.

Henry – Cambs.

## Further Advantages Of The Muslim Style

**P**T – Sussex waxes lyrical on his ‘Muslim cut’. Not deprived of the large area of inner foreskin and thousands of sensitive nerve endings lost by recipients of radical medical circumcision like me (where the membrane is tightly trimmed before suturing cut edges) much of the spectrum of potential pleasure is retained. Whilst my scar line is close to the glans, PT has his mid-way down the shaft, a half penis length of erogenous tissue, lucky man!

For the Muslim style of circumcision, offers a distinct advantage. Fast-breaking is determined by the degree of penile insertion. If the penis reaches the circumcision ring or scar, the fast is broken. Glans insertion and no ejaculation is no misdemeanour, provided the scar remains outside, incredibly enough! For sexual intercourse to take place, the circumcised parts, both male and female, have to make contact. Being able to insert almost half the erect penis is an interesting aspect of ‘Eastern Promise’.

Also Tony’s oriental observations, the Japanese male, should his prepuce slip forward, would quickly retract it in order not to offend against decency. At the bath or during a medical examination, he would never present himself other than decapped. Kawakamuri – Japanese for ‘skin covered’ is a mark of bad taste. The reverse of the natural state is obtained by retaining the retracted prepuce with a string, so eventually it cannot be extended over the glans. Incidentally Japanese art never represents the penis other than denuded.

Musing at the loss of erogenous tissue, I did a parody on the old music hall song *Grandfather’s Clock*, which ‘stopped dead, never to go again when the old man died’.

My Grandfather’s cock was hard as a rock  
And my granny approved of the size  
It was plump as a plum and mostly feeling numb  
Well, because all his foreskin had gone;  
It was shed on the morn of the day that he was born  
Losing natural cover and pride –  
“It was clipped back, never to grow again”  
The old man cried.

Ninety years without covering,  
Roundhead roundhead  
No drawback discovering  
Roundhead roundhead  
It stayed clipped back, never to grow again  
When the old man died.

*Anthony*

## Can't Say No

I usually find something of interest in every issue, but I found two articles of particular interest, issue 3 'A Well Cut Cock' by J.S. of Guernsey, and in issue 4, 'Reply to a Well Cut Cock' by P.T. of Sussex.

Both gentlemen had been fortunate enough to find a surgeon to perform a tight cosmetic circumcision. Stretching the shaft skin very tight when flaccid and pulling the scrotum skin around the base of the shaft forward when erect. The latter gentleman was estimated for a normal circumcision then an extra half inch was cut off to get things really tight.

Is this not dangerous? Is there not a risk of the stitches tearing and the wound bursting open even if he had a minor erection during the recovery period? I would imagine that they would have to be very heavily sedated for a spell. Even after the stitches were removed and the wound healed the scar line would be a weak point and tear open if they indulged in any violent rough action.

After a year or two they will realise that it has been all worthwhile. They will have the much coveted appearance of a well cut cock. Outrageously overexposed and oversexed examples of male perfection. Not my words but stolen from the following article taken from a nudist mag many years ago (possibly in the late twenties or early thirties) also relate to tight circumcisions and I feel it appropriate to publish it as a second follow up to the first. There should be no breach of copyright it is so old and the views expressed possibly outdated.

"If you are circumcised with the head of your penis permanently exposed, how can you make sure that your message reaches on the right people when you strip off on a nudist beach? Even without an erection the sight of a circumcised penis with the head permanently exposed, particularly if it is complimented by a heavy growth of pubic hair, can not fail to indicate maturity and a keen interest in sex.

"A larger percentage of male naturists than any other section of the community seek the help of a plastic surgeon to perform excessively tight cosmetic circumcision.

“Many mature and sexually active nudists have lived to regret it. No matter how much revulsion they may feel towards some undesirable bedmate, they no longer have any control over the signal their body language is radiating.

“Against their will, their body is saying loud and clear; I find you very attractive. My sexual desires are aroused. I am ready — more than willing and at the slightest drop of a pin, I am yours.

“In other words like the words in the Dorris Day song, ‘I can’t say no’. Without actually putting it in to words my penis has been cut and mutilated so that it will never again look flaccid and disinterested in sex.

“The male penis in its natural uncircumcised state is the most sexually expressive part of our bodies, an even better indicator than our face. We can control our facial expression to hide our real feelings but it is far more difficult when totally naked to control our penis.

“Before puberty – a young uncircumcised male will have no pubic hair, his scrotum will be small and tight and he will only expose the head of his penis when urinating. Even after puberty he can only expose the head when has an erection and the head swells enough to hold the foreskin back.

“The head should be visible only when he has an erection and almost reached the point of no return and is bursting for sexual relief. No facial expression or words could give the observer such a strong message.

“In the past male nudists almost without exception have been circumcised and the females have had their breasts enlarged and their nipples altered to stand permanently erect as though the sight of a sexy male penis is turning her on.

“Photographers love this: In body language, messages of sexual desire are being transmitted and received both ways.

“But fashions have changed. Some of the most outrageously oversexed examples of sheer male perfection have not had their male offspring circumcised. Fewer and fewer are having adult circumcisions, and the emphasis now is electrolysis to remove all trace of pubic hair.”

A. – Scotland

## Ideas To Ponder Over

**I**n the book, *The Jewish Religion – A Companion* by Louis Jacobs, Oxford University Press 1995, p82, is written,

“The operation (circumcision) is so difficult and so disagreeable, that no-one would undergo it unless he sincerely wished to belong to the people of faith.” Also p83,



“In the early days of the Reform Movement some of the Reformers advocated the abolition of circumcision, protesting that the rite was too particularistic, and too cruel to be retained.”

Circumcision is little else than cruelty to many persons who have undergone the operation of circumcision who have no faith whatever in a God who ordained this rite. It is a blessing to others who believe their entire existence and mapped out life-plan is a result of their circumcisions.

To persons carrying out circumcision, cruelty and disagreeableness are surely not part of their vocabulary. Not all circumcisers and medical personnel performing circumcision believe in God either.

Why therefore are not more persons, particularly atheists, not vocal in an endeavour to eradicate this ‘barbaric’ medical procedure? Why also do the far majority of men who have undergone medical (as opposed to religious) circumcision at or near birth not scream out intensely concerning it, particularly those who are atheists?

The answer lies in the deep feelings of exquisite pleasure that can and often enter the mind when one just contemplates circumcision, whether one is religious or not.

An atheist not believing in any god, does not by implication mean that there is no God obviously. Also a God is not just ‘at work’ so to speak only with those who believe in Him. In fact, He is likely just as interested, perhaps even more so, in His creation who do not believe in Him.

It is likely that inexplicable feeling of beauty or just feelings of acceptance concerning one’s circumcision status have been ‘programmed’ in the minds of those who have undergone this otherwise barbaric and unnecessary surgical manipulation and mutilation of our most intimate sexuality.

I strongly believe this to be true, because I have severe burns which somehow do not bother me (only others). I believe this is because I see within my own character something much much stronger and thus inexplicably appealing, because of them. As a male, appearance does not have the same implications as that for women, which also may explain partly why female circumcision is not as an acceptable medical procedure in the World as is that for the male.

Another important fact to the above lies very much in our sub-conscious state, which often can contradict our conscious feelings concerning the emotional pain of having one’s most intimate sexuality put under the surgeon’s knife for all to either see or publicly know about. The appeal of our sub-conscious state concerning circumcision may well be associated with what every human likes to strive for, which is to be different to the masses in some context or other.

Almost all of us yearn to be rich, and for what reason other than to show off to others that we do not need to be subjected to a society's social control any longer. Men and animals are none too different, primarily because of our animalistic sexual urges to impregnate every available female.

Circumcision changes all that in that a temperance of a circumcised male's sexuality almost certainly occurs with circumcision. Even if the physical senses are not significantly affected by circumcision in young males, the circumcised male knows, senses he is different, to both other men and particularly animals, and thus if only psychologically, he gains control of his sexual urges because circumcision means something extremely important to him, sub-consciously.

Circumcision cuts deep in the minds of those who have undergone this otherwise mutilative genital surgery. If one could analyze the mind, it would likely consist of forces opposed and forces content with the surgery. The forces 'opposed' can be tabulated readily – they exist in abundance in medical literature and especially on the internet. Mutilation is but one of them.

The forces 'content' are not easy to tabulate, but in my own experience, when my sexuality is 'awakened' (as opposed to having to awaken it myself), and it is the correct time for enjoying one's sexuality, sexual pleasure is often directly derived from just contemplating or thinking about circumcision. This must be evident to all readers of *Acorn* magazine. Why do we long to see the next issue, even if we despise circumcision? Maybe we just love to enjoy that which is unenjoyable?

*M.W. – Scotland*

## A Contribution

Congratulations on doing a difficult job Steve, in trying to balance pro and anti circ members views and prejudices. We have now had five issues of the magazine produced by you as editor and I must say that they have been both stimulating and generally refreshing.

There have been a few blots such as I.O. – Herts who bemoans the fact that we have a 'Declining membership' while you, the editor, is saying that the membership is slightly up at just over 180.

Of course R.B.W. also trotting out his fantasy of 'A haemorrhaging membership' despite you telling it like it is of a slightly rising membership. His tired litany of 'comments' bemoaning a lifetime of anguish and distress at being circumcised was first aired in 8/98 and we have now read five times of his woes, the latest in 3/2000. I hope he soon gets over his neurotic obsession of being, in his mind, mutilated. Personally I find some of his remarks objectionable and even insulting to the pro circ members. Such polemic we can do well without. Perhaps he would do better to stick with his Nocirc

fanatical friends or, having stated his opinions, leave it at that. Constant reiteration is not needed.

In contrast there is C.R. with his *Childhood Wish Fulfilled* (3/2000) and Peter (1/2001) telling of his Experience, and many others. Men who do not denigrate others but tell of their own feelings.

I find Cavalier Reasoning difficult to follow as his feelings appear to be ambivalent. He says that he suffers with balanitis and his doctor advised him to have it done and stop messing about. He also says that he prefers the look of a tight cut and that the appearance of his cock with the foreskin fully forward tapering to a point looks infantile and pathetic. One can only echo his doctor's comment to stop messing about and have it circumcised then it won't look infantile and pathetic.

K.G. says that his illusions have been shattered with regard to circumcision in New Zealand. I would suggest that the uncut N.Z. man he encountered in the sauna is expressing his own wish to be in the majority although strangely he says that most antipodean men remain in favour of a tightly cut penis. I would like to revive K.G.'s faith in antipodean circumcision. I cannot trot out figures but I can say that the majority of men and boys I know and have seen are circumcised. I am a member of a sports club and see men and boys in the showers and changing room and believe me circumcised cocks well outnumber uncuts. There appears to be a need by some men to extend their own circumcised state or lack of it onto as many others as possible. The imagination is a wonderful thing though often unreliable. For instance some uncut/cut men feel more secure if they consider most other men are like themselves. In that way figures become exaggerated, or even meaningless.

Thank you Steve for your efforts which are appreciated by most of us and I would urge members to put their thoughts on paper to help fill the columns of the magazine. It is great to know that others are interested in the same things and are prepared to share with the rest of the membership.

*D. – N.Z.*

## **A Snip In Time Saves Lives**

**From The Pink Paper, 23/3/01**

**J**ohn Cairns' ignorant attack on circumcision (Letters, 16 March) does not deserve Letter of the Week status. There are now over 40 studies showing that the absence of a foreskin provides a partial (and I emphasise partial) protection against HIV in heterosexual men. As this protection seems to amount to at least a 50 per cent reduction in transmission it represents millions of lives saved.

The effect is not due to 'religious influences'. These, and other confounding factors, have all been investigated and eliminated. It is also simplistic to

compare AIDS-ridden and circumcised America with healthy, uncut, and culturally very different Japan. The AIDS epidemic in America is years ahead of that in Japan but it is still mostly caught through passive anal sex or needle sharing. Nobody suggests that circumcision will make any difference then! When it is heterosexually transmitted it is disproportionately so in blacks and Hispanics – precisely the groups where circumcision is least common. Cairns' dismissal of an experiment on one foreskin ignores the work done on live monkeys (not reported on *Horizon*) that found that they easily contracted the related SIV through Langerhans cells in their foreskins. With so much evidence against him Mr Cairns' position seems like that of the die-hards who will not accept that HIV causes AIDS. Perhaps we can look forward to his next letter telling us that the earth is flat.

## Snippets From Around The World

From the *Encyclopedia of Unusual Sex Practises* (page 62) there is a reference to circumbustion which the Nandi, an African tribe, carried out. The boys were apparently circumcised with a glowing iron that burned off their foreskins as another held it outstretched. Ouch!!

In the same book there is a reference to acuculophiles who are women only sexually aroused by circumcised men. Anybody know such a woman?

From the travel book *Madagascar* (Hilary Bradt, 1999) Page 21, boys are described as being cut at the age of two and a baby who dies before this may not be buried in the family tomb.

In some rural areas circumcision may still be performed with a piece of sharpened bamboo. The foreskin is not always discarded. In the region of Antambahoka it may be eaten by the grandparents and in the region of Antandroy it could be shot from the barrel of a gun!!

From the lonely planet guide *Bali & Lombok* page 359, circumcision is described as an elaborate celebration on the island of Lombok. The boys, aged six to eleven, are carried through the village streets on painted wooden horses or lions accompanied by drums and cymbals. The cut is performed without an anaesthetic as each boy must be prepared to suffer pain for Allah. As soon as it is over, they must enact a ritual known as the 'makka' – a kind of obeisance involving a drawn kris dagger which is held unsheathed.

Henry – Cambs.

## The Acorn Complex

Some men find circumcised cocks attractive. For John, or anyone else, to describe cut men as 'mutilated' could give them a complex!

Alan Giles

# ACORN

Issue  
N<sup>o</sup> 1 2002  
Editor  
Steve Acorn

## Editorial

**H**ere at last is the next issue of the newsletter. The delays have been caused by a number of reasons, not least the small number of contributions.

The current plan is to continue to produce the newsletter as and when possible and there will be no membership renewal raised this year.

Please don't write in complaining of the shortage of issues, use that energy to pen a small contribution and the next newsletter will appear sooner.

Douglas is in the process of organising a meeting in the Autumn where the future of the Society can be discussed.

*Steve Acorn*

## Acorn Weekend, November 2002

**I** am sorry that the provisionally arranged pre-Easter *Acorn* weekend did not take place. I had accommodation arranged at favourable rates at a hotel in Bournemouth but I was unable to

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

complete the arrangements before leaving the country for six weeks.

For some years *Acorn* meetings held in the Midlands have attracted more participants than those held elsewhere. With this in mind I am in the process of arranging an *Acorn* Weekend to take place 9th – 10th November. I shall be looking for twin bedroom accommodation, most probably in the Leicester area. If you would like to let me know of your interest, book accommodation or to discuss the format of the weekend please call me on this number during the evening or at a weekend 07788 126706.

Douglas

## A Few Books

I did not see anything on 'our subject' – circumcision – in *The American Way Of Birth*, by Jessica Mitford (New York: Dutton/London: Penguin, 1992). Some years ago, she published another expose, *The American Way Of Death*.

Poring over David Leddick's *Naked Men: Pioneering Male Nudes, 1935-1955* (New York: Universe Publishing, 1997), I was struck by how many of the men who are frontally exposed are circumcised. Notwithstanding the subtitle, some photographs in this book go back to the 1920's: and the subjects were born in the first four decades of the 20th century. The incidence of cuttage revealed in the book is not only fascinating in itself, but it flies in the face of a piece of misinformation still making the rounds here, that 'Circumcision was not common in the U.S. until after World War II'. (Well, boys and girls, just what do you mean by 'common'?) And sometimes that shaky generalization is paraphrased or improved into, 'Circumcision was unusual (or even "very rare") in the States before World War II' — even more absurd.

David Reimer is the subject of John Colapinto's *As Nature made Him: The Boy Who Was Raised as a Girl* (New York: Harper Collins, 2000). David was twice a victim of medical malpractice: first, when he **lost** his penis (the masking technical term is *ablatio penis*) at eight months old, because of a badly bungled circumcision using an electrocautery device; and second, when Dr. John Money and Johns Hopkins Hospital, and other 'experts', tried for several years to raise him as a girl (under the name of 'Brenda'). After the high-profile attention given to David's tragedy, and other occurrences of what the medical industry euphemistically calls 'accidents' (some of them reported in this book), one would piously hope that the use of electrocautery in circumcision would cease: that it would become as obsolete in medicine as calomel. But I fear that will not happen. Some of the obstacles are attitudes: That circumcision is trifling surgery, needing no special skills, and that 'anyone' can do it; That 'we' (health care professionals) always know what's best for 'you' (poor dumb lay customers/patients); That if gadgets are around, let's use 'em, by golly; That 'doctors are entitled to make mistakes' (this last attitude, lamentably, is shared by some lawyers).

**Point of View.** Some recent contributors to *Acorn* have extolled 'tight pullovers' (foreskins which fit snugly and require a bit of work, or maybe a lot of work, to retract past the glans). As a contrarian, I will put in my two pence worth in favour of 'loose pullovers'. The boy or man with a 'loose pullover' is lucky: he has a loose foreskin that slips and slides back easily, doesn't need to be tugged at or worked with, or maybe his foreskin is a short one which doesn't fully cover the glans. The guy with such a loose skin will likely feel better, and have more pleasure and fewer problems, than the possessor of a 'tight job'. He'll have most of the advantages of both cut and uncut states (and so will the cut boy or man who has a 'low', loose, conservative circumcision – what I call a 'classic cut').

*M.S. – Utah*

## The Legal Position

**I**t is permissible, in the U.K. at least, for anyone, anywhere to perform male circumcision. It is only legal because it is not illegal. No law has ever been passed against it, primarily one surmises, because of its Biblical sanction, and the somewhat confusing and debatable so-called medical benefits.

Much has been written and said concerning the legal question of male circumcision. The General Medical Council of Britain whose Motto is 'Protecting patients and guiding Doctors' have written a 6 page 'Guidance for doctors who are asked to circumcise male children' very factual document covering all that is required for a doctor to know when undertaking circumcision for consenting parents.

On p4, section7, is stated the following:- "Article 24,3 of the UN Convention on the Rights of the Child (ratified by the UK Government in 1991) states that ratifying states should 'take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children'. However, this must be balanced against 9.2 of the European Convention on Human Rights, which protects the rights of individuals to practice their religion."

Anyone can offer 'religious reasons' for performing this rite, even if this is not the actual parental reasons. This is because the child may subsequently wish to be circumcised at birth for these same religious reasons. No one can say for certain how the child will grow up and react to his circumcision. Also, he may *turn* religious because of his circumcision.

However, circumcision for religious reasons refers only to the foreskin being removed. It is extremely doubtful if excising the very sensitive fraenum of the penis can be justified on religious grounds, because religious circumcision as developed from the desert days of Abraham, could not have contemplated this aspect of the procedure which requires great medical skill and dexterity.

No layman, as in the original days of this Biblical command, would contemplate excising the fraenum for religious reasons, simply because he would not have had the necessary skills available at that time in history. Presumably also, God did not change the style of circumcision as medical skills developed. All medical books highly recommend leaving this very sensitive tissue alone also. Anyone with a circumcised fraenum, I feel certain, would win a law suit based upon the above recommended General Medical Council Guidelines.

It would appear from the above, that doctors might well adopt methods of circumcising that reduce the risk of damage to this very sensitive (in more ways than one) area, the fraenum. All clamp devices which fit over the glans, prior to excising the foreskin, and provided the fraenum is not cut first, will secure the very minimum damage to the fraenal area. Cut and suture methods or circumcision where often the fraenum is cut or at least stitched into (the 3 in 1 fraenal stitch) is likely best relegated to the history books, to avoid legal action.

You can obtain the above mentioned document by writing to the General Medical Council in London. I was sent it free of charge.

M.R.W. – Oban, Scotland

## Reply To Downunder

In 'Downunder' R was absolutely correct in his supposition. In Dr Benjamin Spock's *Baby and Child Care*, the British version of 1970 still strongly advocated male circumcision in early infancy as without psychological harm, "a good idea, especially if most boys in the neighbourhood are circumcised – then a boy feels 'regular'." Writing from Redbrook in April 1989, Dr Spock stated:-

"There is no medical reason to recommend routine circumcision and I voiced the same opinion in the 1976 revision of *Baby and Child Care*... My own preference, if I had the good fortune to have another son, would be to leave his little penis alone." Despite his final acceptance of foreskin, the '20th century Kellogg' had given decades of advice, prompting millions of routine circumcisions spanning generations.

Though it is stated that Australia closely follows American trends, in terms of circumcision, it seems that OZ is being influenced by the 'Old Country'. The 1980 circumcision rate of 70% fell dramatically through 30-40% in 1990 to a current 10%. Ie only a tenth of the latest generation of OZ infant males is shorn! According to the Commonwealth Department of Health and Aged Care, there were 38,601 circumcisions throughout Australia in 1980 (all ages) and 18,880 in 1995.



In the USA there has been a downward trend in routine circumcision, but it is no surprise that the practice is still widespread. The 1985 high of 85% represented 1,800,000 neonatal circumcisions dropping to a current 57% (1,100,000 neonatal circumcisions). Unlike in Australia the majority of American baby boys are still routinely clipped – in a land of scars and stripes! Over 50 years from 1940 – 1990 the USA toll of infant foreskins amounted to 65,863,000. Had these foreskins been allowed to develop to maturity, their combined area would be equal to that of 8.7 miles of 15' wide highway. What a preputial pathway to perjury!

Quoting from the Australian Women's Weekly *The Baby Book* – “Parents who want their sons circumcised are now counselled about the operation and discuss the reasons for wanting the procedure. The vast majority are deciding against this. (Those choosing to have it done are a scant 4-10%) In recent years it has been considered best done at 12 months of age under a general anaesthetic. The discomfort and pain experienced by the child after the operation can also affect the mother and infant relationship.”

In July 1996 the leading paediatrician, Dr Christopher Green, stated in the Australian Women's Weekly - “My view is that circumcision is an unnecessary, unauthorized assault on a child.”

To counter the trend towards genital integrity, an advice group has been set up on the gold coast by Mr Wayne Jacques who believes all males should be circumcised. This is the Australian equivalent of the Gilgal Society, another feature shared with the Mother Country.

Anthony

## Scar Line

Something that has always interested me when the circumcision operation is done by the various operators in the field, is how they decide on the scar line position, how much of the inner/outer foreskin to remove and so on, some operations are so badly done you cannot wonder that the persons concerned are outraged when this has happened, by the child's parents or later in life when he has grown up. Nowadays a lot would depend on the reason for the operation, ritual or surgery by doctors who these days have so little experience in that field. From what one can see the ritual operator with his experience by the number of operations he performs should be a lot better at it than the qualified surgeon, the medical/surgery manuals I have browsed through give very little guidance in the graphic details shown and it's obvious the aesthetic appearance of the surgery has never been considered, the use of clamp devices would depend on the skill of the user as well.

For me, I like to see a neat scar line joining the inner and outer foreskin about 2cm down the shaft with little or no skin bunching behind the coronal

ridge when the penis is semi-flaccid, no doubt this is quite difficult to achieve with freehand surgery.

An acquaintance of mine who needed to be circumcised recently told me there was very little pain from the operation, only soreness from the exposed glans, and the site of the local anaesthetic injections, which lasted for about a week, with the stitches dissolving away at the end of that time.

In conclusion I'm sure everyone is left in no doubt that I am a circumcised guy myself and have never regretted my status and am always pleased to contact *Acorn* readers on a more personal basis to discuss one of our favourite topics.

*G.M.*

## Long Awaited Second Circumcision

**A**t last I have had my first circumcision put right after waiting many years to have this done. I booked into the Belvedere Private Clinic in London with an overnight stay on October 15th which cost me £950.00 – this included the stay at the clinic which was £150 per night. Everything was great, wonderful treatment and I never felt a thing not even after the local wore off. I had 2 or 3 injections into the base of my penis for the local and I didn't even feel them. The surgeon cut out the old scar and cut another three quarters of an inch off the remaining foreskin which now means that I have no loose skin rolled up behind the glans. I had about 16 self dissolve stitches which healed very quickly. The result is good just what I wanted, a nice tight skin with the glans fully exposed. Included in this price was a check up visit last week and another in three months time just to make sure all is well.

Anyone wanting more information on this Clinic and procedures, please contact me via *Acorn* and I will give any help you may require. I have had some photo's taken of the stitch line which if they come out o.k. I will be able to show anyone.

*C.P.*

## A Very Bad Circumcision Joke!

**Q: How do you circumcise a sperm whale?**

A: Send down four skin-divers.

*K.G.*

## A Father's Thoughts

**H**aving read a number of articles that suggest there is a responsibility on parents to decide whether they should or should not have their little boys circumcised, I feel many parents are not given any advice on the subject and many are ignorant of the procedure or too embarrassed to ask. The number of boys circumcised in Great Britain has reduced to an all time low and unless there is a serious dysfunction of the penis where the foreskin is identified as the culprit then circumcision would not be discussed. I doubt therefore that the circumcision question would even enter the heads of most new parents.

Since I was born in 1948, when circumcision was 'fashionable', there has been a rapid decline in the procedure. As circumcision is not generally available on demand on the NHS unless there is a medical justification, much the same as tonsils or appendix would not be removed unless medically necessary, I doubt the issue would be raised with the parents by the medical staff. Consequently as new parents will not be made aware of the possible preventative benefits circumcision could give they will not be in a position to weigh up the pros and cons and come to a considered decision. The decision and therefore the responsibility not to circumcise is therefore being taken by the NHS in much the same way as the NHS is taking the decision on the MMR question by insisting on only paying for the multiple jab and not paying for individual jabs. I appreciate that the final decision on whether to give or not give a child the jabs rests with the parents but at least they are given advice; normally heavily biased on the NHS thinking, but on the issue of circumcision I do not believe parents get any advice at all. No doubt in both cases, and probably in many other cases, cost will have a considerable impact on NHS reasoning. The NHS is struggling to keep up with the number of vital operations it is required to carry out therefore any operations that can be dismissed as unnecessary, therefore cutting costs, will be readily accepted by a cash limited NHS and woe betide any doctor who feels he/she can go against this decision.

If new parents are not advised of the circumcision issue then they can hardly be expected to consider it. For those few parents who may give the issue some thought the cost factor will be an important point. As many young parents are either about to lose an income as the mother/father stops work to look after the child or must consider the additional costs of crèche/nursery care for the child the idea of having to pay privately for the operation will deter many of them. Additionally, unless there is a religious reason for circumcision, many parents may find it difficult to find a doctor prepared to perform a circumcision on their little boy even if they can pay.

As the majority of young men becoming fathers will not be circumcised, and in most cases now their fathers will not have been circumcised either, the whole subject of non-religious circumcision will fade away even more until it becomes a distant echo. No doubt many men my age who were circumcised

as babies will say all well and good because they embrace the views of the anti-circumcision lobby but I feel all new parents should make the decision after they have considered all the facts and they should not be denied the information. I realise many of the medical profession will advise that there are no benefits from circumcision and will state there is no medical evidence to support some of the claims made but how often have we seen medical opinion to be wrong and people suffer because a procedure is denied because, until absolute proof is provided, the medical profession stick to their own prejudices.

On a personal note I can say that knowledge of circumcision is not understood by many of the younger generation. My daughter's boyfriend's knowledge of circumcision was very confused when the subject was first brought up during a conversation about the Jews and Muslims. My daughter is doing a degree in Religious Studies and we touched on why circumcision was practised by these two groups. The boyfriend was aware that something was cut off but was not altogether clear which bit until we enlightened him and he was a bit sceptical even after our explanation. My wife and I are naturists (something else the boyfriend is not too sure about but for different reasons) so it was not too long before the boyfriend saw me naked and, of course, he immediately became totally aware of what a circumcised penis looked like. I have quite a visibly pronounced circumcision scar ringing my penis (at least it is when my penis is not totally flaccid) and there is a very evident colour change either side of the scar – what is left of the inner foreskin (between 1 and 2 centimetres) is pale whereas the shaft skin is quite dark in comparison. You will have gathered that the boyfriend is not circumcised and, as it happens, he has quite a long foreskin. I know that after seeing me my daughter and her boyfriend have talked about circumcision but I am not aware that it has gone beyond discussion. My daughter is well aware of the possible benefits of circumcision but I am not aware of her personal feelings about the procedure as she chooses to keep these to herself and I do not consider it is my place to raise the subject with her first; if she and/or her boyfriend asks I will give them my opinion, after that it is up to them.

Although I am circumcised, and my wife is very happy with the state of my penis, my son is uncircumcised; my wife did not consider the operation was necessary and she did not want to raise the issue with the medical staff. Additionally as my wife did not know of any other mother in her circle of friends who had their son(s) circumcised she felt we should follow suit and, somewhat reluctantly, I accepted her decision. I would also add that the issue of circumcision was, as far as my wife can remember, never raised let alone discussed by her friends.

In view of the high cost of adult circumcision I doubt whether either my son or my daughter's boyfriend will get circumcised but you never know I might be wrong. Currently neither has asked me to fund the operation and I expect the idea is waning in their minds.

*C.B. – Cornwall*

## The Final Look

Some six years ago I met through my work a young man of extraordinary appearance. Then just 22 years of age Paul had long discussions with me about his desire to change his body. He was in the process of having tattoos and piercings on many parts of his body but he drew the line at his cock and balls. He stated that he had something special lined up. I enquired as to what that was and with great embarrassment he said that he could not bring himself to tell me but he might be able to at a later stage. The weeks went by and he volunteered to me his deep desire to be circumcised. It was a subject that was foremost in his mind at all times and was a sexual turn on to him. Paul is straight and masculine. Naturally hairy he expressed his interest in body waxing and asked whether I might assist.

In the privacy of his home I shaved him and used depilatory cream. We discussed circumcision and compared cocks. His uncircumcised cock had something of the anteater look with a long tapering foreskin. It was easy to retract however and he mercifully kept very clean. His first homosexual experience ensued as I caressed him and showed him how he would look and how he might wank as a cut man. His cock was on the large side but not massive. The glans was large however and conically shaped with a round head, deep meatus and pronounced dark rim. The piss slit was very deep and almost divided the head in two. He was proud of his cock and told me that he liked to display himself to men and women but was miserable in his uncircumcised state. Upon closer inspection (euphemism for during a blow job) I noticed a series of pimples around his rim and slightly down on to the shaft of his cock. I made no remark as I had noticed them on other cocks.

Over the months we compared our cocks and I helped him devise a way of keeping his foreskin retracted with some shaped sticking plaster. We indulged in mutual masturbation. He liked me to wank him off by holding his foreskin back and using a lubricant on his knob. He liked to spend whole days as a roundhead and loved to feel his dry glans rubbing against his boxer shorts. He was close to making a decision to go ahead with his cut when he began to display symptoms of diabetes. The symptoms appeared suddenly and unexpectedly. His diabetic nurse advised him after a few weeks of treatment that a problem he had with thrush could be alleviated by circumcision. Apparently thrush thrives in the damp conditions in the genital area and the streamlining of the cock assists in clearing up this condition.

The young man was cut as a priority in a National Health facility under a general anaesthetic and with an overnight stay, full English Breakfast et al.

The diagnosis of diabetes was a considerable blow to the young man. The circumcision of which he was so desirous has compensated him to some extent. He is extremely proud of his new cock and rightly so. The surgeon has done him proud with a beautiful and neat job.

His cock is now proudly displayed at work and in the sports pavilion. He is a fervent advocate of circumcision.

I hope that he will attend an *Acorn* meeting in due course. He maintains that his tight shaft increases pleasure during penetration. He was to have had a Prince Albert piercing but is now so satisfied that no further modifications are planned.

The white pimples referred to earlier have all but disappeared. It is nearly a year since he was cut. Mercifully he has also given up the idea of more tattoos and some piercings have been removed. He has at last achieved the final look.

*Mark – Stoke*

## From The Other Side Of The Knife

On the recommendation of my son, I have read through several of the letters on this site to gain some sense of the current thinking on the subject, and I would like to share my personal views based on some historical realities that one becomes privy to from a later-life perspective.

My two older brothers and I were born in British hospitals where circumcision is most uncommon. My father was killed just after I was born, and my mother moved us back to Canada and re-married a Toronto widowed doctor with two sons of his own, identical in age to my middle brother and I. As youngsters our summers were spent in cottage country and for boys of our age, genitalia was a topic of great curiosity, conversation and amazement. The British and Canadian versions of the Willy were explored and the accuracy and distance advantages of the Canadian helmeted versions of my step-brothers was much celebrated.

The year I was starting grade three, we returned from the cottage a week early to arrange for school uniforms and books. My brothers and I were all booked into the Orillia hospital for tonsillectomies and were discharged the next day with sore throats and three very tightly skinned willies. We had all been Canadianised.

Both my middle brother and I were delighted with the modifications and could compete equally with our step-brothers in pissing contests.

I had never seen the head of my penis before and I was thrilled to discover that I had one too. The stitches itched and burned for few days, but my step-dad gave us topical cream that numbed the pain and by the time school was to start, the stitches were out, and all was well. My step-dad had arranged for his colleague, a paediatric plastic surgeon to do the procedures and the results were superb. My oldest brother was not so pleased. He would have been 15 at the time and had enjoyed several years of masturbation practice on the natural model prior to the un-consented intervention by our step-dad.

To the day we buried our step-dad, he never forgave him, and remains bitter to this day about the event.

My new exposed knob produced fiery sensations and frequent erections at the most inconvenient times. The sensations led to an early awakening of my sexuality and the premature discovery, with the help of my brothers, of the joys of girlie magazines and how to use them. Our paper route money was invested in an impressive library of skin books, stored in the sanctuary of the 'boys only' club in the loft above the garage, which also stored a wide array of household lubricants and Kleenex by the box. My older step-brother in particular proved to be an invaluable source of information and facts, real and imagined, about creative methods of masturbation and details of the female anatomy.

My early metamorphosis didn't really reveal itself to me as a surgical event until my first year as an intern during a general surgical rotation, when I witnessed first hand, an adult circumcision. The patient was about my age, twenty or so, and had history of severe and disfiguring infections that had rendered his penis useless. The surgeon, with great care, restored a functional and aesthetically pleasing sex organ from the disaster he was presented.

My (step) father and I had become great friends, and he took a daily interest in my education, shepherding me through a system that I would have not been able to get through on my own. I told him about my revelation and asked him why he had me and my brothers circumcised shortly after adopting us? He explained that he served the first half of his medical career as a Railroad physician travelling the north coast of rural Newfoundland. Each village was visited every six to eight weeks. He said you just can't understand how poor, poor can be, unless you travelled rural Newfoundland in the 1940's. The priest would usually greet my dad and review the home births and deaths so my dad could sign the certificates. The trend that disturbed him the most was how a village could actually lose all its children in a single month. With entire families, often spanning several generations, living in one or two rooms, sanitary facilities being nonexistent and baths being a spring event; disease, particularly infections, spread from child to child carried by lice, and the convenience pathogens exploit with children in close quarters, huddling to stay warm. Any humid, enclosed space proved a rampant breeding ground for infection. Pink eye, ear, nose and throat and genital infections, both male and female were common and severe or lethal. With poor nutrition, appalling sanitation, virtually no antibiotics and soap and water being a luxury, rural medicine became an exercise in epidemiological management. The rural health care plan implemented during my dad's time included routine vaccinations, tonsillectomies and circumcisions which collectively cut the juvenile morbidity rate by more than half. (It would be laughable to lump so many interventions into the same statistical body today.) My father and a single nurse would process as many as 100 children a day in a railcar hospital barely eight by forty feet. My father's interest was in saving children's lives and in weighing

his options, he felt he was acting in the best interest of public health. Vaccinations and the minor childhood surgical procedures were seen by him and his colleagues as parts of a plan to improve public health and reduce the number of juvenile death certificates they signed each week; nothing more.

I served my surgical residency at the largest paediatric hospital in Toronto. As the worst medical student (with the best surgical skills) I was regularly assigned the circs. On any morning, there would be twenty to forty boys lined up for the procedure. (Circs were done the day before discharge, back when child birth was a four day process.) This was the early seventies and most (at least two thirds) of boys were circed then. The nurses would tag the boys not to be done, rather than the ones to be done. We came up with a simple method of marking a little 'C' with a line through it on their tummy with a felt tip surgical marker to avoid paperwork confusions. When I was trained, we used metal bell screw clamps that were horrid things. They required three hands to operate, were impossible to keep straight and left a crush line signature that remained with the lads for life. The plastic bells were a great improvement. With a delicate touch they left no scar line at all and were far less traumatic for the young lads. The hospital was reluctant to spend the money on the disposable device, so we systematically threw out the screws and bells from the metal ones to get them out of service. At the time, we didn't think of it as anything but normal. Some parents didn't want it; that was fine with us as it was less work. During that rotation, I likely did a thousand or more circs, and I never regarded any of them as routine. I had seen some really bad circs, especially from the metal clamp days, and I always took care to make a nice job that the boy would be proud of.

After that rotation, I didn't have much to do with circs as I moved onto a speciality. The topic came up again when the ultrasound image of a tiny penis appeared during my wife's first pregnancy – several such images were to follow. The tide had turned on circumcision, and for all the reasons it once seemed like a good idea, it now seems barbaric. Children no longer slept six to a bed, and indoor plumbing and soap and water had redefined the way that infectious organisms move amongst us. Tonsils were remaining in place, teeth had no cavities, and foreskins no longer posed a public health threat, real or perceived. Our paediatrician said that it was becoming so rare to circumcise that the procedure had been moved from the hospital to a clinic off campus. My four boys all made it through to their 'girlie magazine in the loft' stage with foreskins to explore. The boys were raised in the same house I was raised in and used the same loft as a 'Boys only club'.

My youngest lad was circumcised, at his request at age sixteen. He is diabetic and had a life long battle with balanitis. He is happy with the result, and glad to be rid of the infections. My oldest son was circumcised two years ago when he converted to Judaism prior to marrying his lovely wife. My two middle sons remain foreskined, unmarried and wild on the streets of Queens University in



Kingston, where they are both following the family tradition of low academic standing in medicine.

I retired from orthopedics in 1998 and joined a rural general practice shared with other semi-retired doctors. We service several small northern communities in much the same way my father did. This has re-acquainted me with little boys, big boys and their willies. I was shocked and amazed to discover what a big issue circumcision had become, and how traumatized and passionate males had become about it. As I move from village to village, (we now fly rather than go by train) I am amazed to discover that there is either a pro or anti circumcision culture, and vocal about it. In some of the native communities, we have begun to do routine (I hate that word) infant circumcisions, simply because if we don't, the tribal elders will, and we are far better qualified. But twenty minutes by air, the next village will have every male intact.

The clinics are producing some really interesting walk in cases, from circumcised men reportedly traumatized since birth wanting their foreskins restored, to an alarming number of home circumcisions gone bad. (Please don't do that OK) It takes every ounce of civility I have to walk from a lower leg amputation, a life threatening ailment to find the next case is some guy that wants me to put his foreskin back and expect sympathetic treatment.

From this end of the knife, I believe, every male has a right to choose, I don't hurt babies, and don't do any procedures that are not completely necessary as it places the patient at unnecessary risk, and occupies time that could be devoted to critical cases or my family. It is no longer required or appropriate to routinely circumcise boys. In my circle, I don't know of a single doctor that would perform this procedure without just medical cause or the informed consent of the penis owner. There are still a few doctors in urban areas that circ babies for money (we successfully lobbied for the removal of infant circumcision from the public health fee schedule in every province in Canada) and we unaffectionately referred to them as 'Willy Butchers'. They are considered the bottom feeders of the medical community.

*From the Internet*

## Circumcision Bonds Us Together

Circumcision promotes, indeed fosters male bonding with other circumcised males. We circumcised need to first bond, and then break that bond in becoming marriageable, and fostering family life. It does seem important therefore that circumcised males should be encouraged to bond with each other as early in age as possible, such that the bonding which our circumcision promotes, can then be broken, if indeed it needs to be!

It does appear that circumcised males, deprived for whatever reason of their deep rooted need to associate with other circumcised, or intact males,

will find promotion of the other side of their sexuality, the procreative side, somewhat inhibited.

The following is a quote from the book, *Tahitians, Mind and Experience in the Society Islands*, by Robert Levy, Prof of Anthropology, University of Chicago Press, 1973, in a discussion of young Tahitian boys to become supercised, wherein the foreskin is cut open on its upper surface so that the glans becomes fully exposed, the two sides of the foreskin hang down below the glans, nothing being actually removed, quote page 472, 'In the supercision event, wherein the head of the penis is freed, the boys will enter a time of erotically tinged solidarity with other boys. In turn they will have to free themselves from one another and, with some hesitation and regret, establish families' unquote.

I believe that all of us who are circumcised should pursue our deepest cravings, desires and needs in this our circumcised experience in life. How might this best be accomplished? *The Acorn Society* is an excellent beginning! We need to fulfil desires we may not realize that we have, e.g. to possibly experience all aspects of our missing foreskin on other intact males (most girls experience this, so why not us? - this surely must be our intrinsic right, no?)

Most Males go through some form of homosexual phase at/near adolescence. It is there within all of us. However, I believe the circumcised need to spend much longer in this phase, possibly an entire lifetime, in order for 'completeness' as circumcised individuals to occur.

Mike Walton – Oban

## Questions

After some hesitation, I have decided to renew my membership of *Acorn*. I think I may not be alone in having been put off to some extent by a mixture of pro-circ gay erotica (or so it appears to me) and anti-circ whinge. Of those two, I prefer the former, as it is at least honest and upbeat, but even so I find (not being gay myself) that this kind of writing cloyes rather quickly.

I take the editor's point, however, that the quality of the magazine depends entirely on the quality of the contributions, and I think *Acorn* is at its best when it answers questions that people have always wanted to ask about this taboo subject but haven't so far dared.

So here are my questions on the subject

1. How young does one have to be circumcised in order to get the optimum appearance. A fully bare glans, flat shaft skin of uniform colour, and no visible cut line at all?

2. Given the difficulties caused by the very small size of the baby penis, is a better cosmetic result achieved (and more safely) if circumcision is postponed until the age of, say, 2 years?
3. Taking into account the answers to (1) and (2) above, what is the ideal age at which to circumcise?
4. Who does it better, a doctor or a mohel?

*Charles Turpin – Luxemburg.*

## **Male Circumcision Is Found To Reduce Cervical Cancer**

**From *New York Times*, April 11 2002.**

Circumcising men may significantly reduce the rate of cervical cancer in women by decreasing the spread of sexually transmitted virus that causes nearly all cases of cervical cancer, researchers are reporting.

A study being published today in *The New England Journal of Medicine* provides important scientific evidence for a link that scientists have long suspected.

The new findings are based on 1,913 couples in five countries including 977 couples in which the woman had cervical cancer and 636 couples without cancer. Researchers found that circumcision made a difference if the man had had six or more sex partners, which made him more likely to have contracted the cancer causing human papilloma virus, or H.P.V. In those couples, the risk of cervical cancer was more than double if the man was not circumcised.

The findings may not apply to couples in which the man has had fewer than six sex partners, because he is less likely to be carrying H.P.V.

The researchers say uncircumcised men may be more likely than others to contract H.P.V. because the lining of the foreskin is especially vulnerable to the virus. Their study which used DNA testing to look for penile H.P.V. in the men, found that uncircumcised men were about three times more likely to be infected.

Of the 1,913 men in the study, 1,215 had had six or more partners, and 1,543 were not circumcised.

The researchers, led by Dr Xavier Castellsague of the Llobregat hospital in Barcelona, used data from several studies in Brazil, Spain, Thailand, Columbia and the Philippines.

H.P.V. is common, and 20 million Americans are thought to be infected. The virus has about 100 strains, including 30 that are sexually transmitted. Not all the strains can cause cervical cancer, and even when women contract a strain that does, most eliminate the virus from their bodies without developing cancer. Some doctors recommend condoms to prevent H.P.V., but others say they may not work as well for this virus as they do for other infections.

In the United States, there are about 13,000 cases of cervical cancer a year and 4,100 deaths. Doctors often say it is a disease that no women should die of. It is easily detected by a Pap test, and the death rate in North America has declined in the last decade.

Worldwide, there are about 466,000 cases of cervical cancer a year. Each year, 231,000 women die of the disease, mostly in developing countries, and in some of those countries the death rate is not declining.

An editorial in *The New England Journal of Medicine* noted that worldwide, 25% of all men are circumcised. It also said that in the United States in the 1970's about 80% of all newborn boys were circumcised, but that the rate had dropped since then because medical groups like the American Academy of Pediatrics said the procedure did not have enough benefits to recommend its routine use.

Dr Dimitrios Trichopoulos, a professor of cancer prevention and epidemiology at the Harvard School of Public Health and a coauthor of the editorial, said the new study provided medical argument for circumcision. Dr Trichopoulos said that on the strength of the study, if he had a newborn son he would have him circumcised. If the global circumcision rate could be increased to about 75%, he said, it could lead to a 23% to 43% drop in the incidence of cervical cancer.

But Dr Trichopoulos said that he doubted that such a rate would ever be reached, because of costs and other factors. "This is an area where you have political and religious sensitivities", he said.

Dr Carol L Brown, a gynaecologic oncologist and expert on cervical cancer at Memorial Sloan Kettering Cancer Center in Manhattan, said that a study like the one being reported today should be done in this country before doctors considered making recommendations about circumcision in the United States.

"This data is good, but we have different populations," Dr Brown said, adding that H.P.V. strains may differ, that circumcision rates are relatively high and that it cannot be assumed that the findings would be the same in the United States.

*Denise Grady*

# ACORN

Issue  
N<sup>o</sup> 2 2002  
Editor  
Steve Acorn

## Editorial — Dear All

**A**s some of you will be aware a new editor, Ivan Acorn, has been appointed to take over from me. He has a lot of very exciting ideas that he is intending to bring in over the following months and I am sure that the magazine will go from strength to strength.

I would like to thank all of you who have sent in contributions and suggestions during my time as editor and for all of the messages of support. I am sorry that my busy work and home life has meant that I haven't had more time to devote to the group. I will be remaining a keen member and will do all I can to support Ivan – as I hope all of you will.

Best regards,

*Steve Acorn*

## Ivan Acorn

**I** am very proud to have been asked to take on the editorship of *Acorn*. It will be a challenge to match the high standards set by the current editor, Steve, and his predecessors, and I shall need help. More of that later!

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## Correspondence

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to: [acornsoc@aol.com](mailto:acornsoc@aol.com)

First, let me say that I believe that *Acorn* has a real future. Some people have argued that, in the age of the internet, it is no longer needed. I don't buy that. Go into any newsagent, any airport, and see the racks of magazines covering everything from motoring to music, archaeology to angling. If there can be magazines for all these interests, why not circumcision? The internet is a wonderful source of information but that information is often poorly organised, difficult to find and inaccurate. Not everyone has the time, inclination, skills or technology to surf. We are the alternative – sit back, read, enjoy. ☺

I have a number of ideas for developing *Acorn* and I will talk about these in forthcoming issues. But I regard *Acorn* members as a community; for some of us who have been subscribing for many years, it was our first contact with guys who found the topic of circumcision as fascinating as we did, our first realisation that we were not in a minority of one. So what we have to say is of great interest to each other – whether it's our own reasons for being interested, our experiences – in the doctor's surgery, in the gym changing room, in bed (but not too much detail please!) – our thoughts, our opinions. This is not *my* magazine, it is *our* magazine. Everyone has to contribute for it to work. Think of it like a conversation – if there are a group of us round the table, and only I am talking, it is soon going to become very boring. So please, please, write to me at *Acorn*, or email me at the address below. It doesn't have to be a brilliantly polished article – short or long, whatever the angle you have on circumcision, please contact me. And if you want to be controversial, why not?

But just one thing on that latter point. I think controversy is good and stimulates debate. But overall, it is my intention to keep *Acorn* balanced. It is a magazine for both the cut and the uncut, for those pro the foreskin and those against, and those who just want to know more.

With your help, we can make the bi-monthly arrival of *Acorn* a real event.

Ivan  
*ivanacorn1@hotmail.com*

## Subincision Amongst The Australian Aborigines

**A**lthough not as common today, Australian native aboriginal men still practise the operation of subincision called 'ariltha', upon their youths, usually just weeks after they have been circumcised.

This is accomplished by pinioning the 'novice' onto a 'table' formed by two males already subincised years earlier, then the young lad's penis is grasped tightly by the recently circumcised glans, and then it is pulled tightly towards his stomach so that the underside of the penis is both in full view and entirely straight.

A piece of flint or stone knife is then inserted into the glans opening, and the entire under surface of his glans is cut permanently some  $\frac{1}{2}$ " deep, thus opening up his urethra or ejaculation tube for usually around one inch in length. This cut is extended at later operations, so that the entire penis, from the glans meatus (urinary opening) to the scrotum, is cut open on its underside, and then he must, of necessity, urinate in the squatting position. This allows him to both relate to, and to 'live', his feminine side. Indeed the operation is designed to make the penis resemble the female sexual organs, and to promote by further blood letting subincising operations, female menstruation (until of course his subincision finally reaches his scrotum).

There is a very good section on subincision in the book *Coming Into Being Among the Australian Aborigines* by Ashley Montagu, Routledge & Kegan Paul Publishers (London 1937, page 317) quote, 'Among the Fijians, the Tonga Islanders and the natives of the Amazon Basin of Brazil, subincision is carried out chiefly as a therapeutic measure, being considered by the Fijians to be a preventative of many diseases.'

For *Acorn* readers, there is an excellent, and very enjoyable (if you are into the subject) article of a young tightly circumcised American male, with all the associated photographs of the procedure, who went through a subincision operation in the mid 1990's, for more than an inch, showing what the subincision appearance is like after the healing (and prior to healing!). Its appearance is very erotic to some people, and rarely if at all offputting!

He does state in the article that peeing is 'splashier' but fellatio intensified by the titillation of the exposed urethral tube, and greater effective area of sensitivity. He is quoted in the article saying that he will extend his subincision further!

It is interesting that when entirely subincised, the penis is often worn permanently inverted with the glans 'tied' to the stomach, with peeing being accomplished in the feminine style, without any need to touch the penis at all. Radically circumcised males, with frenulum totally removed in circumcision, are best predisposed to subincision operations, since an intact frenulum poses problems.

Anyone out there care to get in touch with his feminine side? If so, possibly the best contact would be the editor of the magazine which published the young American male undergoing subincision (it is very bloody – be warned!) Write to:-

Body Art Publications, PO Box 32, Gt Yarmouth, Norfolk, NR29 5RD  
Body Art issue 23 £8.00

Mike – Oban

## My Contribution

I have felt over the last few years that the contributions to the newsletter are becoming less pro-circumcision than in the past. When I joined the Society I got the impression that we were like minded people, generally in favour of circumcision but quite willing to consider and discuss other viewpoints, as well as other activities associated with the male organ. We now seem to be being taken over by the anti brigade.

One comment that appears time and time again is that relating to the feeling of being damaged as a child by having had one's foreskin removed. Whilst I can understand the reason for this, it goes without saying that parents have a responsibility for the psychological well being of their child as well as the physical – sadly most seem frightened, too embarrassed, or whatever, to discuss sexual matters of any sort with their children. A little reassurance can go a long way.

Whilst prepubescent and waiting to have my tonsils removed in hospital, a doctor carried out a prolonged masturbation 'examination' including repeatedly pulling my foreskin tightly back and as far forward as possible, fully exposing the glans. It did not hurt and resulted in me discovering, earlier than I otherwise might, pleasures to be had with the penis. It was some years later (and after considerable experience with other boys) that I put two and two together and realised that he was probably considering circumcision while I was having my tonsils removed. Sadly it wasn't done. The matter was never discussed with me by my parents or the doctor at the time.

Whilst at junior school I became interested in circumcision and at secondary school it became an obsession, seeking out only circumcised friends. It wasn't until my early thirties I decided to get the job done. Until then I had got considerable satisfaction from simply keeping my foreskin permanently retracted, but it wasn't enough! The only place I could find to do what I wanted, without a letter from my own doctor, was the Marie Stopes clinic in London. There, a doctor Houssain did the necessary. The end result is excellent, even though there is a noticeable scar line some distance down the shaft and rather uneven. I have seen considerably neater results.

Now, to the point of all this. I have had the pleasure of examining many circumcised cocks and discussing the circumstances of when, where etc., it was done with their owners. Also I have had written contact with over one hundred people who have had adult circumcisions. I have noted the following. Not one person, done as an adult, has regretted it, indeed most wish they had got it done sooner. The physical appearance of an adult circumcision is less natural looking than when it has been done pre-puberty. The conclusion doesn't need me to state.

*C. A. – North Kent*



## Life Modelling

I have noted from a few of the letters from previous issues of the newsletter that a fair number of the members are naturists. Having been a naturist myself for many years being nude has never bothered me and to coin a phrase 'if I never had to wear clothes again it would be too soon'. Unfortunately the weather and other restrictions make this a pipe dream. I have only mentioned naturism, as these members will be reasonably happy being nude whilst others may not, therefore Life Modelling may not be for them.

I read in a naturist magazine recently that some Job Centres were now refusing to advertise positions for Life Models as they did not consider they should promote or appear to be promoting such employment. This decision was being condemned by Art Clubs and Colleges etc as unreasonable. Shortly after reading this article I noticed an advertisement in my local Job Centre for a Life Model to model at evening classes at a local College of Further Education (CFE); the advertisement disappeared within a couple of days; you can make your own minds up why. Thinking about the magazine article I took the bull by the horns and applied. Within a few days I received an application form which I duly completed and returned. I then gave some thought to whether other CFEs might require a Life Model so I approached two other local CFEs who also ran Life Drawing Courses to offer my services. Both responded very quickly; one asking me to complete a similar form to the first CFE I approached, the other, surprisingly, contacting me by telephone at 9.30 at night just after that night's class had finished.

The lecturer rang advising that the current Life Model for her class had just advised that they were unable to attend the next session. This had left the lecturer in need of someone at short notice (one week). It was apparent to me from this rather frantic telephone call that there was obviously no pool of Life Models from which to select a replacement and my offer, made about three weeks prior to the telephone call, was being urgently taken up.

I advised the lecturer that I had never been a Life Model before so to expect someone who was very willing to learn but who had absolutely no experience. I was immediately asked that I understood I would be required to model nude and in front of a number of art students of both sexes and of various ages. I advised I had no problem with this but would need instruction on poses etc and could only hope I could hold a pose for the time required. The lecturer was content and I agreed to attend 30 minutes prior to the class starting to get some initial instructions.

I duly turned up at the agreed time and place and met the lecturer who advised the students were going to do a number of ten minute or so sketches so I would be required to do a number of short poses; as it happened they were: three standing, four sitting on a stool, three sitting on a rug on the floor and one kneeling. The class consisted of twelve students: three males and

nine females. I was required to pose in the middle of the room and the students were in a ring around me. As the pose changed I was required to half turn so the students could view me from different angles and could draw front, side and rear views. I had two short breaks and the two hours went by surprisingly quickly. During the breaks the students exchanged ideas and compared drawings etc. I was able to view the drawings and I was most impressed by the standard of the sketches and the fact that the students had been able to get such a lot of detail into the drawings in such short periods. I was amused by the varying degree of detail the students sketched when I was full frontal to them. The older students drew the body in detail and showed a couple of lines etc for the penis; the four young female students, although doing good body detail, all had drawn my circumcised penis in considerable detail. It may be that my circumcised state was something of a rarity and therefore, because many young 18ish year old girls may not have seen a cut penis before, it got more attention than usual, any way the lecturer did not make any comment. I dare say a younger uncircumcised male (I am over fifty) would be most welcome as a model. In my area so I understand female Life Models are more readily available and male models are few and far between.

I suppose stripping naked and being the only naked person in a room amongst a class of fully clothed students takes a certain frame/attitude of mind and I appreciate many people would be too self conscious/embarrassed to do it; consequently this may be why Life Models are at times, so I understand, difficult to find. It is not surprising therefore that when the existing model was unable to attend none of the students nor the lecturer was prepared to take on the role even for two hours.

It may be that some of our membership would like to try their hand at Life Modelling and I would suggest they pick some college prospectuses and write offering their services. I would point out that the hourly rate paid is quite good so if one can overcome one's inhibitions it could make a reasonable earning supplement. However the work is generally irregular and you need to get known about – once you get a break however it is surprising how quickly your name gets around the Art circles and people start contacting you. You may find that CFEs and Art Clubs in your area are keen to get a male Life Model so you could find yourself in demand.

*C. B. – Cornwall*

## **My Cock**

**W**ith regard to the points of view of M.S. of Utah, I have to say I think the idea of a 'loose pullover' is somewhat contradictory to the whole purpose of circumcision. A loose circ somewhat defeats the concept of cutting away the foreskin so that it doesn't cover the glans, thereby eliminating the atmosphere in which germs etc. can thrive. Surely anyone with the loose

circumcision would not expect a situation where he could pull skin forward. The ideal circumcision should be tight, with no mobility and no chance of skin slipping forward on to the glans, which should stay dry and germ free. Another plus point for circumcision is the possibility that unfettered, the glans rim will expand thereby creating a much more prominent 'mushroom head' which will also give greater sexual stimulation and, being dry and possibly a bit de-sensitised, longer lasting and much improved sex – eliminating any potential premature ejaculation.

I love cocks, especially obviously tightly cut American guys. I am a regular subscriber to *Playgirl*, which I find a real turn on. My own cock is average to good – nearly seven inches on a good day! I have a deep sub-incision opening up the whole of the underside of my glans plus a bit beyond where I have cut away an old prince albert piercing. This allows me to wear, through the upper side, a one cm thick short barbell, one end ball of which sits neatly in my extended piss hole the other appearing to be poised on the upper side of my glans. Also, some years ago, therefore fading a bit now, I had my whole glans tattooed a deep maroon shade – to make it stand out! It hurt at the time, but I still think it was a great idea!

I realise that not all the above is strictly about circumcision, but I'm sure there are guys out there with an all round interest in cocks and who have carried out various additional enhancements. I would like to think that this letter might stimulate a few to put pen to paper. I hope so. I, for one, would really love to read about your cock dear reader.

Regards  
R. M. – Suffolk

## Means To An End

Having read on a number of occasions in the Newsletter about members carrying out self-circumcisions or going to a clinic, paying a high fee and not necessarily getting the type of circumcision they want, it appears we are in need of advice on whether there are any surgeons prepared to carry out circumcisions, at a reasonable price (say £200 or less) and with a no questions asked why a guy wants the operation. I appreciate there may be some medical questions that need to be cleared such as high blood pressure, allergies etc but there should be no probing into personal reasons.

I have a copy of the *List of Circumcisers* issued by the Gilgal Society but it is somewhat out of date and seems to concentrate on high price clinics or religious (Jewish/Muslim) circumcisers. As I doubt whether many members would wish to convert to either faith it is probable (not certain) that such circumcisers would refuse to perform the operation or again charge high prices.

As I see it, the major factors (and there are many more) behind many guys who wish they were circumcised not opting for the operation are:

- 1) Embarrassment at approaching their GP.
- 2) The knowledge that unless they have a real medical need their GP will (probably) not be able or prepared to arrange a referral to a specialist. It is unlikely the GP would be prepared to carry out the circumcision him/herself.
- 3) The operation is not available on the NHS except for medical reasons.
- 4) The high and in many cases prohibitive cost of getting the operation carried out at a clinic.
- 5) The (probable) searching questions asked about why the operation is wanted.
- 6) The thought of refusal because there is no physical medical need (I am not going to explore the area of psychological need).

I do not consider that- post operative soreness etc is a reason for not having the operation; this is something a guy would be prepared to put up with.

Having gone through the trauma of getting a circumcision in the first place the likelihood of trying to justify a revision on cost and/or medical grounds is not something many guys would want to go through.

In Issue 3/1999 – Another Circumcision Clinic – a member highlighted the Emergency Plus Clinic at Byfleet who were offering adult circumcision (and I would add revisions) for £195. Sadly, I understand, this clinic no longer exists. Surely there must be other small clinics, centres, surgeons around who would/are prepared to offer circumcisions/revisions at a reasonable price and minimum questions asked. Do we have any members from the medical profession or any other profession who know of such people/places? A short note to the Editor for inclusion in the Newsletter would be helpful, then at least we would all have the benefit of that knowledge.

I have not touched on the self-circumcision proposals as I would be too squeamish to ever have contemplated such drastic action and as I am already cut I have no reason to do it. However far be it for me to say 'do not do it' but it seems rather painful to me and unless you are able to do it under reasonably sterile conditions you run the risk of infection.

*C. B. – Cornwall*

## **Response to C. B.**

**H**aving had a chance to read the 'Means To An End' article before publication I felt I ought to respond to it on behalf of the Gilgal Society.

Any list of doctors, clinics, etc offering circumcision is only as good as the input it gets. The Gilgal Society's list is continually being updated and the latest version will always be sent to someone ordering it.

I agree that the list has very few ordinary doctors on it at present. This is because they do not/cannot advertise their special services. The Jewish and Muslim communities compile their own lists of doctors, mohelim, etc offering circumcision. We have reproduced the basic data from these lists to make ours more comprehensive.

The fact that a doctor is noted as being Jewish, or versed in Islamic requirements, doesn't stop them from offering non-religious circumcision, and indeed several do. Similarly there are some Mohelim who will willingly circumcise a Gentile baby. Where we know this for certain, we publish the fact.

We are always pleased to receive details of additional doctors, clinics, etc where one can obtain a circumcision for oneself or one's son. So if you know of a suitable doctor please let the *Acorn* editor know and also us. Our address is PO Box 21675, London, SW16 4WY, or by e-mail to [info@gilgalsoc.org](mailto:info@gilgalsoc.org)

*Vernon*

## The Wanking Cavalier

**A**t boarding school in the late 50s and early 60s, the split (in my house) was roughly 2 to 1 in favour of roundheads. We cavaliers were not teased or looked down upon, but I always felt inferior and all the successful boys and sports stars seemed to be roundheads. I know now that this wasn't true but it appeared so at the time. As we all showered, changed and slept communally, there was no shyness and every boy knew the status, size etc of all the other boys. As I was an early developer and was fully grown with a thick pubic bush, other boys who were still small and hairless sometimes asked to see mine – in a purely non-sexual way.

I suppose that my knowledge of cocks was expanded at the age of 15 when a friend challenged me to show him my cock with a hard-on: this I did willingly and we each then wanked together, which we continued to do, eventually getting to wank each other. He was also a cavalier, larger than my 5 inches and with a foreskin which didn't quite cover his helmet. This was all done in a totally non-sexual way and was just the release for a huge explosion of testosterone at 15 or 16.

I then also started wanking with another friend, this time a roundhead. We'd been swimming and I just said to him "Let's wank" – so we did and continued to do so for some time – I recall that we used Vaseline for lubrication – not ideal! He had a fairly impressive cock – very cleanly circumcised with a scar quite far back (as I recall), no frenulum and low hanging balls. His cock

was probably 6 or 7 inches. When hard I could pull the shaft skin just up to the rim of his helmet.

Then there was another boy with whom I wanked once – also a roundhead, but very thin and quite long – a strange looking cock!

All this while I had a foreskin which could not be retracted and it was only at 17 under heavy persuasion from another roundhead friend who made me pull the skin back totally – very painful with a raging hard-on, an extremely tender helmet (it continued to be so for some years) – and a pool of cum on the classroom floor as I simultaneously got the skin right back and shot my load! I am grateful to this friend for making me get the skin back, as I don't know what would otherwise have happened and I was afraid of embarking on any heterosexual adventure in this state for fear of splitting the skin or worse.

Strangely enough, we never had medical inspections at school, so the plight of my un-retractable foreskin was never discovered – had it been, I'm sure the circumciser's knife wouldn't have been far behind! We had a couple of boys who left on the holidays as cavaliers and returned as roundheads – nothing much was said, apart from perhaps a passing comment as to the altered status.

As I said earlier, all this playing around was done purely for relief and I don't think there was any trace of gayness etc. – it was purely a matter of getting one's rocks off in a very cloistered environment. But it certainly taught me a lot and I am sure that there were many other instances of the same thing happening with other boys.

Only once did I see a cavalier retract his foreskin in the showers! Whether I wasn't observant or if it just wasn't done, I don't know. Several of the roundheads had what we called a 'left-hand thread', where the shaft and helmet would bend around to one side or the other.

Strangely enough, after I left school, I became much more cock-shy for a while – strange when I had been parading it around for so many years!

Lastly, another related affliction I still have – an inability to pee in public. Have any other members been affected this way and what is the cure?

*Anon*

## A Works Outing

**A**t the last *Acorn* meeting David stated that we were there because we liked cocks. Implying, I thought, that we were a little eccentric being interested in such an arcane subject.

My experience is that we are not alone and do indeed share our interest with many other males, probably a majority.

The twice yearly works outings to Blackpool always follow a predictable and well trodden path. Up to fifteen lads crowd into a hired minibus for a day and a night on the town. Half way to Blackpool the first of the many cock displays takes place at the roadside. The peeing gives way to surreptitious glances followed by much pulling and shaking to increase length and girth. Back on the bus the talk turns from soccer to cock. The boasting commences and the first cock appears closely followed by a few others. Craig wins the day with the passable imitation of a vegetable marrow.

At the boarding house fifteen guys are spread between five rooms. Immediately clothes are removed baths and showers run, hair is gelled, Ben Sherman shirts are put on. Cocks are on open display in all rooms. Socks are put on before boxer shorts. Most cocks are semi erect, only a couple are limp and two are fully erect. All are uncut.

Next, to the first of many pubs. After two pints the first cock emerges on the dance floor followed by five others, one for each of the six Geordie girls that are dancing topless – surprise, surprise!

With the pub crawl in full swing, two of the party return to the boarding house. Henry and Raymond have ‘just come out’ to their mates. Stunned silence is followed by congratulations. “at least they’ve got the bollocks to admit it” remarks a friend.

Later on beds are moved around and rooms switched to accommodate the happy couple.

Back in the ‘straight’ rooms cocks are on open display, despite the boasting there have been no conquests of the opposite sex. Young Phil, the virgin, nearly pulled but not before she had lifted his wallet with £80 while declaring her undying love. A masturbation contest gets underway, whoever shoots most & furthest wins two cans of Carling. Kevin jumps on top of naked Gary. They simulate sex. It goes on for a suspiciously long time. Kevin’s boxer shorts are pulled down by Alan revealing a large hard shaft “two cans of Carling for the one who puts a cock in his mouth first” says Alan. Gary obliges to much barracking. Gary and Kevin lie back cocks in the air.

I broached the subject of circumcision, immediately some of the lads close their legs in mock horror. A couple seem interested in talking. They agree that a cut cock looks better and I give a demonstration of wanking techniques.

On the journey home there is some talk of the Geordie girls, but mainly the talk is about cocks. Henry and Raymond sit silently and apart at the back. Kevin and Gary arrange to stay the night together when they get back. In six months something like this will repeat itself.

*M. – Stoke*

## Tall Oaks From Little Acorns Grow

Having enjoyed the articles on circumcision in *Acorn* over the last few years, I thought it might be of interest to add my own views and reminiscences as a sixty five year old male.

I was circumcised as an infant and became aware that I was different from the majority of other boys whilst at Junior school. My mother informed me I had been 'cut' because of phimosis soon after birth. In our county area in Berkshire, few of my contemporaries had been cut.

I was aware of an interest in other boys' genitalia from an early age. I was too shy then to take much action in examining other boys' cocks except surreptitiously. I passed my eleven plus early and went on to a grammar school; first to a school in Northants which had originated as a funk-hole for Oxford College fellows and later at a grammar school near London. In Northants, we had nude swimming in the summer and a strong emphasis on sport in the winter so I had plenty of opportunity to compare and contrast. Only four of us in my form of about twenty were cut. When we moved to Hertfordshire I found about one third of pupils at my new school had been cut, though opportunities for viewing were less good. It was reassuring to find that there were more of us around!

My background was essentially 'lower middle class' my father was a head gardener working for landed gentry and later working for Hertfordshire County Council.

I went to Cambridge university in 1955 to a college which was notoriously supposed to be a hotbed of the upper class. Maybe, but this was not my experience and I had three happy years there. Not being in the least sporty and at that stage very closeted I had few opportunities to see my contemporaries' cocks. A lot of my friends that were ex public school assured me that most men in this generation in this college would be cut and would be even in the 1980s.

A summer job in a factory offered more opportunities to examine other men's cocks.

After graduating, I worked as a librarian in two modern universities and finally in Oxford. Gradually I 'came out' after various attempts to have relations with women, which never got beyond the stage of idealistic friendship. There were various attempts at relationships with men and my own observations led me to assume that about one quarter to one third of my contemporaries were cut.

It was only after becoming 'legal' and working in Oxford that I did very much about things. I became friendly with an older man who had graduated at Oxford around 1940. He was a keen naturist and introduced me to gay



naturism. He was circumcised and was inclined to be amused at my particular interest in other men who were circumcised. When I started to attend meetings he called it an obsession!

The first naturist meeting I went to in London had seven men present and five of us were circumcised. Subsequent meetings I attended at various naturist groups in London had a high proportion of men who had been circumcised. I observed that it seemed to be comparatively rare in men born after 1950. I have seen in *New Society* by Gavin Weightman a statement that circumcision became rare after the medical profession changed its mind over the value of the operation and the NHS ceased to provide it free.

I have been hosting naturist meetings myself over the years and occasionally have organised meetings for 'Acorns' which the participants seemed to enjoy it as it gives them common ground. I think that the proportion of gay men who have been circumcised at birth or later is higher than the national average. The score for cut and uncut at recent meetings I have organised and attended is about 50/50.

There certainly appears to be a regional variation in that few cut guys come from Ireland or Scotland and it is certainly more common in Londoners. A recent visit to the Highgate ponds in August on a weekday showed a huge proportion of roundheads present. In fact the naturist section has always had a high proportion of cut gays (NB not all naturists at Highgate ponds are gay).

*D. D. – Oxford*

Editor's note: Unfortunately D.D. passed away earlier this year.

## **Have Your Baby Boy Born In The U.S.**

**I**f you are contemplating circumcising your offspring, if it turns out to be a boy, then I can only contemplate advantages to having him born Stateside. The reason? He will be able to return at will to a land where the majority of males have their penises operated on at birth, and the method of excision of the foreskin is one which is appealing to most persons who show any interest in this peculiar form of erotic and explicit sexual surgery.

Your son will likely feel good at being circumcised, at least somewhere in the United States, but certainly less likely in his own country. Circumcision is adored in the U.S. Elsewhere, like religion, it is somewhat frowned upon, and often considered as infant sexual abuse.

In the U.S. you will have absolutely no trouble at all finding a circumciser for your son either. They practically queue up to do it, such is their love of it. In Britain, few doctors will offer their services, Jewish mohelim are the best

bet. However, the type of circumcision will differ depending upon the country where it is sanctioned and performed.

Can you imagine an N.H.S. circumcision, end the long outpatient wait involved, and then the facial expressions, "Why exactly do you want to do THAT to your child?" "We tend not to do THAT kind of thing to babies and children anymore here".

U.S. circumcisions are known for their smoothness of appearance and tightness, typical results of utilising clamp devices. The parents will receive much less ridicule concerning what they have put their child through, if their friends, not American, realise that their son's circumcision was performed whilst they were living or residing (at the time of his circumcision) in a foreign country, where ideas concerning minor 'mutilation' of male babies is an accepted norm or social custom.

It is the same with female circumcision. African children who have been clitoridectomised abroad, their parents are somehow 'forgiven' for what they permitted or allowed their daughters to experience, because 'it was the custom' in Africa. The same sexual surgery performed in the U.K. would evoke an undoubted prison sentence for both the parents undertaking this surgery, and particularly the doctors performing this.

The biggest cost of giving birth to your son in the U.S.A. once your scan reveals that you are pregnant with a boy, is the high cost of the birth. The actual circumcision is likely only to cost a few hundred dollars. If you think you are able, ask to be present for your son's circumcision (more accepted in the U.S. than in Britain). You will be able to tell him when he is much older exactly what happened to him when his penis was operated on, and often American medical personnel will describe the complete procedure, with expected after 'op' appearance, to you so that, if you have any doubts, you can challenge the procedure involved.

You may also have the advantage of not needing to tell your son exactly 'why' he was 'done' or circ'd when he is much older when this operation on newborn males' sexual anatomy is so common and accepted as the norm in such a circumcising society as the U.S.

Be prepared for what is the most common scenario for American style circumcisions. Your baby will be tied to a circumstraint restraining board by both hands and feet, and unless you request it, will not receive any anaesthesia as this is often deemed inappropriate, more painful to the baby than the procedure, and potentially life threatening. Expect his foreskin once severed, to be just discarded in the bin.

Probably the greatest advantage to an American style circumcision. No one will ask you 'Why?'

*M. W. – Scotland*

## More American Boys Are Being Circumcised

From Dr. Schoen's website, [www.medicirc.com](http://www.medicirc.com)

**R**ecent statistical evidence from the Center for Disease Control (CDC) (see figures below) indicates that in the United States (U.S.) newborn circumcisions among non-immigrant boys have increased over the past 2 decades. There are over 100 million circumcised U.S. boys and men, encompassing about 70% of the total male population in this country. Currently 65% of U.S. baby boys are being circumcised in the hospital as newborns, and at least another 5-10% of males will be circumcised later for foreskin problems and cultural reasons.

The CDC found that the total U.S. newborn circumcision rate rose very slightly (from 64% to 65%) over the two decade period, from 1979-1999, but the breakdown of these statistics is revealing. There have been increases in circumcision among blacks (from 56 to 64%) and in newborns from the Midwest (from 74 to 81%) and the South (from 56 to 61%), areas of the country with the fewest new immigrants. In specific communities very high circumcision rates are being reported: 84% in Atlanta, Georgia, 85% in Houston, Texas, and 92% in a Wisconsin community served by a pediatrician opposed to circumcision. In the Georgia survey the medical record face sheet reflected only 84% of the circumcisions actually done (O'Brien, Southern Med J 1995); prevalence would have appeared to be only 70% using the face sheet diagnosis alone, as the CDC does, suggesting that the CDC figures underestimate the true prevalence of newborn circumcision.

In view of these specific high and increasing circumcision rates why have the overall percentages not increased more? The answer lies on the West Coast, particularly in California, where the circumcision rate fell from 64% in 1979 to 37% in 1999. In 1979 the majority of births in California was among non-immigrant whites. By 1999 Hispanic infants constituted the largest group (46.5% of newborns); only 31.2% were non-immigrant whites and 6.2% were black; most of the rest were Asians. Hispanics and Asian immigrants rarely have their newborn boys circumcised. Since these two ethnic groups make up over 56% of California newborns, even if 100% of non-immigrant white and black infants were circumcised, the overall prevalence of circumcision in California would be under 40%, an explanation for the 37% Western circumcision rate reported by the CDC. In the East there is a similar though less marked effect, since there are proportionally fewer immigrants.

The rising non-immigrant circumcision rate in the U.S. probably represents growing public awareness of the compelling published medical evidence favouring circumcision. Since the 1980's more than 15 separate studies have shown that uncircumcised male infants are about 10 times more likely to get serious kidney infections in the first year of life. Uncircumcised men are 22 times more likely to get devastating, invasive penile cancer. Over the past 15

years evidence, mainly from Africa, has shown that uncircumcised men are 2-5 times as likely to get human immunodeficiency virus (HIV) infection on exposure. Public response in Africa has resulted in a call for adult male circumcision. In the face of this increasing proof of the health benefits of circumcision, it seems likely that the newborn circumcision rate in the U.S. will continue to increase.

For details, documentation and references of the recent CDC data confirming rising circumcision and for medical publications regarding circumcision logon to [www.medicirc.com](http://www.medicirc.com) or [www.medicirc.org](http://www.medicirc.org).

The CDC statistics can be found at the National Center for Health Statistics' Web site at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/circumcisions/circumcisions.htm>

## Seven Shillings And Six Pence.

**I**n an earlier edition of *Acorn* we read C.P.'s account of his circumcision and learn that the total cost fell little short of £1000, enough for a very good holiday or to castrate 16 tom cats according to the tariff of my local Vet.

Only the other day on a local nudist beach I met a chap who, like myself was well circumcised. Both of us being naked and therefore revealing all I commented on what a fine job had been done in circumcising him. He replied that he was well pleased with it and that it had been done in 1946 at his local hospital when he was only a few months old. I asked if it had been done as a medical necessity or as a matter of the fashion of the time. He told me that his parents made the decision to have him circumcised as so many other boys were being done. He went on to tell me that being prior to the commencement of the National Health Service the procedure had cost 7/6d and that they still had the receipt.

Looking closely at him I said that this must be one of the best examples on record of 'rampant' inflation.

*I. W. - Dorset*

# ACORN

Issue  
N<sup>o</sup> 1 2003  
Editor  
Ivan Acorn

## Editorial

**H**appy New Year! In the Christian calendar, 1<sup>st</sup> January is the Feast of the Circumcision and therefore a particularly appropriate day for the publication of my first edition as editor.

New Year is, of course, a time for resolutions, and the time for a new editor to appeal for support. So please – one resolution for every member: that at some stage during the year, you will write to me with some ideas about or a contribution for the magazine. I know that not all of you feel fluent with words. Don't worry – if that's the case, jot down the ideas or points which you wish to get across and I will write them up for you. And your contribution does not have just to be about personal experiences. Your views and opinions are equally valuable, and I will try to stimulate these from time to time by asking questions or perhaps promoting controversy.

I have enjoyed putting together this first edition. I hope that you will find sufficient that is familiar to reassure you that the magazine is safe in my hands, and sufficient that is new to show some of the directions I might take you in the future. This edition contains a report on the Acorn Society meeting in Leicester in November, written by a first time attendee. I too

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
ivanacorn1@hotmail.com

was a first time attender and was delighted by the very open, welcoming atmosphere which meant that I was immediately at home. Preparations are already being made for the 2003 meeting and I do urge those of you who are a little nervous to take the plunge: you will find many like-minded spirits.

I am delighted also in this edition to welcome on board Dr Cornell. He is a practising urologist in Atlanta who is immensely sympathetic to men seeking circumcision and who is experienced in performing the operation. His first article is about those first important steps in seeking circumcision. I hope that I can persuade Dr Cornell to become a regular contributor and that he will prove to be a real resource for members.

One piece of business. With this edition is enclosed a subscription renewal leaflet. You will see that the price remains the same and that you are guaranteed six editions this year – a real bargain, so please do renew as quickly as possible and ease the administration.

Enough – now read on and, I hope, enjoy. Please write or email me with your comments about what you liked and what you disliked. Feed back is vital; the worst thing for an editor is not criticism, but silence.....

*Ivan Acorn*

## **The Editor's Column**

### **The fate of the foreskin – 50 years on**

**I**n December 1949, the *British Medical Journal* published a paper: 'The fate of the foreskin' by Douglas Gairdner. Enormously influential at the time, how does the paper stack up 50 years later?

We often imagine that up to World War II, Britain was the land of the circumcised. Gairdner claims this to be far from the case with wide variations between different districts and between different social classes. Circumcision tended to be more prevalent as one ascended the social scale or descended from north to south. In one sample, 84% of public schoolboys had been circumcised; but even in primary and secondary schools in rural Cambridgeshire, 50% of boys had been circumcised, an unbelievably high figure by today's standards. As Gairdner says, tens of thousands of infants were circumcised each year.

Until the formation of the NHS in 1948, medical care was private with poorer patients being catered for by a panel system. Thus circumcision was an economically profitable service which doctors could provide to the parents who could afford to pay. This system had the advantage of controlling and therefore making manageable the numbers of babies being presented for circumcision. With the coming of the NHS and free medical care for all, circumcision theoretically became available for all baby boys at no cost. Was Gairdner's article therefore just a cover for the NHS to hide behind in refusing universal circumcision or was there more substance to the case?

In 1933, Glenn Deibert published 'The separation of the prepuce in the human penis' in *The Anatomical Record*. Deibert looked at the separation of the foreskin from the glans as the embryo developed in the uterus. He concluded that separation is not completed at birth, but is accomplished sometime during infancy or early childhood. However, separation was sufficient at the 10-day stage to allow mechanical retraction without danger of a tear. Gairdner took this work further, investigating in greater detail when separation took place. He concluded that 4% of newborns had a fully retractable foreskin, rising to 20% at six months, 50% at one year, 80% at 2 years and 90% at 3 years. He considered that no action was required on a non-retractable foreskin up to 5 years, but that thereafter hygiene considerations took over.

So far, so good. This is a useful medical research paper which takes forward Deibert's work on the development of the foreskin. However, Gairdner now uses this research basis to launch a polemic against circumcision. Gairdner implies that the sole reason for routine infant circumcision is phimosis, caused by adhesions between the foreskin and the glans. Since these adhesions will resolve themselves in the first three years of life, ipso facto the case for routine circumcision collapses. Gairdner defines true phimosis as a constriction causing urinary obstruction and "must be exceedingly rare". For him, phimosis, the inability to retract the foreskin because of too small an opening, conveniently appears not to exist, or is at least undiagnosable since unretractability of the foreskin before the age of 5 is not a matter for concern.

Gairdner notes that an earlier correspondence in the *BMJ* had resulted in a "surprising variety of reasons why different doctors advise circumcision". His implied conclusion from this multiplicity of reasons is that the doctors must be in error. He fails to acknowledge that there can indeed be multiple reasons for circumcision, and that far from being contradictory, these reasons can be cumulative in advancing the case for routine circumcision.

At this point, Gairdner gives the number of deaths from circumcision in boys under 5 years – 16 in 1942 and 17 in 1943 (although the subtext reveals that anaesthesia rather than the actual operation is at fault in most cases). He then undertakes a short survey of possible reasons for circumcision – phimosis, balanitis and posthisis, paraphimosis, and the prevention of venereal disease and penile cancer. All are given short shrift. Balanitis, for instance, is apparently mainly the result of an ammonia dermatitis affecting the napkin area. Tell that to the many adult men who suffer this condition! Only penile cancer gives him pause for thought. But then he quotes Dean (1935), reviewing 120 cases of such cancers: "Men with penis cancers gave the impression of being less intelligent as a class than other cancer patients. Not only had the majority ignored for long periods the pre-cancerous state of physical annoyance, filth and odiferous discharges, but also it was not unusual for many to delay seeking advice until a large part of the penis had become affected with an ulcerating growth". One would have thought that the conclusion from this (backed up by other studies) would be that many men do not practise satisfactory general hygiene and that circumcision might therefore be an extremely useful prophylactic. Gairdner's conclusion is that if a

man keeps his penis clean, all will be well i.e. he buries his head firmly in the sand about the actuality of standards of genital cleanliness.

Reading Gairdner 50 years on, it is indeed surprising that the article was and remains so influential. It is anecdotal, opinionated and based on little factual evidence. The whole approach of the author is encapsulated by the following: "In order to fulfil the intention of this paper an inquiry on these points should have been made amongst a group of uncircumcised men. This was not attempted, although with regard to the last two of the factors mentioned it should be stated that whenever the subject has been broached in male company, those still in possession of their foreskin..." Precisely; let's not bother with properly structured research – asking around in an unstructured, uncontrolled situation will suffice.

The decision about circumcision, as with any other medical procedure, has to be decided on the balance of advantage and disadvantage, with a true assessment of the risks involved on both sides of the equation. This requires proper research and unbiased evaluation of the evidence available. Gairdner makes no attempt to do this. In this sense therefore, it is a shoddy little article, unworthy of the profound influence it has had. It is surprising that it was accepted so uncritically and with such acclaim. One can only come to the conclusion that it was manna to an uncritical medical profession looking for reasons to discontinue routine infant circumcision. Even now, 50 years later, Gairdner's legacy lives on. The foreskin is alive and well and living in England.

*Ivan Acorn*

## Getting A Circumcision

### Instalment I: Preparing for the Consultation

**T**he first step in getting a circumcision is getting the determination to proceed. This is a big and fearsome step leading to a life altering change to which you have obviously given much thought. The medical scene tends to be quite intimidating, and dealing with surgical alteration of the genitals one of the most frightening issues to broach. You should proceed with the notion in mind that getting a circumcision for cosmetic preferences is perfectly acceptable. Be willing to express this to the urologist, and, if he is not accepting, go elsewhere.

Try to do a little background work too. Make your initial consultation as comfortable as possible with the highest chance for success. Seek out a practice that advertises circumcision. Two readily-accessible resources are Circumcision Agency in Britain and Circumcision Center in the U.S. (Contact details are given below.) Practices such as these specialize in providing efficient and dignified outpatient, adult circumcisions. Some urology practices are disinterested and actually consider circumcision to be a nuisance. However you should also use caution in dealing with a practice that proclaims specialization with circumcision and/or cosmetic genital surgery.



Also do some research into the different styles and techniques of circumcision. They are not all created equal. Different amounts of outer (shaft) skin and mucosal (inner) skin may be removed/left intact. Get a good idea where you want the scar line to be placed, how tight you want the skin, and whether or not you want the frenulum removed. An excellent resource is [www.circlist.com](http://www.circlist.com). Once you have these details in mind, be committed to find a doctor who respects your wishes and will work according to your specifications.

Doing aesthetic circumcisions requires that the surgeon be attentive to the details of skin resection and tissue handling and that he has an artistic eye. This is, however, the technically easiest operation a urologist performs. I am wary of those who 'specialize' in circumcision, and charge extraordinarily high fees, as I expect they are marginally competent general urologists.

Once you identify a practice with which you are considering consulting, look for some basic credentials of the physician. He should be board certified in urology. This means that his residency training was accredited and that he successfully completed the certifying exams which are both written and oral. In addition to board certification he should also be a Fellow of the Royal College of Surgeons or the American College of Surgeons. Only board-certified urologists are eligible but not all are accepted for Fellowship. Fellowship reflects adherence to the highest ethical, professional, and academic standards. Finding a surgeon with these credentials will not assure you of a good outcome but they represent minimum expectations.

Next you should make a consultation appointment while maintaining a healthy level of scepticism. When making your appointment, ask if the doctor performs elective circumcisions. Unless the answer is "yes", without any hesitation – go elsewhere. I implore you to follow your instincts. Maintain high expectations in communication skills, candour, and professionalism. Ask yourself, "would I want to be friends with this bloke?" If the answer is "no" then go elsewhere.

You should also demand that the office respect your dignity and privacy. It is not acceptable for the entire waiting room to know why you are in the office. All of your conversations should be carried out to protect your privacy.

At the initial consultation, you should expect an exam of the genital tract which is appropriate for your age. The urologist should be evaluating you both for circumcision and as a general urology patient as well. To that end, men under 40 should expect an exam of the abdomen, flanks, groins, penis, and scrotal contents. Men over 40 should expect a digital rectal exam. Everyone should expect a urinalysis and men over 40 expect a blood test for PSA (prostate specific antigen) for prostate cancer early detection.

Once the general exam is completed you should have a specific discussion with the urologist about how you will be circumcised. Do not expect him to understand circ fetish terminology such as 'high and tight'. I simply urge that you show him on your penis where you want the scar line to be placed and how tight in the flaccid state you want the skin to be. If he talks about "the way I was trained" or doing some kind of standard circumcision you need to go elsewhere. The urologist

needs to be understanding and concerned with pleasing you. Remember, you are having a cosmetic operation. If you want high and tight and he cuts off all the mucosa, it's too late. Once you are satisfied that you are dealing with a competent guy who respects your wishes, have a frank discussion about the total cost. Be sure this is an all-inclusive price, and not just his professional charge. Are there any anaesthesia, hospital, or clinic charges? You want to know what your bottom line exposure is going to be. You should expect to be pampered. After all, it's cosmetic surgery!

*David Cornell, M.D., F.A.C.S.*

*[Dr Cornell is a urologist, practicing in Atlanta, Georgia, U.S.A.]*

Details of the resources mentioned above are as follows:

The Circumcision Center  
993-C Johnson Ferry Road  
Suite 225  
Atlanta  
Georgia 30342  
U.S.A.

The Circumcision Agency,  
Box 444,  
28 Old Brompton Road,  
London,  
SW7 3SS  
England.

[www.circumcisioncenter.com](http://www.circumcisioncenter.com)

[www.circumcision-agency.com](http://www.circumcision-agency.com)

## Leicester Acorn Meeting

The meeting of the Acorn Society took place in the Grand Hotel, Leicester on Saturday 9<sup>th</sup> November 2002 in the Cromwell function room (!)

The first part of the meeting was unstructured with members in groups of five or six at separate tables, where new members were welcomed and brought up to date on previous gatherings and the geographical spread of members at home and abroad. There were five members present for the first time who appeared to be put at their ease and whom we hope to see again at future gatherings.

The second part of the meeting was more formal and mainly consisted of an introduction to Ivan, the new editor, who takes over from Steve with immediate effect. His stated aim was to produce six issues in 2003. Although there was material to be handed over, he emphasised the need for contributions from the membership. This was the only way to maintain a newsletter of general interest based on personal experience and discussion, as had been the case when the first *Acorn* fell into the leaf litter and took root.

A major point of discussion concerned the attraction of new members. The internet and email were forms of the media which could be valuable in making our presence felt in the greater world of men who may not yet be aware that we exist so that they can enjoy our personal facilities. It was also agreed that a small advertisement in the pages of *Forum* magazine and in other organs could be useful, if only as a one off exercise in the first instance, since not everyone has access to the internet or an email address.

The third major topic concerned our next meeting – date and place. Douglas assured members that he saw no reason to increase subscriptions in order to cover a similar meeting in Leicester in November 2003. Political and sporting events notwithstanding, and school holidays and other major commitments being past for most members, the proposal was agreed. But perhaps the hotel should be asked to offer an alternative function room, since Cromwell and his Roundheads(!) seemed to some members(!) to be exclusive.

*Peter – Edinburgh*

## Of Foreskins And Smegma

When I was a teenager (13-15) and at Secondary School, some of my friends and other boys would gather together and they would all masturbate to see who would ejaculate first. I noticed on a number of occasions that the circumcised boys who hadn't masturbated for several days would ejaculate first before the boys who were uncircumcised. Their foreskins covered their glans penes so that they were always sensitive and moist. They always had a lot of smegma, and the smegma on some of the boys smelt very strong when they were masturbating. Personally I found the smell very erotic and sexually exciting. I myself never took part in these masturbating episodes, but was always an observer. A few of the boys were involved in mutual masturbation including myself and I always touched, picked and smelt the smegma which got me in a really excited sexual state thus making me ejaculate before the other boy who was uncircumcised. I am going back to the early sixties – I was born in 1947.

There was one boy who was the same age as myself who always pinched the end of his foreskin between his index finger and thumb every time he ejaculated. When his ejaculate was coming out, you could see the movement under the foreskin. He told us that he always got a lot more physical pleasure in and around his glans penis at the moment of ejaculation. After he had finished ejaculating he would wait a short time before releasing the end of his foreskin (very long,  $\frac{1}{2}$  inch overhang). When the cavity between his glans penis and the inside of his foreskin was empty of his sperm he would very gently and slowly pull his foreskin back, revealing his extremely sensitive moist glans which still had a residue of sperm and strong smelling smegma. He like many of the uncircumcised boys very rarely bothered about personal hygiene in that area.

All the boys including myself were very highly sexed and I am still the same at the age of 55. Sex isn't only for the young, it is for everyone. You are never too old for sexual pleasure and enjoyment. Sex doesn't recognise age. Some older men are a lot more virile than the young ones – just take a look at older men 50+ in Islamic countries who have young children under the age of puberty. Turkey and many of the Arab countries are good examples of that.

*Y.A. – Manchester*

## Military Cut

Much of our life is ruled by a desire to 'belong' – one of the gang – a feeling of associating with those who share our standards. I think that is why *Acorn* can help so much with its articles that so many of us can connect with.

In my case, it is the old familiar story. As a small boy I can remember playing with a friend and at one point we took a pee together. As we stood side by side relieving ourselves behind a bush, I looked at his dick and was surprised to see that his was different to mine. Why was the end of his knob bare whilst mine was covered up? I think that from that point on I was fascinated by circumcision, without even understanding why.

In my early teens my life took a completely unexpected turn that would affect me forever. My parents emigrated to Australia and my new school was an all-boys' grammar school in Melbourne. Here was a culture shock indeed. Instead of being in the majority in being uncut, I found that I was virtually the only boy in my class who was not circumcised. Showers after sport were an uncomfortable affair as the circumcised majority jeered at the very few who were not. I was asked on many occasions, "What's wrong with your dick?" and laughed at. The burning desire to get circumcised and join the rest of the guys was infused within me. I had no desire to be 'different'. I hated being uncircumcised and knew that eventually I must do something about it.

My opportunity came in a rather unexpected and, at first, very unwanted way. From the mid-1960s to 1972, Australia had conscription due to the government's regrettable involvement in the Vietnam War. The service wasn't universal but was done on a lottery basis. Guess whose number was one of those that came up? So a couple of years after leaving school I was conscripted into the Australian army. Along with my fellow grunts I was to have the 'pleasure' of two years' compulsory military service. Now of course there was absolutely no privacy anywhere and the status of my cock was only too evident to all the other soldiers around me. Just as at school almost everyone else in my unit was circumcised. Though I wasn't ridiculed like I had been at school, I was often asked why I hadn't been circumcised like the others. From officers to lowest ranks they were nearly all circumcised and perfectly happy with it. The fact that Australian doctors seemed to think that circumcision was a very good idea for all boys and British doctors didn't was something of a mystery to them.

Fortunately for me, Australia ended its practice of sending troops to Vietnam before I could be sent there. Conscription came to an end, so I was one of the last to go through it. I could have used being sent to a tropical country as a possible excuse to persuade the medical authorities that it would be a good idea if I were given a circumcision. With this chance out of the way, I started to get a little desperate and felt that, as I was unlikely ever to get circumcised in civilian life, I had to try and convince the medical officer that it would be a useful thing for me to have done. I kept dreaming up all sorts of 'problems' that I was afflicted with but I was pre-empted by what was known as a 'short arm inspection'. This was on

account of our unit being sent to Northern Queensland for training in a sub-tropical environment. The medical officer singled out two of us who were not cut and informed us of the potential medical problems that could be encountered in that climate from not being circumcised. In the end we were virtually ordered to report for a circumcision. The other guy was not so keen but I was absolutely delighted. At last an ambition satisfied. Many years later I saw the film *Virgin Soldiers* and have to say that my circumcision was nothing like that. It was all done with typical military efficiency and a common-sense approach that is not always evident in the Army. Just before surgery I made sure I got a commitment from the surgeon that I would be fully circumcised. I didn't want any half measures. The feeling afterwards was euphoric. I knew it was going to be sore but at last I 'belonged'. I was just thrilled to have finally been circumcised. And what's more I had a couple of days off duty in sick bay.

I didn't know a lot about the types of cut but once my circumcision scar had healed I noticed that my cut was just below the rim of the helmet. It was much higher up than those of the others I had seen whose scars seemed to be further down the shaft. The frenulum had also been removed, so I later came to the conclusion I had a high and tight cut. There was a certain interest from some of the other men as to how it felt compared to being uncut. Could I wank off as I had before? In the army one thing you don't have is privacy and I had to wait until I volunteered to drive some supplies to another camp. Once off the main road and in a quiet bit of bush area I tried out my newly-circumcised cock, sitting in the front seat of my military vehicle. If I'd been caught I'd have been in serious trouble but that made it all the more thrilling. The gratification achieved that afternoon told me that I was definitely in the right camp. I volunteered many times for driving jobs over the next few days and weeks! Coupled with this pleasure, the improvement in hygiene was a huge advantage.

The rest of my service eventually passed and I couldn't wait to get out into the big civilian world as 'one of the boys'. I couldn't stop going to swimming pools and sports centres in order to let other men see I was one of them in the changing rooms where I was naked for as long as I could be without getting arrested! Fortunately this desire did fade away as I simply accepted that I was just like everyone else.

Eventually I returned to Britain with its decreasing incidence of circumcision but now I felt that although I was now different from the majority I was distinctly one up on those who were not circumcised. I have never had any doubts as to the benefits to my sex life that circumcision has brought. People said that going in the army would 'make a man of me'. As far as I'm concerned, it was being circumcised that achieved that.

*Richard – Manchester*

## Joke

**D**efinition of a Dandy: A guy circumcised with pinky shears.

## Smooth, Naked And Cut

As you may know I am *extremely* PRO circumcision, especially when it is done on newborn boys (such as me over 50 years ago!) and I thoroughly agree with every word on the [www.medicirc.com](http://www.medicirc.com) site mentioned on page 15, Issue 2/2002. There are so many advantages of circumcising the newborn: e.g. the organ is smaller; no remembered trauma; high level of antigens at that age; operation at this age results in little or no scar line and a much larger (flared) glans through unrestricted growth; no problems with post operative erections; no embarrassing explanations needed to colleagues or, if at school or college, other students and teachers for time off work, etc. I cannot thank my parents enough for making this important decision for me – a decision resulting in an organ of which, especially as a naturist, I am particularly proud. Let us severely challenge the use of the emotive word 'mutilation', currently so popular with the anti-circ brigade! There is no place for this word in connection with circumcision any more than, for example, having a redundant tooth extracted.

You may also be aware that for the past five years I have run an organisation called Smooth and Cut Naturists. As well as being circumcised, members of SCN enjoy the many advantages of having no body hair (sometimes other naturists call us 'Smoothies'). Some of the advantages of both being smooth and 'cut' are shared – for example hygiene, which is of paramount importance to us.

Back in 1999 I started a web site for SCN. It has progressed over the past four years to become *the* leading site for smooth naturists world wide with over 450 pictures and other useful pages with topics such as Methods of Hair Removal and, on the second of our two Links pages, a number of relevant sites under the heading of 'Circumcision'. There is also a Message Forum which currently has a subject 'thread' on foreskins (for or against) which may be of interest to readers.

Why not pay us a visit at: <http://www.smooth-naturists.co.uk> ? You will be sure of an interesting and informative time there and add to more than one and a half million visitors we've had so far!

*John – Dorset*

*[john@smooth-naturists.co.uk](mailto:john@smooth-naturists.co.uk)*

## Picasso's Nude

In September I visited the Museu Picasso in Barcelona. Picasso spent part of his early career in the city and in the late 1890's painted a series of male nudes, one of them full frontal. I was surprised to see that the model had been well circumcised, glans fully exposed. I had always thought of mainland Europe as being a desert as far as circumcision is concerned. Was Spain different in the 1890's?

*I.G. – London*

## Jack's Story — Part 1

**M**y love affair with the circumcised cock began almost 50 years ago in childhood when I found that my best friend Dave was different from me and the other boys in our school class. He first showed me his cock when we were eight years old, and told me with obvious pride that he had been circumcised. At the time I had no idea what this meant but I was struck by how much more attractive his cock looked with the head bare and quite free from the skin which covered the head of my own penis.

When we reached adolescence we began to masturbate together and it was then that I became intensely jealous of my friend. At the senior school there were many more circumcised boys and without exception they all seemed so proud of their cocks. I suppose it was then that I developed a bit of a complex about circumcision. How I wished that I was like these boys and how determined I became to be like them one day. At 13 Dave's cock had grown to full size and was now about 7 inches long with a well developed thick shaft. The head of his cock was a good bit wider than the shaft with a big mushroom-shaped glans. When his cock was fully erect it was hardly possible to move the skin on the shaft and the scar could be clearly seen about an inch behind the glans in a perfect circle around the cock shaft. In addition the skin above the scar was dark while the skin between the scar and the glans was much lighter in colour. Teenage hormones determined how we spent much of the day and such was our libido that we were jacking each other off even during school classes, sitting at the back where we were less likely to be spotted by the teacher.

One weekend Dave told me that he had become friendly with an older boy who lived opposite his house. Every Saturday when Ken's mother went shopping Dave had been spending the afternoon in Ken's house and inevitably they had been jacking off together. Dave had told Ken about me and suggested that the three of us might get together, which we did the following weekend. Ken was 18 years old, tall and well muscled, in fact in most respects a man. He had what can only be described as a massive cock, hanging down more than six inches even in the limp state. As I soon discovered, when erect it expanded to around nine inches, a truly awesome sight for a 13 year-old used only to the much smaller cocks of younger boys. To add to my excitement Ken was perfectly circumcised with absolutely no skin close to the cock head even when his cock was soft. He had what I later discovered was a 'Muslim style' cut with the scar of his circumcision way down the shaft almost halfway to his balls. Like Dave the contrast between the skin of his shaft and that of the inner foreskin now pulled tightly back on the shaft was marked. He had a very full mushroom-shaped head covered with tight, smooth pink skin and surmounted by a large piss-slit the edges of which were pouting so that the slit appeared to be open.

Once Dave and I were naked Ken became fully erect, a drop of juice appearing in the slit and running over the fleshy cock head. Ken demanded that I jack him off, and such was the thickness of his cock shaft that I was only just able to get my hand round. I concentrated on gently massaging the fleshy head, running my

fingers around the underside of the flared glans with one hand and stroking around the wide piss-slit with the other. This new sexual activity excited me in a way which is difficult to describe. I was so hard that my cock was aching, dripping with juice, and as Ken came I shot the biggest load of cum I can remember.

That was the only time that I met Ken although my friend Dave continued to see him at weekends for more than a year after our threesome. Dave told me that Ken was disappointed to find that I was not circumcised and was therefore not keen to have me join them on Saturday afternoons. This only intensified the complex I already had over my foreskin. I was now associating only with boys who were circumcised. My jealousy of their beautiful cut cocks was intense, matched only by the disgust which I felt for my foreskin. My foreskin seemed even more gross than those I had seen on some of the other boys. Whereas they mostly had short foreskins which hardly covered the glans mine was horribly long and overlapped my cock head by almost an inch. To make things worse I had a wart on the inner surface which was always wet and often smelt. I hated the soft, tender glans and longed for the smooth tough skin which covered the cock heads of my many circumcised friends. Such was my desire to be circumcised that I plucked up courage and told my father about the wart on my foreskin, but he became angry accusing me of some kind of perversion so that I let the matter rest.

Throughout adolescence I became more and more determined to arrange my own circumcision once I was free from the narrow minded attitudes of my parents. At 18 I left for University in Liverpool and as I was studying Medicine I knew that sooner or later there would be an opportunity for me to circumcise myself. Once on the Clinical course I was able to get everything I needed and at the age of 21 I cut away my foreskin for ever.

*Jack*

[Part 2 of Jack's story, an account of his self-circumcision, will appear in the next edition.]

## Doing It Yourself

The article by C.B. 'Means to an end', Issue 2/2002 made me think about my own dilemma as a youngster with a hated foreskin. In those days I was unaware of private clinics and the possibility of ops outside the NHS: it was the GP or nothing. Our family GP was not the sort of man one could go to unless one was seriously ill, so in my case after years of thought it had to be a DIY job. This was eventually carried out very satisfactorily with the encouragement of my then girlfriend who much preferred men who, as she put it, "looked like men and not little boys". The actual operation was written up for *Acorn* several years ago.

Since my circumcision and the revision to produce a radical result, I have been more than delighted with the slightly (still) bare feeling of the organ and its appearance which I love whenever I see it. As far as the actual operation is concerned it is so trivial – the removal of a little bit of skin, that I am amazed the



medical profession have the cheek to charge more than a few pounds at most. I.W. – Issue 2/2002 had it right when he said the charge fifty years ago was 7s 6d: so allowing for inflation, £50 would be a fair charge.

However, saying this, with the availability of the anaesthetic creams available to numb the foreskin, I cannot see why men don't opt for self removal: it was certainly dead easy and relatively painless in my case and I would have no hesitation in doing it again. I have in fact helped a friend some years ago to do his and he also had no problems. Both his and mine were freehand circs, using scissors, and neither were stitched so the end result is an almost invisible scar.

Anyone slightly squeamish could opt for the plastibell – ligature circ so favoured by the Americans. This again is pretty pain free and very successful. If any of our members are keen to be cut and would like help or just advice, I will be more than happy to assist them based on my experience. Do get in touch.

*R.W. – Surrey*

[Editor's note: members should be cautious in operating on themselves. It is not unknown for self-circumcisors to end up in the nearest A & E department.]

## Style Over Substance

In a recent newsletter, and in many newsletters from the past, there have been articles making reference to the style of the circumcised cock. Everyone to their own preference, the 'ideal' varies between one person and the next. Some like to see the scar line high on the cock, others prefer to see it closer to the knob, others think the ideal being when there is hardly any visible scar at all. Reference is frequently made to the tension of the remaining skin, either when flaccid or erect. Some, like myself, prefer it drum tight when erect whilst others think it better if there is some slackness, perhaps sufficient to draw skin up to the corona or even far enough to partly cover the knob. Likewise the frenulum gets frequent mention, either to keep it intact because of its exquisite sensitivity, or to have it removed because it looks tidier. The list of variables is extensive.

In defining the perfect outcome from circumcision – the 'end result' – seldom is any reference made to the anatomy of the cock prior to the operation. Surely the same must apply to circumcision as to the baking of a cake. The final product is very much subject to the quality of the ingredients. The appearance of the Roundhead will depend very much on its earlier Cavalier state.

If the original foreskin was thick and slack, like an old sock, then the outcome will be different from what it would have been had the foreskin been wafer thin and knob hugging. If the covered knob was almost rimless and rather pointed it is never going to be the big, blunt, flared, bell end that many crave. If the outer foreskin is a much deeper colour than the inner membrane then the scar line will be much more apparent and the areas fore and aft will resemble something to be found on a painter's colour chart. The variety in size is of interest to almost all. Some, of 'domestic' appearance, after a little stimulation grow through King size

to Party size, even to “Oh my G\*\*\*”, whilst others are King size at first glance and are never anything larger only harder.

The skill of him wielding the knife will be reflected in the neatness of the outcome to some degree but the appearance of the Cavalier will always determine the appearance of the Roundhead.

*I.W. – Dorset*

## Celebrity Circumcision

One of the many pleasures in reading the Newsletter was the lists of well-known personalities and their cut/uncut status. This seemed to have disappeared recently, so I decided to see what I could find on the Internet. I knew of Chuck Thompson's list but rather than send off for a list, I was confident there would be plenty of information to be had on the Web. I was not disappointed. But herein lies the warning; the information you find on the Web is only accurate as far as the compiler knows it to be. As you will see there are a number of contradictions to be found.

If you already know of these sites, forgive the repetition, but those who do not may well be interested – I know I was. The main site seems to be [www.sleepy.net](http://www.sleepy.net). This was a very extensive list giving both cuts and uncuts. Being an American site it is hardly surprising that the list of circumcised celebs is about four times the length of the uncuts. Also I found that a very large percentage of those listed were American actors and sports stars that are virtually unknown in Britain. I felt the listing of well-known Jewish entertainers in the cut section was rather pointless. You'll be amazed to know that Dustin Hoffman, William Shatner, Tony Curtis and Uri Geller have all been circumcised! Had any Jews been in the uncut list I'd have been more intrigued. There are pages and pages of circumcised stars. As a circumcised man myself, I was pleased (though hardly surprised) to see Warren Beatty, Kevin Costner, Robert de Niro, David Duchovny, Clint Eastwood, Patrick Duffy, Ed Harris, David Letterman, Al Pacino, Brad Pitt, Charlie Sheen, Robert Wagner, Bruce Willis all are without a foreskin. If you scan through the list I'm sure you'll find plenty of celebs that you know there. There was also a sizeable number of Australian actors and sportsmen included in this list though my knowledge of Australian soaps and sports did mean that I didn't know many of them, though Jason Donovan and Pat Cash were in the list. It has to be said that Brits are few and far between in this website. They included Roger Moore, Anthony Andrews, Michael Craig, Engelbert Humperdinck (really?), the late Jeremy Brett, and rather less convincingly Ringo Starr, Charlie Watts and Kevin Whately (not from the glimpse I once saw in a nude swimming scene in 'Auf Wiedersehn Pet'). And if Derek Jacobi is to be believed (and why not?), he should not be in the cut list according to a recent newspaper article in which he says, when asked by Noel Coward if he was circumcised, he said he was not. There was also listed a British actor named Phil Banyard (Who he?). I checked him out on the Web and all I could find was a listing in a 'naturist' film made in the 1970s. In that case there can't be much doubt as to his circumcision. But there certainly is over Brits

in the field of rock and pop. Admittedly there is a question mark over the placing of Mick Jagger in the cut list. Something I would definitely question after seeing outtakes from the film 'Performance' where he was quite definitely intact. But I also have to doubt the veracity of the list when I checked out a further site [www.textfiles.com/sex/circlist.txt](http://www.textfiles.com/sex/circlist.txt). Whilst this is a smaller list, the discrepancies thrown up by it need further investigation. Ringo Starr is classed as uncut in this list whilst Tom Jones is listed as cut (never!) as also is Rod Stewart. These last two can also be found in [www.circumstitions.com](http://www.circumstitions.com) as quite definitely uncut along with Mick Jagger (told you!). This site is largely devoted to the anti-circumcision brigade and could be thought to be prejudiced in that direction. Still 'you pays your money and you takes your choice'.

Just out of interest I checked [www.eurocirc.org](http://www.eurocirc.org) which turned out to be the same list as [sleepy.net](http://sleepy.net) (as far as I can see) but aimed at the German-speaking market. Would you believe the same list can also be found in Czech but I won't bother you with the site address.

One more that I looked at was [www.club18-35.co.uk](http://www.club18-35.co.uk) which has nothing to do with appalling holidays in Ibiza with braindead young British holidaymakers. Rather it is a UK young-orientated site and accordingly has a slightly higher percentage of Brits involved, though inevitably there are more in the uncut section than the cut section. It not only has a section for under 35s but also one for older celebs. So you'll find amongst a large number of bronzed, musclebound, gleaming-teethed (little-known) American actors of dubious talent a few circumcised Brits such as Rupert Everett, Simon Le Bon, Julian Sands, Steven McKintosh and Tim Henman (maybe that's the reason for Henmania!). Sadly the list of uncut Brits is longer with Sean Bean, Rupert Graves, Hugh Grant, Jude Law, Jeremy Irons (that was unexpected, I must admit) and Jason Connery (as intact as his father) being amongst the throng.

So there you have it. It is interesting to compare the sites available. In the main they coincide though the difference in Tom Selleck's status is a worry. With what I've heard about the prodigious size of his cock, I would like to be sure he is circumcised. At least there are no doubts about Errol Flynn!

*Peter – Manchester*

*[larrydartpeter@aol.com](mailto:larrydartpeter@aol.com)*

## Religious Circumcision

### House of Commons Written Answer 3<sup>rd</sup> December 2001

**M**r. Gordon Prentice: To ask the Secretary of State for Health how many NHS trusts make provision for religious circumcision. [15468]

Jacqui Smith: In 1999–2000 205 national health service hospitals in England recorded a total of 21,763 inpatient episodes where the main operation was circumcision. It is not possible to determine whether the procedure was carried out for religious reasons.

## Editor's Notes

### Change of address

With the change of Editor, the mailbox address for contributions to the magazine has changed to the London address shown on page 1. Please note however that subscriptions should be sent to the Ipswich address listed on the renewal notice.

### Subscription time

It is now time to renew your subscription for 2003. A renewal notice is enclosed and prompt return with your payment would be appreciated.

### Electronically yours

If you would wish to receive the magazine in pdf format by email rather than in printed form, please let the Editor know. If sufficient members are interested, this optional alternative form of distribution will be available from the next edition. Please note that there is absolutely no intention of replacing the print version for the majority of members who will wish to continue receiving the magazine in this way.

### Contacts

This is the Acorn Society and some members would like to be able to contact others. There are three ways of doing this:

If you wish to write to a contributor to this edition, please send your letter to the London mailbox, following the instructions on page 1.

From the next edition onwards, Contacts Corner will reappear. If you wish other members to get in touch with you, please submit a brief wording. Just your initials or first name will be printed, and other members will get in touch with you initially by sending their letters to the Acorn mailbox.

If you wish other members to be able to contact you by email, send your email address to the Editor at [ivanacorn1@hotmail.com](mailto:ivanacorn1@hotmail.com). An email list will be prepared and circulated to those interested, and will be up-dated on a regular basis as other members join. This is to enable members to make individual contact with each other. There is no intention of creating a general mailing group such as Circlist or Procirc.

### Second time around

The Editor is hoping later in the year to write an article about circumcision revision. If you have undergone recircumcision, or are considering a revision op, and you would be prepared to complete a short questionnaire, please contact the Editor by post or email.

### Next edition

The next edition will be published on 1 March 2003. The closing date for the receipt of contributions is 1 February.

# ACORN

Issue  
N<sup>o</sup> 2 2003  
Editor  
Ivan Acorn

## Editorial

**W**elcome back!

I received several compliments on my first issue as editor and, in general, it seems to have been well received. But I did receive one complaint which I have taken seriously. The allegation is that "Acorn is too biased", to quote the title of an article later in this edition. It is suggested that *Acorn* has been captured by the pro-circ lobby; and I must admit that the last edition may have made it look that way. But that is not my wish – I would like *Acorn* to be balanced, promoting both the roundhead and the cavalier points of view. I hope that this edition goes a little way to address the bias.

However, I am in your hands. To a large extent, the magazine consists of what you send in. I know that quite a proportion of members are uncut and presumably many have no intention of submitting to the knife. So what about sharing with everyone else what you like about the foreskinned state and why you intend to remain a cavalier. Please note – no anti-circ rants (we are not a branch of NOCIRC!) but articles which celebrate the foreskin and the uncircumcised state.

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
ivanacorn1@hotmail.com

And now an apology. My postbag has been quite full for which I am very grateful. Ideally I would like to respond to all the letters which I receive but that is not always possible, at least not immediately. But be assured that this is caused by lack of time, not lack of interest. I do read everything that is sent – your letters do not go into a black hole. So please, please, keep them coming in.

The next edition will be published on 1<sup>st</sup> May 2003. The closing date for the receipt of contributions is 1<sup>st</sup> April.

*Ivan Acorn*

## **The Editor's Column**

### **Best of Both Worlds?**

**C**avaliers and Roundheads may debate the relative merits of their statuses, but in their midst are the retractors, the transvestites of the penile world, Cavaliers in fact but dressed like Roundheads.

The Roundhead lives his life with his desensitised glans fully exposed, bare to the world. The Cavalier hides his glans away, his foreskin carefully protecting his over sensitive acorn beneath. But some Cavaliers wear their foreskins back, flaunting their glans, as if to deceive the world about their uncut state. These are the retractors.

Some retractors are in the experimental stage. "What would it be like to be circumcised?" they ask; and to find out, they wear their foreskin back, to see whether they like that permanently exposed feel of the truly cut. Those that enjoy the experience may then proceed to full circumcision; those that don't may retreat behind their foreskin, their glans never to see the light of day again. But left in the middle, twilight world are the permanent retractors.

The ability to be a successful retractor depends upon a number of factors – type of foreskin, shape of glans, and not least, persistence. Some men have relatively short foreskins so that the tip (or more) of their glans peeks through the foreskin even when the penis is at its most flaccid. For such guys, permanent retraction is relatively easy – indeed, in some men the foreskin is so short that it retracts of its own volition so that they have no option but to be pseudo Roundheads. But those guys with long or thick foreskins have much more difficulty in keeping the skin back – the force of gravity is constantly drawing it forward. Similarly, a loose foreskin may just not grip behind the glans.

Which brings us to the second factor – the shape of the glans, or more importantly, the depth of the ridge under the corona. Those where there is a pronounced rim have much less difficulty in keeping the skin back than those where the glans is almost a continuation of the shaft with hardly any rim behind which to hook the prepuce. But this is where perseverance comes in. Many retractors have been successful only after a lengthy period of training the foreskin to stay back. But they claim that in due course, whether because the coronal ridge gradually deepens or just because the foreskin realises what is required of

it, permanent retraction is possible. But persistence is also required on another front. Most Cavaliers, when they first retract, find their glans unbelievably sensitive. After just a few minutes, the almost overwhelming temptation is to pull the skin forward again and re-protect that all too sensitive acorn. Of course, the guy who is newly circumcised has the same sensitivity problems. But he has no foreskin left to cover his glans; he has to do cold turkey. In the end, the would-be retractor has to do cold turkey too. And those who persist find, like newly cut men, that after a few days, the over sensitivity subsides and they can start to enjoy that constantly exposed feel.

So, does retraction give the best of both worlds? Certainly it gives a permanently exposed glans, but with the option to cover up whenever the guy wants to. But there are some downsides. First, if the foreskin does slip forwards (and this can happen quite frequently in the initial stages), there is a tendency for pubic hairs to get caught, which can be extremely uncomfortable if not painful. Second, the foreskin inevitably dislodges itself during intercourse so sexually the guy is definitely operating with an uncircumcised rather than a circumcised penis. Third, the effect is not that aesthetically pleasing; there is quite a roll of skin bunched behind the corona, so the penis doesn't have the same sleek look as a well cut penis. Fourth, the foreskin is still there so it can pose the same health and cleanliness problems as a naturally worn prepuce.

Having said that, there are guys who have retracted for many years and are very happy with their status. They obviously believe that they have the best of both worlds, and who are we to say them nay. Are there any retractors among the members who would like to tell us of their own experiences?

*Ivan Acorn*

[Postscript: After I had completed my column, I received the next article, "Observations", in which T.S. suggests that retraction is on the increase. Do you agree?]

## Observations

I have noted the ratio of cut to uncut over many years in different situations and would like to know if they concur with the observations of others. When I was at school (minor public, early 60s) the cut were about 30%. This was across the age range 11 to 17. We would all shower together after games, both normal Wednesday activities or specific matches, so I was able to observe both my peers and older and younger boys. This ratio held good in general across the school. The masters who took games, either as specialist teachers or in an assistant capacity, showered with us (no doubt this would be unacceptable in today's paranoid climate) and I noted that they were cut to a man.

In adult life I have taken part in various sports and note that in general the ratio is more like 25% cut, based on changing room sightings. I go to naturist beaches and here the ratio is closer to 50%. I make this 'survey' by either walking

along the beach and noting the status of those that I can see clearly, or by staying in one spot and observing those who pass, again taking note only of those of whom one can be sure. I have for some years taken part in Fitness Training at our local Sports Centre. This course attracts a core of regular attendees and casual participants who join or drop out. The age range is between 35 and 55. About 50% take showers at the gym. For years the cut averaged 33%.

But here, as well as on the beach, I have noted a step change. On such days as the weather allowed sunbathing last summer, I noted that the *apparently* cut (I use the word carefully) now outnumber the uncut, being about 60% of observations. At the Sports Centre the ratio has changed similarly. I am convinced that this change is due in no small part to males retracting their foreskins. I base this deduction on the following. The age profile of the beach users has not changed and I can only suppose that the social class range is also unaltered, so a rush to elective surgery is not likely. The Fitness Training group is also interesting. I have noted that at least two individuals are now bare glans having been intact in the past. There has not been time for them to be circumcised and for the wound to heal. Both in the gym showers and on the beach there seems to be much bunched skin in evidence, though accurate observation is difficult.

My questions are:

- \* Do my observations accord with those of other readers?
- \* Have those readers noticed any changes in recent years?
- \* If such a change has been noted, is it likely to be as a result of retraction or circumcision?
- \* What does this mean? Is it a result of exposure to erotica wherein the cut organ is common, or is it flattery by imitation?

I know that I am quoting statistics of small numbers and maybe my observations will not be replicated. But I would be interested to know what, if anything, is happening and whether any readers could confirm my observations.

*T.S. – Bristol*

## Getting A Circumcision

### Instalment II: The Operation

I find that knowledge is power and that the worst fear is the fear of the unknown. Definitely, getting a circumcision may be an intimidating experience. I want to acquaint you with the practices of my office so that you may have an idea of what you may expect on the day of your procedure.

There are no rigid preoperative instructions for circumcision performed under a local anaesthetic. I would suggest a light diet, perhaps just liquids, on the day of the procedure. To prevent the newly operated penis from flopping around in the underwear, I recommend supportive underwear for the first few weeks after



circumcision; so be sure to bring some with you to the operation. It is unnecessary to shave, but trimming the pubic hair will prevent it from getting stuck in the dressing.

Immediately prior to performing a circumcision, it is my practice to sit down with the patient and mark the incision line with a skin marker. This is the best way to be certain we have the same concept in mind and to minimize disappointment. I encourage you not to rely on the terminology you may have read on the Internet for incision location. Most of these are not medical terms and urologists do not understand them. Also you should be clear about how you wish the frenulum to be handled, i.e., left intact or removed.

After the incision location is agreed upon, I go over the formal surgery consent for the patient's approval and signature. This is a time to discuss potential risks, benefits, and reasonable alternatives. Most likely, you have already considered these issues before deciding on circumcision.

Prior to commencing the procedure, I review postoperative care as well. You need to be clear about how long to leave the dressing, bathing after circumcision, and any medications or ointments to be used. I generally leave a compressive dressing for one week. During this time, the patient may shower, but should cover the dressing with a condom. I provide pain medication, antibiotics, and amyl nitrite inhalants (to relieve an unwanted erection). Once the dressing is removed, I have patients do twice daily tub soaks and apply antibiotic or vitamin E ointment to the suture line. The best results will occur if the sutures dissolve and fall out by about the tenth postoperative day. Keeping absorbable sutures moist is the best way to ensure that they fall out in a timely fashion.

Now for the operation. You will be undressed and positioned supine on the surgical table. There will be towels used to isolate your penis into a sterile field. Iodine solution will be applied to kill skin bacteria. You will receive several injections around the shaft of the penis to anaesthetize it. The doctor will check the sensation level to be sure you are properly anaesthetized before proceeding. I mark the skin again to make certain I cut symmetrically and where the patient requested. I then retract the foreskin and, if it is to be removed, I excise the tissue of the frenulum and do any suturing necessary. I do this first because the resection of tissue and/or suturing alter the ventral foreskin length. Next I make a 360 degree incision around the glans in the mucosal (inner) surface of the foreskin. I find that most men getting a circumcision are particular about the length of the mucosal portion of foreskin that is preserved. For that reason, I choose to make the mucosal incision first. I then measure from the corona of the glans to the mucosal incision, replace the prepuce over the glans and measure the same distance from the corona on the outer layer of the foreskin and mark the point of the second incision. After making the incision in the outer layer of the foreskin, the prepuce is attached by a very thin layer of tissue which I cut through with a surgical scissor, excising the redundant foreskin as a ring of tissue. Next I stop all bleeding with an electrocautery device which is of the same quality as one would find in a hospital operating room.

The lengthiest part of the operation is the suturing. I use rather a fine suture and place stitches close together. Once suturing is complete, a compressive dressing is applied. This consists of two layers: an inner layer of gauze and an outer layer of tape which has an elastic quality. The dressing is critical because it minimizes swelling and protects the freshly sutured wound from the stress of erection. As I mentioned, it stays for a week.

Many men are concerned that they will feel excruciating pain when the local anaesthetic has worn off – don't worry, it will be only mild pain. Oral analgesics like codeine, hydrocodone, or oxycodone are more than adequate. After about one week, you will be essentially free of pain.

For about one week after a circumcision, you should have a sedentary lifestyle. I would avoid exercising, lifting, and long periods of times on your feet. On the other hand, you should not need bed rest. After your dressing is off, you will find the sutures are uncomfortable. Soaking in the tub and lubricating the stitches with antibiotic or vitamin E ointment will encourage them to drop out.

After about two weeks, most men are ready to resume sexual activity. However, this is only a rough guideline. Assess your own healing and use your best judgment. Once the wound has healed, scarring may be minimized by application of the product Mederma. It helps fade scar tissue and suture marks. Remember that complete healing and resolution of swelling may take several months.

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[Dr Cornell is a practising urologist]

## Celebrity Circumcisions

**R**e the article by Peter – Manchester in Issue 1/2003, I would like to add my comments.

There seems to be doubt about Tom Selleck; many said he was uncut and then he apparently came out on a TV programme saying he was Jewish so that would almost guarantee circumcision. However I know a Jewish guy who is uncut!!!! I just cannot imagine him as uncut, it just doesn't fit his image! He may have a prodigiously sized cock but never shows anything when he is wearing shorts etc. He must have it tucked well in! One scene however in *An Innocent Man* shows him coming in from jogging and there is definitely something large visible in his shorts! There were also rumours that when he was making *Magnum* in Hawaii and flying

to/from the mainland, if he fancied any of the male stewards he would invite them into the toilet and display his large uncut cock to have sex with them. I don't suppose we will ever know for certain unless somebody has had sex with him or seen it?

I have seen the photo of Errol Flynn standing under a waterfall sporting a not particularly long but thick cut cock. There were always rumours that Flynn was very well endowed. I wonder if this photo is for real or is perhaps a fake like many are?

I would love to know the cut/uncut status of Tom Hanks (probably cut?); Russell Crowe (maybe cut but who knows?); Viggo Mortensen, born in Brooklyn of a Danish father (definitely uncut) and an American mother – probably if Mom had anything to do with it he would be cut! Patrick Bergin (born in Ireland so probably uncut, although I have met many Irish both from the north and the south who were circumcised shortly after birth); the singers David Daniels and Thomas Hampson. (Most likely cut.)

I quote a couple of interesting items:

Ben Affleck: apparently, whilst filming *Daredevil*, his dick somehow got wedged into a split open aluminium can and he was rushed to the local hospital for an emergency circumcision! It apparently delayed the filming for two weeks! (I would have thought that Affleck would have had a RIC in any case?)

Bruce Willis: Reveals all in the film *Color of Night* which is available on video. You definitely see his cock, briefly, and it is circumcised. But I would say it is only average sized, certainly not the big thick slong suggested by rumour. And there's more hair down there than on his head!

Neville – Northolt

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## Jack's Story – Part 2

**I**n the first part of his story, Issue 1/2003, Jack told how he came to the decision to perform a self-circumcision. His story continues.

From the age of about 12 I had an overwhelming desire to be circumcised. This had resulted from my close contact with circumcised boys both at school and in the neighbourhood. I became completely obsessed, surrounding myself with friends who were circumcised while shunning all contact with others whom I knew to possess the hated foreskin.

When 18 years old I left home for University Medical School determined to change forever my uncircumcised condition. I shared lodgings with a boy who had attended the same school. As he had been in a different class I had not really known him previously but I soon found that he too was circumcised. We shared a bedroom and as he slept naked I saw his cock at least twice a day for the two years that we were together. He had a particularly large, flared cock-head, which

he seemed happy to display at every opportunity. This just added fuel to the fire of my obsession.

I decided to circumcise myself. At the time I knew little of circumcision styles so I opted to aim for a cut similar to that of my schoolboy friends. Without exception they all had low cuts with the scar line fairly close to the glans. Mostly they were tightly cut and this I also wanted to copy.

Firstly I read several surgical texts on operational technique. These described freehand circumcision and nowhere did I see mention of the various clamps in use. Some years later as a House Surgeon I attended several circumcisions which were also done freehand.

Initially I was so alarmed by the potential complications listed in these descriptions that I almost decided against proceeding. Particularly worrying was the description of oedema [swelling] which the books said was almost bound to occur leading to poor wound healing and even gangrene. Wow! I certainly didn't want that. Rather gingerly I decided to do the operation in three stages. Firstly I would just do a dorsal slit, then later remove the skin from one side and later still cut the remaining skin from the other side of my cock. This way I reckoned that poor wound healing would be less likely as collateral blood vessels would still be available to assist the blood supply from the intact side. In retrospect I think poor wound healing is unlikely in an adult circumcision and I think my somewhat complicated procedure was unnecessary.

Obtaining local anaesthetic, syringes, needles, swabs, suture material and a scalpel wasn't difficult and as these were the only items I needed I went ahead. The dorsal slit was the easiest part; I just infiltrated a small quantity of local anaesthetic along the line of the cut and when I could no longer feel the needle I sliced through my foreskin to a point half an inch below the glans. There was remarkably little bleeding as I didn't cut through any sizeable blood vessels. I then simply added a few stitches on either side of the cut and that stage of the surgery was finished. The cut healed in a few days, but I left the next stage for several weeks.

The thought of cutting away half of my foreskin was exciting and I had to be careful to avoid an erection as that would just add to the inevitable bleeding which was bound to occur. Once again I used local anaesthetic which I infiltrated in small quantities around the left side of the shaft just behind the glans. With my foreskin held in forceps and pulled well back I made an incision around the skin of the shaft about half an inch below the corona of the glans. I then pulled my foreskin forward as far as I could and made a second incision through it and around the whole of the left side of my cock, completely severing the skin. At this point there was an awful lot of bleeding but I had prepared for this by sitting on the side of the bath so that later I could just wash it away. I knew that this would occur as my foreskin was well supplied with prominent veins which were bound to bleed. In an operating theatre this bleeding would be stopped by the use of electrical diathermy which would coagulate any small vessels. Eventually, with pressure from swabs the bleeding almost ceased and I was then able to see two

cleanly cut skin surfaces which I needed to suture. I did this using a needle held in Spencer-Wells forceps. These are the small forceps, used in many surgical operations, that can be clamped firmly together. I used silk sutures rather than absorbable catgut as silk has to be removed and therefore doesn't have the risk of suture retention. On completion I bandaged the shaft with a couple of gauze swabs.

When the local anaesthetic wore off I was surprised to find that I had no pain and only a slight soreness. I had a look at my handiwork after 48 hours. There was hardly any swelling but a lot of bruising which had resulted from not fully stopping the bleeding from small blood vessels. On day seven I took the bandage off and removed the sutures, cutting carefully through each before pulling them away with forceps. The scar was already healed and looked fine.

Several weeks later I repeated the cut on the right side using the same technique. In retrospect I should have done the operation in one go, as initially I was very tentative and didn't take quite enough skin from the left side. When I did the right side I had no such inhibitions having seen how easy the cut on the left side had been. The result is that the shaft skin on the left is slightly looser than I would like. This is not noticeable to others but nevertheless I am conscious of the difference. Still my relief to see my newly circumcised cock cannot easily be put into words. My cock head was now proudly displayed with the scar clearly visible.

In retrospect I wish that I had studied circumcision styles before my operation. I am pleased with my circumcision which also seems quite acceptable to others but at the time I was familiar mainly with the British style which I knew from observing my friends and from masturbating my friend Dave on thousands of occasions. The cut I really would have liked was the high very tight circumcision that I saw on Dave's adult friend Ken on that one occasion. This is so similar to the cut cocks of so many Americans that I have seen since. However, although my scar is only about a half to three quarters of an inch behind the glans it is clearly visible and, although the skin bunches slightly behind the glans when my cock is soft, the skin is tight on my erect cock which looks very circumcised. Also, since I was circumcised my cock head has grown in size and now has the very pleasing flared appearance achieved in a tight cut. Like most well circumcised men I can only jack off with lubrication, usually spit when I start and lots of natural cock juice very soon afterwards.

*Jack*

[Editor's note: Once again, I caution members about the risks of undertaking self-circumcision.]

## Contacts Corner

West country member wishes to contact others who would like to discuss experiences etc. Recent revision, adult experience. All topics and opinions welcome. Perhaps meet, Bristol/West area

*T.S. - Bristol*

## My Muslim Son

As a Christian parent, the decision to go ahead with the circumcision of my soon-to-be nine year old Muslim son has been difficult to make. I have had to weigh up the feelings of all the people close to me. First, there has been my son, Adrian, who has heard his Indonesian mother and me discuss this operation openly. Understandably he is reluctant to have his foreskin removed at this age. He wishes that he had been done at birth, just like one of his Indonesian cousins, so that he did not have this to look forward to. I have told him that I tried to engineer this in the Indonesian maternity hospital where he was born but his mother, Ira, opposed it out of fear and protection.

My feelings up until recently have been a mixture of “yes” and “no” to circumcision of my son. My heart has said “yes” because circumcision at the age of 26 has been a positive experience for me and something I would want him therefore to share. My head has said the opposite because to circumcise a boy takes away the right for him to choose later in life. However, I have got off the fence because I think it is better to be involved in preparing him for the operation than seeing someone else in the future with no first hand experience possibly taking him off to a doctor I don't know.

Then there is his mother. She and her family have a strong desire for Adrian (and his younger brother Sean) to be brought up as practising Muslims. It is the custom, though it is not clearly prescribed in the Koran as it is for Jews in the Old Testament, that Javanese Muslims in Indonesia are circumcised between six and eleven while for girls the clitoral hood is snipped at birth.

As regards my parents and siblings, I have detected some conflict. My mother, a Swede, has expressed her aversion in no uncertain terms. I would guess that one sister, a nurse, is also against, seeing that her son, who is one year older than Adrian, is intact and her husband is an Irish Catholic. My father is circumcised and appears indifferent about the subject while my other sister, who is married to an Egyptian doctor, is not interested.

To add to all of this has been the place where he and his brother have grown up. For the last few years they have been in a rural white Anglo-Saxon Protestant middle class village where I would wager the incidence of circumcision must be low judging from my casual observations in the local swimming pool changing room. Being circumcised will mean being different and I am not sure Adrian and Sean will escape teasing. Of course, in the future they may find themselves back in Indonesia where being not cut would be different.

Preparations for the operation in July/August have included showing Adrian the video of our 11 year old Indonesian cousin being cut; ensuring that he can retract his foreskin without adhesions to wash the glans; and letting him see me nude so that he knows what I look like.

Finally I have begun to make tentative investigations about how and where it might be done in Jakarta and by whom plus cost. The cousin's brother is going to

be cut at the same time as Adrian so that the party afterwards can be shared. There has been talk of laser surgery to which I invite advice from Dr Cornell and others. Please write in about this.

H.F. – Cambridge

## Acorn Is Too Biased

I decided it was time to leave the *Acorn Society* some time ago when it became clear that the management no longer felt inclined to stick to the original terms of reference (i.e. to give equal weight to those who defended the foreskin). With the last edition of *Acorn* it is now clear that it has become the mouthpiece of those favouring circumcision, oblivious to the fact that the vast majority of those who witness such enthusiasms find them incomprehensible, or if victims like me, distressing.

Over the years I have contributed very many articles to *Acorn* and enjoyed taking a pop at the cock-cutters, but there was a deadly serious agenda behind it all. I and a lot like me are very conscious of the damage caused us by circumcision which in my case has led to the complete failure of my sex-life due to a total loss of sensitivity as I got older. I consequently find it deeply depressing that a group of people are hell-bent on causing the same damage to other little boys and have therefore devoted myself over the years to ensuring that they are unsuccessful. I am happy to report that my efforts, allied to those of a host of other men and perhaps more importantly, women, furious at the thought that they have been sentenced to second class sex lives by their parents, have succeeded in bringing down the circumcision rate in USA from over 90% to about 60%, in Australia from over 90% to just over 10% and in Canada similarly. Meanwhile the rest of Europe looks in incredulity at those who are prepared to jeopardise their children's future sexual happiness for the sake of a fad whose only basis is neurosis. I know it goes against the grain but your members (or their wives, for the non-gay minority) really should read Kristen O'Hara's book, *Sex as Nature Intended It*. If you don't like its tone (admittedly cringe-making in places, especially for non-Americans) you should nevertheless read the reviews of it written by a very large number of enthusiastic readers in [www.amazon.com](http://www.amazon.com) to realise that it has really hit a nerve in the USA. With luck, and the American woman's appetite for enlightened self-interest, this should help drive another nail into the coffin of institutionalised child genital mutilation in the States.

Sadly therefore I shall not be renewing my membership. However I live in the forlorn hope that common sense will eventually prevail and should you once again decide to honour your terms of reference, I shall be very happy to return and resume where I left off. I shall not be holding my breath.

R.B.W.

[Editor's note: R.B.W.'s report on *Sex as Nature Intended It* will appear in the next edition.]

## Foreskin Benefits

**I**t was good to receive the first issue of *Acorn* for 2003 bang on the New Year. A welcome to our new editor, Ivan, and his powerful exhortation to members to contribute to the magazine. In response is the following, which I know will not be to everyone's taste, but I look forward to some, hopefully reasoned, reaction. As I understand it, the magazine is for members to voice personal experiences and views relevant to their state of being circumcised or not. Any such forum, to be successful, must be balanced. I must therefore add my personal exhortation to what seems to be the silent uncircumcised majority (though perhaps not in *Acorn* membership). State your case! Are you satisfied with your state and why? And if not, why not?

Surprise, surprise, I am uncircumcised, despite being advised that circumcision was the only cure for my 'Tight Pullover' (the title of a previous piece published in Issue 3/2000. It details my story, with a happy ending, of correcting phimosis without surgery.)

I proved medical advice wrong and, albeit much later in life than I would have liked, trained my foreskin to perform all its functions correctly, from which I enjoy considerable benefits. What are they?

1. Protection of the glans so it's kept sensitive and moist, and therefore much more receptive to the subtleties of foreplay, intercourse or masturbation.
2. It has 'frenar bands' around the inner walls of its tip. These numerous nerve endings are supremely sensitive to heighten the sensations from almost every type of sexual activity.
3. It gives its owner flexibility. With full coverage, a man can retract partially, or totally to simulate a short foreskin or a circumcised state. Not possible, unfortunately, from the circumcised corner.
4. Circumcision is surgery and therefore causes pain and discomfort; also some risk of complications.
5. The arguments used against the foreskin have to be addressed:
  - (a) Lack of hygiene. Retracted and washed daily, like most other parts of the body, hygiene is simply not a problem. You don't cut away your fingernails because some dirt gets under them – you wash them.
  - (b) Inability to pee straight or in a stream – simply retract to the point where the urethra is uncovered, aim straight and shoot.
  - (c) Aesthetics. This, I concede, has to be debatable as I would expect even most circumcised members to agree with. 'Beauty is in the eye of the beholder' is perhaps a bit over the top as an analogy, but my experience of stated reactions has been that, with its movement on retraction or erection, the emergence of an uncircumcised glans from its 'sheath' is every match for a circumcised penis, whether to a man or a woman.



(d) Length or girth. Well, we're all different and more or less (despite product claims) stuck with what we've got in this department. But it is true that an uncircumcised penis is every bit as long (longer in the case of an overhang!) as its circumcised equivalent.

Given all this, I cannot understand how a man uncircumcised into adulthood could contemplate circumcision other than from a strong personal view (not mine, of course) that the circumcised penis looks aesthetically better. I do find it amazing to read of 'unwanted' and 'hated' foreskins unless for strong aesthetic reasons.

Returning finally to circumcision for medical reasons. I offer one condition only as a medical reason for circumcision – BXO, which is extremely rare. Would that information on corrective treatments, other than circumcision, for phimosis and other foreskin problems had been readily available in my youth as it is becoming today. Views are changing and developing, and for the better, but there is much further to go. Over the last couple of decades, a wider and more accessible knowledge base is resulting in a better press for the foreskin and reducing the number of circumcisions for unjustifiable medical conditions, the most common being phimosis.

Similar trends are occurring elsewhere, e.g. masturbation is no longer outlawed but is rightly positioned as an integral and healthy part of sexual activity.

All this gives us more solid facts and information on which to make better choices in areas which, not so long ago, were virtually taboo for open discussion. Last, but by no means least, the *Acorn* magazine can and should be a vehicle for such discussion. Let's all do our bit to make it so!

*F.S. – Derbyshire*

## An Unexpected Friendship

At the beginning of September last year I had an appointment at the day surgical unit of our local hospital; I needed treatment for some troublesome piles. I was allocated a bed and before long a young man in his mid-twenties appeared, to occupy the adjacent bed. He was clearly nervous and upset.

We began chatting and it soon transpired that he had come to be circumcised. He was planning to take a job in a primitive part of Kenya connected with woodland conservation, but before being offered the job it had been necessary for him to have a medical examination. The doctor had passed him generally fit but had told him by letter that he had a tight foreskin and that it would be foolish for him to travel before being circumcised. This had perplexed him as, although he had never been able to retract his foreskin, his penis had never given him any trouble and he had always been happy and satisfied with the 'status quo'. He had a girl friend and she had never made any comment about his penis.

When I told him that I had been circumcised as an adult, his feeling of relief was clear to see that here was someone who had been in a similar situation. I

went on to explain that I had been troubled by periodic inflammation of the foreskin and knob which had been aggravated by a long foreskin and the doctor had recommended that I should be circumcised.

I explained to him that I thought his doctor's advice was one of precaution; if he developed inflammation or an infection under his foreskin which was quite likely in a hot climate and if he was unable to retract his foreskin then he would quickly be in trouble particularly if medical help was not readily available; he began to see the reasoning behind his doctor's advice. I concluded by saying that for the first few weeks his exposed knob would be tender and very sensitive and to expect involuntary erections; he would almost certainly need stitches to help heal the wound. We wished each other all the very best.

Six weeks later we happened to meet up again in out-patients and we quickly renewed our friendship. He said that things had worked out very much as I had said and that overall he was pleased with the result; in particular it had not been as painful as he had feared and his knob was now larger than previously. He and his girl friend had recently had oral sex together which had been highly satisfying for both of them but alas she was not planning to come to Kenya. If his arrangements worked out as he hoped, he would fly out to Nairobi early in the New Year. Finally he said that if we had not met up and chatted, he doubted very much if he would have had the courage to give his final consent for the operation.

Looking back, it is amazing how, in the hospital situation we found ourselves, such a deep and personal friendship was established so quickly.

*W.E.M. – Sussex*

## Media Watch

### Ouch!

**H**ow many guys have problems with their frenulum? About 5% according to an article in *The Guardian* on 28 February last year. And Jonathan Cope, the author, was one of them.

Most men probably aren't even aware that they have a frenulum – the ridge of skin under the glans which joins the glans to the foreskin. It is there as part of the mechanism which allows the foreskin to retract and the glans to become exposed, especially when the penis is erect.

But the frenulum varies from male to male, and in some men it is too short. Then, when the foreskin retracts, the frenulum becomes extremely taut and tugs considerably on the glans, pulling it in a downward fashion and in so doing causing pain or extreme discomfort. This is frenulum breve.

Guys may first become aware of this when they start masturbating. However, they quickly learn how to adapt their technique to prevent pain and the problem may seem to go away – only to occur again when they first have intercourse. The pushing motion which drags the foreskin back along the shaft tightens the short,

taut frenulum to its limit causing a very sharp, severe pain. Sometimes the frenulum stretches beyond its limit and tears. Generally if the tear is not large it will heal spontaneously over a period of a few days. And that may be the end of the problem. Such ruptures are 'successful' in the sense that no corrective measure is necessary. But others leave a persisting shortness of the frenulum and at the same time a fragile scar which may rip in a repeated manner. In these cases it is necessary to operate.

So much for the theory. What happens in practice? Jonathan Cope's frenulum snapped twice, the first time during sex. But it healed within a week and there were no further problems for seven years. The second time it went he was washing his penis. Just a barely visible cut on the frenulum but this time it did not heal and so began several painful months. Despite abstinence the healing process did not take place. NHS Direct unhelpfully suggested that too much sex was to blame. Salty baths, creams, antiseptics, nothing helped. As ever, the internet provided conflicting information, and worryingly for him, a couple of sites mentioned full circumcision under general anaesthetic and an overnight hospital stay. This was backed up by a nurse he spoke to at Guy's hospital in London; he didn't like the sound of it at all. He rather liked his foreskin!

Two months later he went to a genito-urinary clinic. The consultant diagnosed frenulum breve and advised surgery – but not circumcision. In only a small number of cases, he was told, was circumcision required. Mostly, frenuloplasty was sufficient. In this operation, the frenulum is cut vertically and the two tiny flaps of skin that this creates are sewn into the foreskin with a couple of stitches. These dissolve in a fortnight, and after a couple of weeks most men have fully recovered and are able to resume sexual activity. But the waiting list was fifteen months long. So he went private. Again frenulum breve was diagnosed and he was warned that even if his cut healed naturally, he would be left with scar tissue – thicker and more brittle skin which would be prone to splitting. So an operation was again advised. But the operation, he was told, was far quicker and less traumatic than full circumcision. It would be done with a local anaesthetic as an outpatient procedure with return to work as soon as it was done.

But still Jonathan hesitated, waiting for some natural improvement. Finally after six months of suffering, he bit the bullet. The operation was over in ten minutes – painless apart from the local anaesthetic injection just below the head of the penis. He had a cup of tea and went straight back to work. Over the next month painful erections were a bit of a nuisance but after that daily applications of E45 kept the operation scar supple. After six months of painful sex followed by a month of none at all, the relief was immeasurable!

[Editor's note: There are quite frequently stories related to circumcision in the media. When members notice such stories, I would be very grateful if they would send details to me, if possible with the press cutting concerned. Please don't assume that I shall automatically be aware of it!]

## Live From Golgotha

Not one, but two simulated circumcisions on stage in the first 15 minutes. This was the scenario at the Drill Hall London in November/December 2002. *Live from Golgotha* is set in the first century AD amongst the new Christian community. At that time, Paul was proselytising amongst the gentiles and realised that circumcision was likely to be a turn off for potential converts. So he conveniently changed the requirement for circumcision of the foreskin into circumcision of the heart (whatever that might mean). This policy was not well received by the community back in Jerusalem who saw Christianity as an off-shoot of Judaism. Circumcision was still de rigueur. Timothy had been chosen by Paul as his companion on his missionary journeys. Timothy's father was Greek but his mother was Jewish. Technically, therefore, Timothy was Jewish but he had never been circumcised. So, as a sop to the Jerusalem community and to demonstrate that he still believed in circumcision for Jews, Paul had Timothy circumcised.

All this is fact, and the play dramatises the moment. Timothy is carried on to the stage on a stretcher. Two Jews, one waving a knife, approach, they simulate an attack on Timothy's penis, and he sits up, his face contorted by agony, and for the next ten minutes he continues to hold his groin, wincing and complaining, although towards the end of this period, he does say the pain is easing. Unfortunately, Timothy keeps his loincloth on throughout both the operation and its aftermath, so we never find out whether his status better qualifies him to play the 'before' or 'after' scene.

The play is based on a novel of the same name by Gore Vidal. Of course, Vidal has a bit of a thing about foreskins and circumcision. In *Myra Breckinridge*, for instance, there is a passage which says that Myron never forgave his mother for having him circumcised and later Miss Myra investigates whether Rusty is circumcised or not. Do we detect a bit of an obsession here? Join the club, Gore.

Back to the play. It's an odd story about time travel and a computer buff hacking back through time to delete all reference to the Christian story and rewrite it from a Zionist perspective. The play didn't get good reviews and needn't detain us further here. But the first 15 minutes meant that it was definitely worthwhile for any *Acorn* member.

And the second circumcision? Because this is a play about time, Timothy's circumcision is replayed. Again the knife, again the agony, again the moaning; and again, unfortunately, the loincloth.

Matthew

## Acorn Meeting — Advance Notice

The next meeting of the *Acorn Society* will take place 7th to 9th November 2003. Charges £47.00 per night Dinner, Bed and Breakfast in a shared twin bed room. Single accommodation available £51.00 per night DB&B.

# ACORN

Issue  
N<sup>o</sup> 3 2003  
Editor  
Ivan Acorn

## Editorial

**S**ilence is the worst that an editor can suffer. This was my perhaps unwise comment in my first editorial. Well, you certainly ain't been silent! "Too pro-circ" was the comment after Issue 1. "We don't want to read about smelly foreskins" after Issue 2. What is a poor, beleaguered editor to do?!

Let me explain the picture as I see it. We have both cut and uncut in our membership. Many roundheads are convinced that their permanently denuded glans confers untold benefits. Many cavaliers have every intention of preserving that extra piece of skin. But we should not assume that everyone is happy with their status. Some uncircumcised members seek information and support as they ponder the final chop. Others, circumcised at birth and thus condemned to minority status, now seek to work through their complexes on the issue. In other words, we are all coming at this from different angles, all seeking something slightly different from the *Acorn* community and magazine.

Added to that, we all have our own fascinations with the topic. For some, the status of David Beckham is a matter of total indifference. For others, a definitive report on just what nestles

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## Correspondence

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

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in those Man Utd shorts would be the news coup of the year; and information about Brooklyn and Romeo would be the icing on the cake. Tales of pre-pubescent and adolescent awakening are a source of endless fascination to some, a yawn-inducing bore for others. Some find ritual and tribal circumcision exotic and erotic; others avert their eyes and turn away with a shudder. The message is that we each have our own take on the subject and it is unreasonable to expect that every article is going to be of equal interest to every reader. Some articles you will skim read or skip; others hopefully you may read several times and return to again in the future.

So, my job as editor is to provide you with a varied diet in the hope that at least some of the courses are to your taste. And of course, I shall continue to throw in the occasional piece of red meat just to give everyone something to chew on!

*Ivan Acorn*

## Editor's Interview

### Growing up cut

What's it like to be young, living in rural England and circumcised? Virtually unique, says John who is in his early 20's and lives in middle England. John was circumcised at the age of 2 to cure phimosis. Interestingly, his younger brother was also cut in infancy for the same reason, confirming the observation that tight foreskins often run in families, although John does not know his father's status. Very few of his peers were circumcised so his penis has always been an object of interest to other males and his special status had provoked curiosity, ridicule and wonderment.

John was 6 or 7 when he first realised that his penis was different from other boys'. Fortunately, he had the sort of relationship with his mother where he could ask and she could explain what had happened to him and why. He learnt more about the foreskin at age 8 or 9. He and a school friend were first on the school bus in the morning, last off in the evening. These few minutes of privacy gave opportunities to compare and contrast equipment and he was able to view at close quarters the workings of an uncut penis. He recalls that he was an early developer and one of the first in his age group to grow pubic hair. This, and his modified cock with its very obvious circumcision, meant that his groin was the focus of many glances and stares from his class mates. There was a period during his teenage years when he was taunted about being circumcised and was called "Jewish boy". There were sniggers in the showers and at the urinals, so that he became shy about his body, hiding under a towel and only using cubicles in the toilet.

But he gradually overcame any sense of inferiority. He is now proud of his circumcision and quite happy to be seen naked. He recounts one recent experience after swimming when he noticed a guy in the showers eyeing his penis. In the changing room, the guy came up to him and said: "Can I ask you a personal

question?" "You can ask." "Are you circumcised?" This led to a five minute discussion on the merits of circumcision and another display of the evidence.

John remembers with amusement the bewilderment of a Polish medical student when confronted by John's penis. Previously, his only sighting of a circumcised penis had been in a textbook illustration. He was amazed by John's very large and totally exposed glans. (John thinks that it was the size of his glans which caused the initial phimosis. But there may be a chicken and egg situation here; perhaps circumcising the constricting foreskin allowed the glans to expand and flare to its full potential. John's large endowment may be the result of his circumcision rather than its cause.)

John is gay and I asked whether he preferred his lovers to be circumcised. He is not against guys with foreskins – living where he does, he would have to be virtually celibate if he were! But the problem is, they don't know how to handle his cock. When masturbating him, they try to pull the shaft skin up over the glans as if he had a foreskin. This is painful and quickly makes him sore. He also finds that uncut guys cum more quickly than him. So whilst he is still highly aroused and enjoying himself, the other guy is on his first cigarette! One of his most satisfactory lovers was a guy who liked his foreskin held tightly back and being masturbated as if he was circumcised. Not surprisingly, he knew exactly how to bring John off.

And how does John masturbate when he is alone? He has two methods. In the first, he holds his cock tightly at the base with his left hand, smothers his glans with lube and strokes it, slowly at first, increasing in speed and intensity as climax approaches. Alternatively, he massages his circumcision scar line, stroking his frenulum from time to time to heighten the sensation. And his masturbatory fantasy? Circumcised US servicemen. Well, there are lots of those on our TV screens at the moment, enough even to fuel John's daily morning and evening orgasms (with a third frequently thrown in for good measure – and the Victorians thought circumcision discouraged masturbation!)

Although John has a fairly tight cut, he is considering a revision sometime in the future, although it's not a first financial priority. One problem is that he has skin bridges. On the top side of the penis, the scar is very close to the corona and in some places skin bridges have formed between the shaft skin and the glans. They can be painful and John would like them removed. He is also considering losing his frenulum. He says that it is very thin – as often seems to be the case with infant circumcisions where, even if the frenulum is not cut, it still fails to develop fully. One lover used to offer to cut it away with nail scissors. John thinks it would have been possible but was never brave enough to let him try.

John is delighted to have found the *Acorn* Society and a community of men as interested in circumcision as he is. He is hoping to attend the next meeting this autumn. He is, perhaps, the youngest member of the Society and it will be good to have him with us. He will be assured of a very warm welcome.

*Ivan Acorn*

## Preserving The Foreskin

The foreskin is a problematical structure in that any trauma or inflammation inflicted upon the prepuce results in tightening as healing and scarring occur. The trauma may be the result of forceful sexual encounters of all varieties. Inflammation may result from bacterial balanoposthitis – redness and swelling of the foreskin and glans penis. When these conditions occur and resolve, the foreskin is tighter and more difficult to retract than it started out. Likewise this tightness makes future trauma more likely since the prepuce must stretch more to retract behind the glans and the skin also loses some elasticity each time healing occurs. In addition to the preputial opening narrowing with trauma or inflammation, the frenulum may likewise undergo these same changes. The result is a shortening of the frenulum also rendering it more vulnerable to further injury.

While many men choose to manage these foreskin complications with circumcision, others may wish to retain the prepuce. To accomplish this, the tightness needs to be resolved so that repeated tearing and splitting will either not occur or will be minimized. The simplest and least invasive means of accomplishing these needs is the application of topical cream or ointments. These may be antibiotic preparations to combat an acute bacterial posthitis (inflammation of the foreskin) or balanoposthitis (inflammation of the foreskin and glans). Once the infection is cleared, the use of a topical corticosteroid will help to reduce any residual inflammation. Steroids may also improve elasticity and tightness of already established phimosis. These topical products are the first line of therapy for men with phimosis who desire to retain the prepuce. They are usually fairly effective with mild tightness. However, once there is significant loss of the skin's elasticity, topical agents have low chance of succeeding.

If a tight circular scar has formed causing phimosis, or difficulty retracting the foreskin, there are two foreskin-sparing surgical techniques which may be useful. The more aesthetically-pleasing is lateral preputioplasty. The basic concept involves transferring preputial length to its circumference. Generally, there is one ring of tight area on the inner surface of the foreskin. Through this area, small, longitudinal incisions, one to two centimetres in length, are made. These are then sutured vertically. That is to say, incisions are made parallel to the long axis of the shaft of the penis, which are closed with sutures in line with the penile circumference. The result is widening of the tightest area of the foreskin allowing it to retract more freely. Phimosis always affects the mucosal (inner) surface of the foreskin because it is the more delicate surface. Therefore lateral preputioplasty is done on the mucosal side making it a good cosmetic procedure with no visible scar tissue on the outer foreskin. With careful surgical technique, scarring will be minimized with good functional results.

A simpler option for surgical treatment of phimosis is the dorsal slit. This technique involves making a dorsal incision in the foreskin extending from the tip of the prepuce down to the corona of the glans. The edges are then over sewn so that a V-shaped notch in the end of the foreskin is the result. While producing an excellent functional outcome, the aesthetic appearance is suboptimal. This



technique is most suited to the chronically ill or to men who are no longer sexually active. It is quicker and easier than a circumcision, and does preserve the foreskin, but does not yield an attractive result.

Another complication of the foreskin that can follow inflammation or trauma is shortening and tightness of the frenulum. The frenulum develops scarring so that it becomes under tension with erection which makes it increasingly susceptible to further trauma. Topical steroids are sometimes successful in treating this condition and making the frenulum more elastic and resilient. When medical therapy fails, surgical options exist.

Surgical management of a tight frenulum (frenulum breve) includes frenulotomy and frenulectomy. Frenulotomy or frenuloplasty utilize a similar technique to the lateral preputioplasty discussed above; the incision and direction of closure are opposite from preputioplasty however. Frenuloplasty involves a horizontal incision (parallel to the circumference of the penis) closed vertically (parallel to the penile long axis). This lengthens the frenulum. The other surgical option is removing the frenulum completely (frenulectomy). Either technique works quite nicely and leaves a good cosmetic appearance.

These are all reasonable options for rehabilitating diseased foreskins and are intended for men who are motivated to retain the prepuce or are too ill to undergo circumcision. A man with one of the aforementioned foreskin diseases who wishes to be circumcised should not allow himself to be influenced into having one of these procedures instead. Circumcision will permanently and definitively remedy any preputial disease and many would regard it as preferred therapy for phimosis or frenulum breve.

*David Cornell, M.D., F.A.C.S.*

### **The Circumcision Center**

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Atlanta, Georgia 30342  
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[www.circumcisioncenter.com](http://www.circumcisioncenter.com)

[Dr Cornell is a practising urologist]

## **Jokes**

**Q. What happened when David Beckham tried to enter a Marathon?**

A. He got peanuts under his foreskin.

**Q: What's the biggest drawback of the jungle?**

A: An elephant's foreskin.

## Latest Onslaught On Circumcision — From *Acorn*!

I refer to various articles in Issue 2/2003, just received but especially to your Editorial and Editor's Column (on 'Retraction') – and more especially to the highly anti-circumcision article by RBW entitled "*Acorn* Is Too Biased" on page 11.

I nearly choked on my cornflakes when the post arrived and I started by reading this article! Questions have to be asked about it and, in particular, why did you give space in our magazine to someone who, on his own admission, has resigned from membership because of his disagreement with *Acorn* policy? He talks about rejoining "should you once again decide to honour your terms of reference" – well, I for one hope that people with such anti-circumcision views never rejoin – or join in the first place! To exacerbate your position you then trail that another of his missives will appear in the next edition! If it is as misguided as the present one, it will be avoided by me ... and by many other members who share my views.

There is so much emotive rubbish (like the, oh so boring, 'genital mutilation' nonsense) written about this useless bit of skin, which is about as redundant as the appendix – and so many groups now which set out to defend it – that I feel very strongly that *Acorn* should no longer try to sit on the fence (an impossible position to be in anyway) but should be positive about the advantages of circumcision in men – i.e. a Pro-Circ Society. We appear unfortunately to be a dying breed thanks to the misinformation being put about by people such as RBW, and can do with all the help we can get to support the unquestionable positive benefits of being cut!

And, by the way, "Retractors" as your article called them are nothing less than **Impostors**. If they want to have the many advantages of being cut, they should show their convictions, and a small degree of courage to overcome the short-term discomfort, and *have it done*. Dr Cornell's excellent articles in your magazine should get them started. But let's not be fooled as we walk along a naturist beach: many who at first sight look cut are impostors and wannabees! Still I suppose it shows the general support men have for the look of the cut cock (flattery?) – especially so when combined with a smooth, hairless, body as is increasingly the case.

Contrary to what RBW believes, most women are far from "sentenced to second class sex lives" when partnered by a circumcised male: most women (according to a survey a short while ago and also my own observations from talking to many of them) prefer the look and performance of the circumcised organ (it's especially great for oral sex and it makes for 'longer lasting' too, they rightly point out). Some describe the uncut cock as being like an unhygienic repulsive 'elephant's trunk', nasty to look at, nasty to smell, nasty to taste and nasty to have intercourse with. A view with which I would not disagree even as a male – more so for a female into whose orifices the uncut penis is made to penetrate!

In fairness, from correspondence to my Smooth & Cut Naturists group I have had from all over the world, there are many mature uncircumcised men who

would gladly rid themselves of this useless appendage but who just lack the courage to go through with it. There are a great number of reasons why infant circumcision (when the organ is small) is to be recommended and this is one of them: no remembered trauma or post-operative embarrassment. Others are: resultant larger growth of the glans (with well developed and deep corona) and even the simple ability to 'aim straight' when urinating from an early age.

In conclusion, Mr Editor, as a proudly circumcised man who can hold his head high(!) on the subject, I really do not want to be forced to read any more articles in your magazine about vile and disgusting foreskins (even the word makes me feel sick!) or from proponents of their virtues (if there are any) in the pages of your journal from now on.

My decision to rejoin *Acorn* this year was based on the fact that the Society seemed to be getting more pro-circ – if that is not the case you will find that both I and other members proud of their cut equipment will also be waving farewell at or before the next renewal.

*J.H. – Dorset*

<http://www.smooth-naturists.co.uk>

Postscript Questions:

- 1 What is the percentage of cut to non-cut members in Acorn?
- 2 At the very least surely this percentage should be reflected in the overall 'official view' of the Society and its journal, shouldn't it?
- 3 If Acorn wants to sit uncomfortably on the fence, why not make alternate issues Pro- and Anti-circumcision and then all the many members such as myself who do not wish even to hear the dreaded "F-word" any more could quite simply "file" those editions appropriately without wasting precious time on them?

## **Reply To RBW's Article "Acorn Is Too Biased"**

I don't understand your article and your statement that you are going to leave the society because it doesn't suit your uncircumcised views; it is, in my opinion, a coward's way out. I would NEVER leave the society; if it became too pro-foreskin then I would write articles and fight this idea. I always understood that *Acorn* was a pro-circumcision group, hence the title "Acorn" which is the symbol of the circumcised penis. I think it is utter rubbish to talk about "The damage caused us by circumcision" and to say that it has led to the complete failure of your sex-life due to a total loss of sensitivity. In my case it was quite the reverse and since my circumcision, my sex life has been a million times better without that useless foreskin. People are not "hell bent on causing damage to other little boys". They are out to ensure that their sons have a clean and healthy penis and will not become prone to many of the problems the uncircumcised encounter in later life.

It is not true that the circumcised rate in the USA has dropped from over 90% to about 60%. Well not according to the statistics I have read. Unfortunately

circumcision seems to have dropped slightly but no doubt it will increase again when parents realise all the benefits from it. Despite the view that “Europe looks in incredulity at those who are prepared to jeopardise their children’s future sexual happiness etc.” more circumcisions are now being performed in Hungary, Germany and even Finland!

On a final note, I know dozens of guys who have been circumcised both as infants and in adult life and they are absolutely in favour of it and say that sex is wonderful. On the other hand I also know many uncut guys who are unhappy with their state, want to be circumcised but lack the courage to have it done. Many have foreskins that have never been retracted since birth and you are not going to tell me that is “Sex as Nature Intended It!”

Neville – Northolt  
nevillea@btinternet.com

## Whining

With due respect, the contribution from RBW in Issue 2/2003 strikes me as the effusion of a whiner who is confident that he is the only one in step, everyone else being out of step. I think RBW would be much happier in a frankly and solidly anti-cut organisation.

M.S. – Utah

## The Acorn Concept

Some members seem to have the idea that *Acorn* is, or should be, totally pro-circ. To put the picture straight we had better start at the beginning. *Forum* magazine has large sections devoted to letters and “Dear Doctor”. The foreskin and arguments for and against circumcision are topics which come up more frequently than anything else, so much so that one of the editors refused to publish letters on the subject. So in March 1987 a *Forum* Group for those who share this interest was suggested. A member from Lancashire, who is now our President, agreed to run the group, and the first newsletter was published in January 1988. Here is one of his first paragraphs.

*Why ACORN? The group was originally advertised as 'for foreskin/circumcision fetishists'. That may be a sociological description, but it is not a very convenient flag to sail under. I'd prefer to describe the group as 'for people interested in foreskins and circumcision'. One member summed up our aims as being 'for everyone interested in getting their cock into the best possible shape'. Another version of our aims would be to serve as a means of exchanging (views of) '101 ideas of things to do with a foreskin'. Various names for the group were suggested, including 'Cavaliers and Roundheads', 'To cut or not to cut', 'The cock-cut club', etc. But we decided on ACORN. At a glance, it is short, uncomplicated, fairly general, and could apply to a group interested in anything from computing to naval history ('hearts of oak, and*

*all that"). But if you look in a dictionary, you will find that the Latin for acorn is glans, and of course, if you look at an acorn you will immediately see the point. Also it applies equally well to both cavaliers and roundheads. So I hope you agree that the name is appropriate: outsiders won't know, insiders will.*

I think that says it all. I do know, having been editor for ten years, that if it had not been for the cut and thrust of debate (sometimes a little venomous), but simply a one subject group, it wouldn't have lasted two years.

*David Acorn*  
*Chairman and founder member*

[Editor's note: My thanks to my distinguished predecessor for this authoritative note. I now intend to put to rest, at least for a few editions, any further discussion on our purposes or the content of the magazine.]

## Book Review

### ***Sex As Nature Intended It*** **by Kristen O'Hara (with Jeffrey O'Hara)**

As the first generation of uncircumcised Americans – 35% of them – approach puberty, some of them are coming under pressure from peers and girlfriends to get themselves circumcised and are asking for advice. It appears that a lot of girls in the States are brought up to consider circumcision as the norm and foreskins as nature's little design fault. Clearly to reverse this a campaign targeted at American females needs to be started – and the first shot in this campaign has been fired by another woman – Kristen O'Hara in her newly published book, *Sex As Nature Intended It*.

I confidently predict that this book will prove to be a landmark in the progress of the campaign against RIC since it appeals to the enlightened self-interest of all women who prize the quality of their sex life, rightly a matter of increasing concern and enthusiasm to all 'liberated' women. The basic message of the book is this:

- a) Male circumcision removes a substantial capacity for sexual enjoyment in men.
- b) It removes an even greater capacity for sexual enjoyment in their female partners.
- c) The sexual deficit suffered by circumcised men and their female partners can to a large extent be remedied by foreskin restoration.

To reach these conclusions Kristen has carried out a carefully conducted survey of those in a position to contribute, not least herself, since she relates with surprising – and admirable – candour, her own frequently repeated experiments in comparing her sexual pleasure and satisfaction from sex with her intact lover and then with her circumcised husband Jeffrey. The unfortunate Jeffrey comes a very poor second! So pronounced was the discrepancy that Kristen was prompted to research the reasons for it and eventually to develop the theory upon which her book is based.

She says, “Real sexual pleasure (with a foreskin), as nature intended – tender, softly smooth and sensuous – is so much more delicious and rewarding than circumcised sex” and this lady is speaking from experience! She goes on to claim that “the surgically altered penis has untold negative effects on a woman’s pleasure throughout intercourse”. It is only when the foreskin is present that a man and a woman can achieve their full potential for sexual ecstasy. She develops her argument with the contention that the intact penis is more sensitive and therefore more gentle in its thrusts – to the delight of the participating woman! The length of stroke is affected since the pleasure zones are concentrated in the foreskin and frenulum area which makes short, rapid stroking more rewarding. As Kristen says, *“These short strokes, deep within the vagina, cause the male pubic mound to make gentle, rapid, almost constant contact with the woman’s clitoral mound”*, engendering higher levels of passion – with the corollary that *“the foreskin is the key to a woman’s sexual ecstasy”*.

The circumcised penis on the other hand compensates for its sensitivity deficit with rough, tough and much longer strokes which can be deeply unrewarding, painful even, for a woman, who does not experience the benefit of the closely maintained contact between male and female pubic mounds. She then states with ringing certainty that, “as they realise how important the foreskin is to their sexual pleasure, women will want their circumcised partner to begin restoring his foreskin without delay”! She bases this assertion on her good fortune to have been sexually intimate with a man with a foreskin. Until then, she like many women, didn’t realise that the circumcised article was the cause of much dissatisfaction with intercourse. As far as the men are concerned, they will queue up to join the Foreskin Restoration Movement when they realise what they are missing.

In subsequent chapters, Kristen develops her basic theme, represented by her claim that “sex with a circumcised penis and sex with a natural penis are as different as night and day”. “Women who have never experienced intercourse with a foreskin complain of vaginal discomfort and displeasure – the exercise also lacks the quality of ‘out-of-this-world, dreamy nirvana’ which those with foreskinned lovers take for granted”. The natural progression from this is that women have a much closer and more loving relationship with an intact man who can give them what they want in bed. Those with circumcised partners are more likely to split up, hence the 50% divorce rate in the USA.

Kristen moves on to what some may consider the most fascinating chapter of the book, where she describes her own experiences with, and reactions to, foreskins and roundheads. In the mid-60s she met her first lover, an intact married man. At the same time she had an affair with another man, circumcised this time and unmarried. She was having intercourse with both men several times a week and was therefore in a good position to make a comparison. With Tom, the intact man, she wanted sex to go on forever, whereas with Mike, the roundhead, she was continually frustrated: he banged away at her and she felt “unconnected” and unfulfilled. She thereafter had several short-term involvements with both

intact men and roundheads and realised that sex was much more pleasurable with men with foreskins.

After three years enjoyable sex with Tom, she met her first husband, Jeff and although she was in love with him, found him vaguely unsatisfying which she eventually blamed on his circumcised penis. He never lifted her to the heights of passion she had known with Tom. A few years into the marriage she started seeing Tom again – finding her memories of sex with him irrepressible – she could “hear the angels sing” when they had intercourse.

After several years being faithful to her husband she renewed her affair with Tom finding “natural love” i.e. with a foreskin, irresistible. She then started experiencing considerable vaginal discomfort with her husband which finally developed into vaginismus, a painful condition where the vagina goes into spasm and sex is next to impossible. She claims that vaginismus in the USA is often related to repeated exposure to the circumcised penis. To check this theory out she once again contacts Tom, who to her delight performs the act without any recurrence of her spasms. This of course clinches it and she briefly tells her husband that his circumcision is the cause of her problem. Poor fellow. Help is at hand however and she gets him to undergo a surgical foreskin restoration after telling him all about Tom’s wonderful penis (my words, not hers, but implicit). Thereafter life becomes a bunch of roses, their sexual relationship is restored to match his new foreskin and both are now enjoying the fruits of natural love.

The important thing is that this book, once its contents become widely known in the USA, should sell on a very wide scale and if the many American women who are influenced by health or lifestyle innovations take it to heart, we should see a sudden and welcome reduction in the RIC percentage in USA, currently hovering at 55%.

*R.B.W.*

## Finding A Sympathetic Doctor

A common bugbear in members’ dealings with the medical community appears to be embarrassment or a wish not to ‘bother’ their GPs with circumcision enquiries?! Might I suggest these individuals use their local men’s health clinics (once known as STD or special clinics) as the Doctors there will have seen (literally) everything and will be more able to discuss the pros and cons of circumcision. They may be better placed in referring patients to a sympathetic urologist if surgery is desired. This will avoid costly private clinics with the possibility of unqualified staff. Chances are, the eventual outcome of any circs will be cheaper and more satisfactory! I understand the current charge for circumcision in Harley Street is well in excess of £1,000... The Doctors at men’s health clinics see literally thousands of penises each year and will be happy to deal with doubts and fears.

*K.G. – London*

## Mostly A Complete Indifference

As a gay man I can honestly say that over the years, I've probably seen more cocks than your average Mr Great Britain – unless of course you happen to be a urologist in the local GUM clinic. My sightings have ranged from the huge to the minute and cover men of all ages. Observations reveal that the overall proportion of those circumcised is about 1 in 4 or 5 which compares favourably with the medically estimated number of British men who have encountered *Madame Guillotine*. I've read on various occasions that the circumcision rate in the UK is about 20 or 25%, allowing for religious or ritual circumcisions as well as for medical reasons.

From my own observations, the “cut off point” seems to be about 40 years of age. Below this age the rate of circumcision falls dramatically and proportionately with age and likewise, in reverse, the older you get the circumcision rate increases. Go each side of 40: at 20 a chap is almost certainly not going to be circumcised whereas at 60 years of age it will be a 50/50 chance that he will/will not be snipped. Again this observation seems to comply well with the calculated medical statistics.

However, whatever their status, there is an almost complete lack of interest in what to *Acorn* members is a very consuming subject and one that makes for a very erotic topic of conversation. This England is a country full of field sports and cruising is one of them although unlike fox hunting which ceases at the start of the mating season, cock hunting is in season all months of the year and even the coldest of weather seems to do little to deter it.

Often gay sex is anonymous and apart from the odd squeal of pleasure frequently no verbal exchanges are made. However, when conversation does occur it is almost always directed mostly to cock size, amount of pubic hair or lack of it in the case of those who shave their pubic bush and balls, thickness of shaft and size of balls. I can still count on my fingers the number of times that, when a chap has seen my cock for the first time, he has commented on the fact that I am circumcised. Even then it is only usually a general observation rather than an indication of pleasure or disapproval. Apart from a very few encounters with *Acorn* members over the years, I've still yet to meet a guy who shows any sign of great delight when discovering for the first time that I am a Roundhead. The norm in my experience is a complete lack of interest in my cut status to such a degree that mostly leaves me wondering if he has even noticed that I am completely divested of my foreskin. This is true for Roundheads and Cavaliers alike. The most I can expect is some vague comment as to the size of my knob or its extended flared rim but even then rarely ever to the probable cause – being circumcised.

If I mention being circumcised or try to bring up the topic of conversation, it seldom gets any reply more than “Yes” or “OK” or “Don't mind”. The fact is that other chaps, unless it happens to be an *Acorn* member or a prospective one, don't even notice if a cock is cut or not, or if they do then the necessary brain cell to trigger a response to this observation is just not in this particular head.



Just imagine that, just as in *Acorn* we note how cocks can/have been circumcised, so there is a sister group called *Petal*. *Petal* concerns an obsessive interest in how your finger nails are cut – how short/long they are – are they cut straight or curved – are they filed smooth or are they left jagged? *Petal* members are obsessed with the appearance of their fingernails and that of others and seize any opportunity to glance or stare at the finger nails of others whenever they can. Do you look at other people's finger nails? No, of course not, it has never occurred to you that you might want to until it is suggested that there are some people who might.

Likewise, others take no interest in your trimmed cock status; usually they are most concerned at how big it is – even if there are other aspects of its appearance you would far sooner they were showing interest in.

Wm. – Dorset

## A Female View

Having just read the article in Issue 2/2003 submitted by “RBW”, after the magazine was shown to me by an *Acorn* member, I would just like to offer a few words from a woman's point of view in **favour** of the circumcised penis. Having had experience of **both** varieties (from an “end user's” viewpoint!), I have to say that in my opinion the circumcised penis is far preferable for many reasons.

For one thing, it looks better: much neater and not resembling an ugly elephant's trunk – and I am not the only woman who thinks this. Secondly, it is much more hygienic. In my experience no matter how clean an uncircumcised man **thinks** he is there can still be a “fishy” smell when the foreskin is pulled back – even only an hour after bathing. Not a lot of men realise this and seem to assume that it is only women who have an odour if they don't keep themselves meticulously clean. Thirdly, with the reduced level of sensitivity in the glans, the circumcised male is able to prolong lovemaking to the satisfaction of **both** partners. Another very important aspect to consider is that medical research has shown that the uncircumcised penis is one of the factors responsible for women contracting cancer of the cervix.

In his article, RBW complains of a “*complete failure*” of his sex life “*due to a total loss of sensitivity*” as he got older – but who is to say that he would not have lost his sex drive anyway as he got older, for other reasons? In my experience uncircumcised men have been equally likely to lose their sex drive as they get older, but this is often due to other health and psychological factors which can affect the libido (such as heart problems, depression etc). I have heard from men who have chosen to be circumcised later in life, and they told me that they have never looked back. They felt that it looked better and “performed” better, and their partners were also delighted with the end result!

As for RBW's statistics and “recommended reading material” – I would personally pay no heed to this, because anybody can come up with statistics and percentages

to fit in with their own point of view – and there are many websites, articles and books for and against circumcision.

From a woman's perspective I am very much in favour of male circumcision and whilst I would not insist that an uncircumcised partner had this procedure performed, I would actively encourage him to do so if he expressed such a desire!

*Panda – Kent*

## **Off Centre**

**T**hursday night into Friday morning, the 2nd and 3rd of January 2003. Coughing, sneezing, tossing and turning in my bed, I got up at about 4.20 a.m. to give my wife some peace and quiet.

I switched on the kettle and then the TV Channel 4. An American sit com called *Off Centre* had already started. As I find U.S. sit coms rather insipid and stylised, I concentrated on making the coffee. I returned to the TV at 4.30 a.m. and had the surprise of my life.

No glib one liners, no wise cracks, just the adorable Anglo Irish actor, the delectable Mr Sean Maguire, lying on a consultant's table in a surgical gown, with the consultant holding up the gown, peering at his cock, saying "It will have to come off". He then explained to young Sean Maguire different ways of loosening his foreskin including a dorsal slit, and various types of full circumcision including a discussion of where he would want the scar line. He then held up several appliances and explained how he would clamp and cut his foreskin with one type of silver appliance, of which he explained the working in some detail. In a wonderful piece of comedy acting, young Maguire milked the comedy aspects for all they were worth. He jumped up and went home, only to return to the consultant in a while to go through with the op.

I can only assume a few days passed because Sean Maguire was in a changing room scene with his peer group and his uncut status was remarked upon. A girl who strayed in and stared at his fabulous torso caused his towel to fall to the ground and she exclaimed that, sorry, she didn't fancy him after all, she was Jewish.

The rest of the programme was peppered with circumcision humour and accurate facts (as far as I could discern).

Perhaps we should obtain a copy of the programme from Channel 4 to show at the next meeting. Here are the details:

Channel 4, 3rd January 2003 4.25 a.m. *Off Centre*, lasting approximately 20 minutes. Video plus reference 92773135

*Mark – Worcester*

## Time For The Cut?

Congratulations on your first issue! A great read from end to end for a cock/circumcision enthusiast like me. I especially liked the new column by Dr Cornell, which I very much hope will continue.

Another interest for me are the self-circumcisionists. It's great to read the details of such exploits. Although I doubt my own nerve for DIY, I applaud those with a very strong desire but very small budget. From what I read, it does seem quite (unjustifiably?) expensive to go private, and if the operation really is simple, they have my admiration.

My own cockskin is rather ragged and holey from years of piercing, deliberately stretching the holes, some big enough to put a finger through, others large enough to loop over my cockhead! Nearer the rim, some cut away. Looping my large foreskin holes over my glans means that the head is exposed – the foreskin loop effectively fits under the corona ridge and the whole foreskin hangs below. I prefer to wank with my shaft skin held back tightly, digitally stimulating the bare (lubricated) head. This is the reason why, at some point, I want my foreskin removed and the shaft skin tightened so that it doesn't have to be held back. So, although over the years I have enjoyed having a foreskin, I would, I think, also enjoy having the whole lot cut away. Consequently, I enjoy reading about guys who have.

Lastly, I think it should be a membership condition that everyone should at some time at least write in a letter fully describing his cock.

*R.M. – Suffolk*

## Circumcision Does Not Harm Sexual Function

Circumcision does not appear to have adverse effects on male sexual function in sexually active adults who undergo the procedure. This is the conclusion of research carried out by the Department of Urology at the Louisiana State University School of Medicine and reported in the May 2002 edition of the *Journal of Urology*. The researchers set out to test unsubstantiated claims of superior sexual sensitivity and satisfaction for uncircumcised males. A male sexual function questionnaire was given to sexually active males older than 18 years about to undergo circumcision. After a minimum interval of twelve weeks after the operation, the survey was again administered. All 15 men circumcised during the period participated. The majority of the men were between 25 and 49. The questionnaire covered five topics: sexual drive; erections; ejaculation; problem assessment; overall satisfaction. The results were analysed statistically. No differences in reactions before and after the operation were found in any of the five areas. In other words, circumcision had no deleterious effect on sexual drive, performance or satisfaction.

*Graham*

## Friends

I wonder if any of the other readers watched an episode of the American comedy series *Friends* which had a circumcision sub-plot? Joey, the tv star, had to play an Italian character in a play with some nudity; his character being uncircumcised!

He took the role, not pointing out he was radically circumcised... Friend, Monica, offered to fashion a suitable foreskin for him involving a scene replete with ham, baloney and turkey slice prepuces. Eventually a suitable cosmetic compromise was reached with a fold of silly putty. When the none-too-bright Joey shows his lengthy foreskin to the play's producers the silly putty prostheses drops off to the embarrassment of the cast and horror of the leading actor.

K.G.

## A View On Nudism

Last summer, not for the first time, I went to a naturist gathering of 800 in the Pennsylvania mountains. The difference this time was that I gave a lecture on the history of circumcision over the last 4,000 years. It took just over an hour, and I was happy to note that everyone was agog. Although just about all the Americans were circumcised, their ignorance of the subject was astounding. One chap, who was a headmaster, asked me for my notes so that he could give the talk throughout his school.

At the end of the lecture I asked if they were happy to be circumcised. A full cry went up of "No". When I asked why, they all said "We weren't given the choice". This appears to be the consensus of opinion throughout the States, as the circumcision rate is coming down. It's still high in the Mid-west at 80%, but lowest in California at 40%. Last year, four States dropped Medicaid funding for circumcisions – Montana, North Carolina, Arizona and Missouri. They joined California, Mississippi, Oregon, Washington and Nevada, about a fifth of the nation. To get back to the gathering, there were four of us Brits, all with foreskins, and we were always the object of the American fascination for intact cocks. Other than us, there were a couple of Canadians, and a smattering of American Chinese and Latinos.

Later on last year I went to the French Naturist resort of Cap d'Agde, a city in itself able to hold 40,000. I went after the school holidays were over, so it was only half full. Here, the picture was very different from America. Being all Europeans, the uncut rate was about 90%, most cut ones being British. Making comparisons, I had a sneaking feeling that European cocks were marginally longer and thicker than their American counterparts, but that was in flaccid states. No way could there be the opportunity to measure hundreds of erections. See what this year brings.

D.A.

# ACORN

Issue  
N<sup>o</sup> 4 2003  
Editor  
Ivan Acorn

## Editorial

**M**y profound apologies. That's what the Manager of my local Mailboxes Etc branch said to me. And that is the sentiment that I pass on to any of you who tried to contact *Acorn* between mid-May and mid-June. The new *Acorn* mailbox was opened last December when I took over the editorship of the magazine. The arrangement was working perfectly until suddenly... it wasn't. Mailboxes Etc for some inexplicable reason decided that the mailbox, fully paid up until September 2003, was no longer active. I had noticed that I was receiving no mail, but I assumed that, with the arrival of Spring, *Acorn* members had better things to do than write to me (as if!) It was only when the Treasurer had a letter to me returned as undeliverable that we were alerted to the problem.

The difficulty is that I do not know what mail I did not receive. Some rejected letters may have been returned to the senders; others may still be languishing within the Royal Mail. I am very angry about this. It is not just the loss of correspondence which concerns me; it is also the fact that often what members choose to write to me is very personal and is meant only for the eyes of like minded people. It is not a happy thought for such letters to be opened by strangers.

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
ivanacorn1@hotmail.com

All I can do is repeat my apology to those of you who may have been affected. If you have written to me since the last edition, and have not received an acknowledgement, I fear the letter may have gone astray. I do hope that you will write again. And I do urge members not to lose confidence in the system. Believe me, I shall be watching like a hawk to make sure that there are no further difficulties.

*Ivan Acorn*

## **Male Circumcision — New BMA Guidelines**

**I**n April, the BMA issued guidelines on male circumcision and these are summarised on page 3. Although purporting to cover all such operations, they are largely concerned with so-called non-therapeutic circumcision – where the operation is performed without immediate medical cause.

The pamphlet acknowledges that the members of the BMA are split on this subject. No doubt there are many doctors who would like a total ban on such circumcisions. Yet, in today's multi-cultural society, it would be impossible, for instance, to ban Muslim and Jewish doctors from performing this rite, and such a ban would only serve to send the practice underground to back street practitioners.

But this split means that the logic of the pamphlet is, at times, tortuous. Doctors, we are told, have to act in the best interests of the child when agreeing to the circumcision procedure. The child must take part in the decision if he is old enough – although there is absolutely no guidance as to the relevant age. If a four or five year old objects, is this sufficient to veto the operation? As a general principle, the decision is that of the parents – and both parents should be involved. “The BMA is generally very supportive of allowing parents to make choices on behalf of their children.” The child's social and cultural circumstances are uppermost. Where a child is living in a culture in which circumcision is required for all males, the increased acceptance into a family or society that circumcision can confer is considered to be a strong social or cultural benefit.

However, circumcision for health benefits alone is not justified i.e. parents who seek to have their son circumcised for prophylactic advantages, whether hygiene, aesthetics or the prevention of possible future problems, should be turned away. Apparently, the evidence concerning health benefits is insufficient for this alone to be a justification.

This is disappointing. The BMA is essentially saying: “We cannot stop parents having their sons circumcised for ritual or social reasons; they have no right to choose circumcision for health reasons.” What happened to the BMA being generally very supportive of allowing parents to make choices on behalf of their children?

Of course, for the articulate, middle class parents, these guidelines will cause no problems. They can easily argue their case under a ‘social’ umbrella (“it is a

family tradition”) and sympathetic doctors will have no difficulty ‘justifying’ their decisions to perform such circumcisions as being within the guidelines. But inarticulate parents, in awe of their doctors, are still likely to receive rebuffs when they seek circumcision, believing it to be the best policy for their sons. These guidelines bring RIC on demand not one inch nearer.

*Ivan Acorn*

## **The BMA Guidelines — A Summary**

**T**he new guidelines concern the ethics of male circumcision and are designed to offer doctors a model of good practice and safeguards which should be followed when male babies and children are circumcised. In particular, the guidelines are concerned with non-therapeutic circumcision. This is defined as circumcision performed, not for clinical or medical causes, but for religious reasons; or to incorporate a child into the community; or because some fathers want their sons to be like them.

The guidelines acknowledge that circumcision at parental request is an increasingly controversial area and argues that the medical evidence about its health impact is equivocal. There is a spectrum of views within the BMA membership about whether non-therapeutic male circumcision is a beneficial, neutral or harmful procedure. The Association has no policy on these issues but it believes that parents should be entitled to make choices as how best to promote their children’s interests. Doctors must use their skills in a way that promotes their patients’ interests and weigh the benefits and harms of circumcision for the particular child.

It is at present generally accepted that non-therapeutic male circumcision is lawful, and there have been specific court rulings about the legality of ritual circumcision. In the mid 1990’s the English Law Commission concurred and called for law reform to put the lawfulness of ritual male circumcision beyond any doubt. There could however be implications in the Human Rights Act which incorporates Articles of the European Convention on Human Rights into UK law.

With respect to consent, the guidelines point out that consent for any procedure is valid only if the person or people giving consent understand the nature and implications of the procedure. Parents and children should therefore be provided with up-to-date written information about the risks. All children who are capable of expressing a view should be involved in decisions about whether they should be circumcised and their wishes taken into account. It would not be ethically acceptable to circumcise a competent, informed young person who consistently refuses the procedure. But doctors must balance the harms caused by violating a child’s refusal with the harm caused by not circumcising. Where children cannot decide for themselves, consent should be sought from both parents.

It is emphasised that doctors should perform male circumcision only where this is demonstrably in the best interests of the child. The responsibility so to demonstrate this falls to his parents. The social and cultural environment of the

child may be a determining factor particularly in a culture where circumcision is a requirement for all males. Doctors should also take account of the fact that if they refuse circumcision, the operation may be performed elsewhere in unhygienic or unsafe conditions. The BMA is generally very supportive of allowing parents to make choices on behalf of their children and believes that neither society nor doctors should interfere unjustifiably in the relationship between parents and their children. Nevertheless, the child's best interests are paramount. Parents must explain and justify their requests for circumcision in terms of the child's interests. The BMA considers that the evidence concerning health benefits from non-therapeutic circumcision is insufficient for this alone to be a justification for doing it.

Poorly performed circumcisions have legal implications for the doctor responsible. However, action cannot currently be taken against a doctor simply because a man is unhappy about having been circumcised at all. There is no legal requirement for non-therapeutic circumcision to be undertaken by a registered health professional.

Although circumcision is not a service which is provided free of charge, some doctors and hospitals have been willing to provide circumcision without charge rather than risk the procedure being carried out in unhygienic conditions.

Doctors are under no obligation to comply with a request to circumcise a child. Where the procedure is a matter of patient or parental choice, there is no ethical obligation to refer on. The family is of course free to see another doctor and some doctors may wish to suggest an alternative practitioner.

[The full guidelines can be downloaded by going to the BMA website at [www.bma.org.uk](http://www.bma.org.uk) and searching on circumcision. A copy can be obtained from the *Acorn Society* by sending a stamped addressed envelope to the *Acorn* mailbox.]

## Book Review

### Circumcision: An Ethnomedical Study – by A. Thomas

This is a monumental production of 250 A4pp, extensively illustrated in black and white with an interesting full colour cover. The latter, I learned from the publishers, is the contribution of a professional print designer who experienced having to be circumcised in childhood.

Considering that the subject of this book is what many consider to be a trivial operation, one could be forgiven for assuming such a tome would be dedicated to heart by-pass surgery. Proportionately it might be assumed that a mere pamphlet would cover something as simple as circumcision.

But is it that simple? The title of the publication is only one word: 'Circumcision' writ large, but the subtitle: 'An ethnomedical study' defines its object. Thus, it is an academic work which is destined for libraries, public and private, where it will serve as a resource for overlapping disciplines. Historians, anthropologists,



geographers, students of culture, sexology and medicine, will all find an abundance of relevant information. Indeed, parents too, if they are seeking to be informed before making the decision on whether or not to circumcise their son. As the author reminds us, this is the world's oldest and most frequently performed operation. It has arisen independently in differing cultures across the world. It is variously justified in religious ritual, rites of passage, medical expediency or prophylactic, and easier penile hygiene. It captures personal ambitions for body image and improved sexual performance. It flourishes in societies as diverse as Australian Aboriginal tribes and the United States of America.

Clearly, the task of organising the mountain of data which the author has gathered, is a tricky one. While focusing on one area, it is easy to stray into another. A discourse on methods may need to touch simultaneously on anatomy and history, instruments and results. Inevitably this gives rise to some duplication, but the book is none the worse for that if it is to be used as a dip-in reference.

The reader is helped by a comprehensive table of contents which is set out in three parts, the whole occupying some five pages of detailed topics plus a list of illustrations.

In Part I we are introduced to the subject with the anatomy, and variations of penises as they arrive delivered from the factory and as they grow into the adult model. It runs the gamut of naturally arising abnormalities and acquired penile problems. Clearly, nature deals most unfairly with many unfortunate males in this department. There is ample evidence of a lack of quality control at the manufacturing stage hence the need for in-service modifications – often soon after delivery and long before serious use. In some situations, it describes remedies that stop short of circumcision. Then, launching into the subject proper, there is a summary of the extent to which circumcision is performed worldwide, and the varied means by which it is accomplished. This résumé goes into the history and detail of instruments and techniques and ends the section with a discussion on the outcome that each provides.

Part II expands on the global dimension of the procedure and the variations evolved in religious and tribal ritual. This section both in text and pictures, is not for the squeamish. (Nor, for that matter, are some of the Part I photos of defects.) Many who peruse these pages will comfort themselves on their good fortune in being born into a modern society, ie, one where there is no requirement to undergo an un-anaesthetised public circumcision as a demonstration of your maturity. At the end, the scope of the book expands to cover penis piercing and jewellery, decoration, infibulation, and some of the wilder extremes of penile modification. And, just in case you are not happy with your circumcision, there is an explanation of 'un-circumcision' or 'foreskin restoration'. It takes all sorts...

Part III covers individuals' experience of circumcision and the practicalities of the decision to do it. It borrows extensively from *Forum* magazine which, a couple of decades ago, did a landmark survey of readers who had experienced this procedure later in life, or arranged it for their sons. This enquiry drew and tabulated some fascinating results. *Forum* has also long been a platform where strong and

opposing views on circumcision have been exchanged. In the course of this, many correspondents have disclosed their before and after experiences in adulthood. Some of these letters have been lifted and augmented by anecdotes from other sources tapped by the author. A few are extremely long and detailed and do enter obsessive fetish territory.

I would have preferred to see more input from women – there are only a couple of short pieces. More than that, it would be good to have views and experiences from mothers of baby boys. They are in the objective situation of being the recipients of penises, circumcised or otherwise, in the creative process. Postpartum, as principal child carer, it is often the mother who makes, or largely influences, the decision to circumcise a boy. She too is the one who usually has to arrange the procedure and deal with his healing and aftercare. Perhaps some future edition will explore this avenue?

Not all boys are circumcised in infancy: many have to be cut at different ages all through to puberty. The book has a valuable assessment of the considerations which apply to doing it during the tender stages of childhood.

At the outset the author declares himself to be pro-circumcision. However, he makes a good 'devil's advocate' and the disadvantages and hazards of circumcision are not excluded or glossed over. The book concludes with a valuable and comprehensive set of five Appendices covering a glossary, bibliography, and resources for instruments and devices. It publishes a useful list of URLs to internet sites where the subject has been increasingly covered and debated in recent years.

At £25 this is priced as a professional textbook – modest in consideration of its production costs. An expensive investment for parents perhaps? There are in any case many other short tracts written to advise them one way or the other on this subject, each claiming they contain 'all the facts'. Nevertheless, it is arguable that the price of this more extensive work could be justified for a parent who is about to decide the fate of his or her young son's foreskin. Circumcision is for life and for most who are cut as babies, it's a long life to live with it. This implies an obligation to do informed research before ordering an irreversible operation on another person's behalf. It is interesting that enquiries have revealed that most parents circumcise their boys for reasons of personal preference and a gut instinct that 'it is better for them'. This being so, they may feel the expenditure is worthwhile if only to confirm their instincts are correct.

*Tony Shaw*

[The book is available from The Gilgal Society priced at £25 plus P&P. P&P for UK is £3.50, Europe is £4.00, Rest of World is £8.50.

For orders in Euros or US Dollars see <http://www.gilgalsoc.org>]

## Turkish Circumcision

I have just started a relationship with one of your members. By accident I picked up his file with all of your newsletters, and discovered that we have another common interest – male circumcision.

I am Swedish and 28 years old. Sadly circumcision is not common in Sweden, but I had liked 'roundheads' as you say, when I saw them in porno films. My sister, Lisa, married a Turkish boy 10 years ago so the first time I experienced a 'roundhead' was during a visit to her in Istanbul. During 10 years, I have had four affairs with Turkish boys – all circumcised.

I was fascinated by their smooth penises. Their erections were very tight, their roundheads had big rims and the scar from the cutting was as much as 5 cm from the rim and round like a circle. When I talked with them, I was interested to learn that boys in Turkey are circumcised or 'cut', as they call it, somewhere between 7 and 12 years old. Some can be older and when he has it done, he is a real 'man'.

During holidays in Turkey, I learned about circumcision parties and circumcision palaces and saw many boys in the white circumcision clothes. But it was only in the summer of 2002 that I went to a circumcision party myself.

Lisa and Tomas her husband were arranging for their two boys to be done. I am like 'Godmother' to the older boy also called Tom. My sister invited me along and told me that they are big celebrations and good fun as she had been to loads before.

I arrived in Istanbul a few days before the party which was on a Saturday. I know they have a circumcision season in Turkey which lasts for the summer months and they say "Circumcision on Saturday, school on Monday". But at this time, it was the school holidays. Tom, 11, and Filip, 8, were looking forward to the big day because they get loads of money and presents at their circumcision. On Saturday morning, my sister put the boys in the bath. I was wanting to see 'before and after' so I was in the bathroom when my sister was washing them thoroughly even inside the foreskin before they got dressed in their white suits.

We arrived at the party at midday and took photographs of the boys outside which said "Sunnet Saraya" which to translate means "Circumcision Palace". We were taken to our table and were joined by other guests from Tomas' family, mother, father, sisters and others. There must have been hundreds of others as Mr Oskan, who is famous for his circumcisions in Istanbul, was going to do 21 other boys as well that day. I thought that was quite a lot but my brother-in-law's sister told me that Mr Oskan has a record for 'cutting' over 600 boys in one day. Kilos of foreskins!! Anyhow this day the youngest boy was 5. The oldest, Ali, a neighbour of my sister from an African Embassy, was about 16 years old – Ouch!!

It was an atmosphere of fun with everyone dancing and eating beautiful food. The first group of boys were called to a small row of chairs with their close relatives

for the anaesthetic injections and then returned to the dancing while their 'willies' went dead. After another five minutes, they went to another chair to be circumcised.

My nephews were in the second group and my sister asked me to go with my 'godson' while she looked after Filip who was nervous. Tom was the oldest in the group – all the other boys were 7 or 8 years old – and he was called up first and sat down. The others followed. Mr Oskan undid his trousers and took them and his briefs down a little. His son then took his penis. He pushed back his foreskin and the needle was pushed longwise into the skin like any injection except this was into a sensitive part. When Mr Oskan junior let his skin go, it went back over his roundhead. Mr Oskan squeezed his penis to spread the anaesthetic around. Then it was off for a dance with time for the injection to work. Some of the other boys squealed at the injection and Filip was very upset and was held by Lisa and Mr Oskan senior.

Ten minutes later, I took Tom to the circumcision chair. A round multi-coloured seat for six boys which could spin around. A Muslim leader and some traditional clowns, who used to drown the screams of the boys before they used injections, sang. Mr Oskan again pulled Tom's pants down, took Tom's little foreskin between the thumb and first finger of his left hand and pulled it hard. When he was happy with the stretching, his son handed Mr Oskan a scissor clamp to hold the skin in front of his roundhead. When this was in place, Mr Oskan then took from his son a laser knife (I was told that it was this). Once again pulling hard on the foreskin with the left hand, he cut through the foreskin with the knife in his other hand. I was quite nervous but Tom watched it all with a smile. But we were both grinning when he removed the metal clamp and the skin that was left quickly slipped back over the penis head and down the penis shaft. I saw no blood at all. Mr Oskan took back the 'redundant skin' which his son had put in a muslin pad and popped it together with the new shaped willy back into his pants and did them up.

I went back to the table with Tom who received a round of applause. But I was even more interested and more happy to watch the operation when the last group, which included Ali the African boy, went to the chair. I went with our neighbour to see her son being cut. It was a good lesson to watch it as his foreskin was much stronger because he was older and it took longer to cut through it. After the metal clip was taken off, the little skin left jumped back very fast down his penis stem. A dark roundhead popped out which it was funny to see as it was different to the black skin 5 cm down the stem. The cut ring was very clear to see. It was a good job from Mr Oskan and Ali's mother was clapping her hands.

In an hour we went home as they all started to get a little pain. Lisa was given tablets to give the boys but Tomas her husband says "No". He told me when he had 'sunnet' when he was twelve years old, they did not have injections. The men held him on a table while the circumciser cut him with a sharp knife. There was a lot of pain and blood. From it, he remembers 'becoming a man' even now, and Tom and Filip must remember it too. The boys did not put on their clothes for two days as Lisa said the roundheads get sore in the beginning. My nephews did go to sleep but woke up in the night because of the pain. Lisa took some cold cream and we wiped it on the very red circumcision rings. On Sunday the pain was a

little better. The rings were red and the penis stems were black and blue. Ali and his mother came with gifts on Monday. He was OK but he walked carefully. At the weekend when I went back to Sweden, my nephews were really well and happy little 'roundheads'.

I am now even more a circumcisionist (if that is an English word). I love the roundheads! And after the summer I want to learn more about other countries and the different ways it is done there. Another Swedish girlfriend told me she has read that in Indonesia they do 'sunatan' (circumcision) for 10 and 11 year olds and some people of poor parents who do not have money to buy the circumcision for their boys ask sponsors to pay for it. Even they have 'mass circumcisions' paid for by lots of sponsors, who buy the presents for the children too. Chris and I and other members from *Acorn* who prefer roundheads could sponsor a boy or some boys in Indonesia in return for some video film of the circumcision and the whole occasion. Can I have suggestions for this? And I also want to learn what is done in other places mainly Algeria, Morocco, Tunis, Egypt, Muslim Soviet States, Pakistan, Bangladesh, Indonesia, Iran, Iraq, Yemen, and different parts of black Africa. All do it different ways and boys for circumcision can be any age from 6 years to older than 20 years.

Can you help out?

*Miss L.L. - Cardiff*

## Appearances Are Deceptive

**T**he use of the term 'penile transvestite' (Editor's column, Issue 2/2003) certainly added a hint of naughtiness to the retractor who has trained his foreskin to stay back, maintaining an exposed glans. Through choice he can display the ultimate nudity of an erection even when flaccid. What advantage he enjoys over a surgically circumcised man is that he retains all the erogenous tissue of his penis and the particularly sensitive frenum.

There is a more appropriately named penile transvestite in the restorer who has 'dressed' a glans which had been bared by circumcision. He is a reluctant Roundhead who has restored glans cover through a programme of dedicated skin stretching, so can pass for a Cavalier when flaccid. Though having lost about half of his penile skin and possibly his frenum, his glans sensitivity becomes enhanced with the surface changing to being less rough, membranous, moist and smooth.

In both cases appearances can be deceptive in the flaccid condition. With sufficient training the Cavalier becomes Roundhead and the Roundhead a Cavalier. It is the degree of persistence which separates the two transformations as I can testify. Whereas retraction to permanent glans exposure can be readily achieved, in many cases restoration can take 4-6 years, particularly if the penis had been radically circumcised.

These cosmetic changes, far from being a feature of modern times, have been popular for nearly a thousand years, and are even practised on a nation-wide

basis today. Retraction is undertaken by Japanese men in the following manner. After the foreskin is shoved back behind the glans, it is tied with a string until it remains in place permanently. 'Kawakamuri', the Japanese for 'skin covered', is a mark of exceedingly bad taste, and at the communal bath or medical examination, a Japanese would never present himself with a covered glans. He would quickly skin his glans so as not to offend against decency. Japanese art never shows the penis other than with the glans denuded.

Restoration, like circumcision, is steeped in antiquity. Aurelius Cornelius Celsus (53BC - 7AD) devised a method of uncircumcision in which the penile skin could be stripped, with the penile tissue bound to the glans. Even as late as World War II (1935 - 1945), Polish doctors used techniques based on the Celsus method, often without anaesthetic, to save circumcised males from execution at the hands of the Nazis. In the second century AD, Greek manners and their gymnastic games had reached Palestine. Because contestants performed naked, in public, young Israelites eager to participate were ashamed of their circumcised state, and indulged in epispasmus, the formation of an artificial foreskin.

Yes, with the penis cosmetically clothed or denuded, appearances are truly deceptive in the flaccid condition. Personal preference can overcome the dictates of parents, doctors or creeds. It is only in the erect condition that the deception becomes unmasked; there is no circumcision without cutting and every incision leaves a tell-tale scar, often revealing the technique used on careful inspection!! For any man dissatisfied with his penile status, this penile transvesticism can lead to him feeling happier with his body and more confident within himself; I strongly recommend it both as a cosmetic status change and as an achievement.

*Anthony*

## Baring All?

I read Ivan's article on 'retractors' (Best of Both Worlds) and T.S.'s similar one regarding 'apparently' circumcised naturists (Observations) in issue 2/2003 with interest. Is it really that common that male naturists like to look circumcised? I am not a naturist, though I do enjoy swimming in the nude (once you've got into the water without any trunks, you never want to wear them again!) and therefore I have limited evidence to examine. So once again I went to the Internet to see what was on offer that might throw some light onto this idea.

There are, of course, many websites devoted to naturism and it was some time before I found what I was looking for. Peter's Nudist Page website ([www.addicks.fsnet.co.uk/nat/ppage.htm](http://www.addicks.fsnet.co.uk/nat/ppage.htm)) was ideal. Though Peter and I share the same name, we are quite different in one major detail. The Internet Peter is attached (quite literally) to his foreskin and has no wish to get rid of it - whereas I am happily bereft of mine. Peter does though have a page devoted to circumcision, so even he feels it necessary to discuss this aspect which has such an obvious impact in the naturist world. It is when you move to the 15-page Visitors' gallery of naturist/nudist contacts around the world that I became quite startled at the

results of my endeavours. The pictures are almost all of men – women seem very reluctant to include themselves in the gallery whilst men seem to enjoy showing the world what they've got. I fully expected the American, Canadian and Australian men to be circumcised and I wasn't let down – I don't think there was an uncut amongst them. It was when I examined the photos of British and European men that the possibility that, in the naturist world, the percentage of circumcised men does not seem to mirror the general male population, became apparent. All right, we all know that in Britain if you are over 50, then there is a very good chance you will be cut and this seemed to be largely (though not exclusively) the case. But on checking out the younger men and European naturists I was distinctly puzzled. Admittedly a number of the younger men were clearly uncut as I expected, but that so many of them were apparently cut made me get a little suspicious. Whilst we know that very few European men are cut, I found it hard to believe that so many French, German, Spanish, Italian members of the naturist fraternity appear to be circumcised.

I was left with the possibility that the world of naturism really does attract circumcised guys or that a significant number of them were imposters. Is it that when men are publicly nude they want to expose as much of their body as possible? Is a circumcised cock the ultimate in nakedness? T.S.'s suggestion of 'flattery by imitation' seems quite a well-authenticated idea. I could of course be completely wrong and that all these men are genuinely circumcised. This would then beg the question, does being cut lead to a greater desire to show to the world your status – a sort of "look at me, I'm one up on the rest of you" attitude?

In the past being circumcised was called 'the mark of a gentleman' and it is possible there is an element of this feeling of superiority creeping in. So do the 'retractors' unconsciously want to be thought of as the elite? Or is it something a little more base? A kind of "my knob is bare and I'm ready for action" signal? You could call it being 'nude and rude'! I really don't know the answer, but I'd be interested to hear if others have also found this to be as evident as I have.

*Peter – Manchester*

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## Cautionary Tale

**T**he 3rd May issue of the *British Medical Journal* (BMJ 2003;326:992) contains a cautionary tale from the consultant and staff in the department of urology at Leicester General Hospital.

A 22 year old man who wished to have a circumcision decided to undertake the operation himself. He bought a self circumcision kit from a Korean company via the Internet. The device worked by constricting the blood supply to the foreskin and the instructions stated that it was to be left in place for ten days. In fact, it fell off after six days and the man then needed to go to casualty with bleeding from the distal foreskin. He subsequently underwent elective circumcision.

## Circumcision Without Pain

**T**he *Journal of Advanced Neo-natal Care* has recently published a pictorial and video guide to circumcision without pain. Circumcision is very commonly performed in the United States in the neo-natal period – the first few days of a baby's life. It has frequently been argued that the baby's capacity to experience pain is not fully developed at this stage and that circumcision without anaesthesia is therefore justified. The article refutes this claim. Pain during circumcision results in physiologic instability, affecting heart and respiratory rates. Infants who experience painful circumcisions exhibit behavioural changes, including increased crying and irritability and poorer feeding and responsiveness to their mothers in the post-operative period. They also have a stronger response to pain during subsequent routine vaccination. Yet a survey examining self-reported clinical practices surrounding the use of circumcision anaesthesia showed that 29% of paediatricians, 44% of family practice physicians and 75% of obstetricians performed circumcision without anaesthetics. The guide sets out strategies whereby pain and discomfort caused by circumcision can be drastically reduced or eliminated.

The guide first considers injections. Two penile nerve blocks are discussed – the dorsal penile nerve block (DPNB) and the subcutaneous ring block (SQRB). Both are safe, effective and without significant complications. On balance, the SQRB is said to provide more complete anaesthesia during all phases of circumcision compared with DPNB and may be technically easier to administer. The efficacy of both these nerve blocks depends upon a clear understanding of the anatomy of the penis, and the web enabled guide provides both diagrams and video clips to demonstrate proper technique.

Some doctors argue that the injection may be more painful than the circumcision itself. The local infiltration of lidocaine can cause some discomfort but this can be reduced by using a fine gauge needle and administering the solution very slowly. Some doctors also consider the time associated with administering the penile nerve blocks a disincentive. However, the injection itself takes less than 60 seconds, and the 3-5 minutes waiting for the block to take effect can be used by the circumciser to don sterile gloves and surgically prepare and drape the area.

The guide also considers topical anaesthetics such as EMLA, a lidocaine-prilocaine cream. It certainly diminishes the pain of circumcision, although not as effectively as the penile block. It also has to be applied to the skin of the penis with an occlusive dressing for 60 to 90 minutes before the operation. Analgesic options administered by mouth are considered ineffective for pain control during the procedure, although they may be helpful in pain relief following the procedure.

Sweet tasting oral solutions, such as sucrose, can provide consistent analgesia, especially used in conjunction with a pacifier. Although not as effective as a penile nerve block, they do provide significant pain relief to infants undergoing circumcision.



Circumcision boards, used to immobilise infants for circumcision, appear to cause babies distress. This may be because the natural state of flexion is forced into an unnatural state of immobilised extension. Simple padding of the restraining board and swaddling of the upper part of the body adds to the infant's comfort. Two other points:

- There is little evidence that music or other sound relieves pain.
- The practice of withholding food before circumcision adds to the infant's discomfort.

The guide also considers the most popular instruments used to circumcise – the Gomco clamp, the Plastibell and the Mogen clamp. The article does not comment on the efficacy or the cosmetic outcome of each instrument. However, research has shown that the Gomco and Plastibell methods take almost twice as long as with the Mogen clamp. Since infants experienced similar pain per unit time, whatever the technique, from the point of view of minimising pain, the Mogen clamp is the preferred method. The fact that the Mogen clamp is quick to use means that circumcisers adopting this method were 22% less likely to use anaesthesia than those using other devices. But although surgical speed may minimise the duration of pain, it does not diminish the intensity of the pain. A randomised controlled trial comparing various forms of anaesthesia in infant circumcision found that every newborn in the placebo group (i.e. no anaesthesia) exhibited extreme distress during and following circumcision.

Summing up, the guide recommends a multi-modal approach to pain prevention. It suggests that the infant is premedicated with acetaminophen by mouth about 30 minutes before the procedure; is placed on a padded circumcision chair with legs restrained in a comfortable, semi-flexed position; is given a pacifier with sucrose; is given an SQRB injection slowly; is circumcised with a Mogen clamp; and is given an additional post operative oral dose of acetaminophen. Such an approach is likely to ensure that the baby is circumcised in a relatively stress free, pain free manner.

*Ivan Goodhart – London*

## **Acorn Meeting Cancelled**

**S**adly, it has been necessary to cancel the next *Acorn* get-together which had been scheduled for early November. Unfortunately, the organisers have unexpectedly found themselves unable to attend at that time. We apologise to those of you who had already pencilled the date into your diaries and were looking forward to the event.

To alleviate disappointment, we are considering holding a meeting in the first two or three months of 2004, probably in Leicester at a weekend. If you might be interested in attending a meeting then, it would be helpful if you could send an email to Ivan or drop him a note at the *Acorn* mailbox. This will help us gauge the support for a meeting at that time.

## My Lifelong Interest In Circumcision

When I was at school in the 1940/50's about 50 per cent of the boys were circumcised. I first discovered the difference between my then uncut cock and the circumcised ones. They always fascinated me and I wished and wished I was like them. My foreskin was always loose and I used to keep it back as much as possible to make out I too was circumcised. I once asked my mother why I had not been circumcised as it was very fashionable when I was born. She told me it had been considered but our family doctor at that time didn't believe in it, foolish man. I first started playing with other boys' dicks in junior school and it was only the cut ones I was interested in. Later I went to a private school and the headmaster was a Church of England priest. However despite this there were many Jewish boys there so I had a field day with them and also many of the others, being 'upper class' were all circumcised. Then I went to a secondary-modern school and again many were cut. I finally went to an Art school which was mixed so there was no real opportunity to play with the other boys' dicks. I went into the RAF for my National Service (actually did 3 years) and many of the guys there were circumcised. Of course you had to be very careful but I managed to get my hands on some of the circumcised ones.

Through my 20's and 30's I still was very keen on circumcision and wished I had been done at birth. I saw an article in a *Naturist* magazine about circumcised vs. uncircumcised and how many men wanted to be circumcised but their doctors would not do it. However they said that if you wrote to them, they would give you the address of a sympathetic doctor who would perform the operation. That was how I came to be laying on the table in Dr Newill's office near to Harley Street one lunch time. He gave me a local anaesthetic, injected into the base of my dick, and that was the only real pain. We were speaking the whole time he was performing the operation and he told me he was a great believer in circumcision. He had been circumcised whilst serving overseas as a doctor in the army. When I had my cut I had no idea about the various styles such as tight/high, low/loose etc. Dr Newill did say however that he would remove as much foreskin as possible as he didn't want me to have to come back for a re-circ.

Since then I have never looked back and consider it one of the best things that ever happened to me. Everything and I mean everything is so much better: sex, appearance, cleanliness, no smegma etc. Before I was circumcised I used to wash my dick several times a day but it still smelt unpleasant.

All I can say to anybody if you have any doubts about being circumcised, don't. Go and get it done – you won't regret it.

I would appreciate any comments/questions.

*Neville – Northolt*

*Nevillea@btinternet.com*

## A Bargain Recut

**G**iven the high costs of surgery that are quoted in *Acorn*, members may be interested in my recent pleasant experience.

I was cut at sixteen years of age, on my own insistence, disliking the uncut and to my mind unhygienic and anaesthetic state, but that is another story. I had rather a loose cut and an extensive frenulum, left intact. In recent years, this frenulum became tight to the point that sex was uncomfortable and caused bunching of the skin.

I saw my GP who referred me to a local hospital to see a urologist. The appointment was made and I was seen in about three months. "Ten minute job", I was told, but the waiting list was nearer to ten years! I made a private appointment with the same surgeon and I asked him to revise my circumcision as well as do the frenoplasty. I suggested how much skin I wanted removed. He agreed with my request and indicated that he could tidy up the existing scar tissue. We discussed costs and I saw that the charge for accommodation and nursing alone would be over £500, with surgeon's fees as well. When I said that I was not in private health care and that I would prefer local anaesthetic and not to stay in hospital, an appointment was made for about two weeks hence in the Day Care Unit. On the day I was shown into a small treatment room and the op was done in about half an hour. A very jolly Nursing Sister assisted the surgeon and I was soon on my way home.

The result is cosmetically much better than before and the frenum has been reduced to a thin, minimal structure. I paid for my private consultation at the time, £70. Some weeks later, the dreaded invoice for the operation dropped through the letterbox. The charge? £60! I thought there had been a mistake and checked with the hospital; no, the charge was correct. I paid by return of post. Total cost was therefore £130. All this in a Teaching Hospital with all its facilities, should they have been needed. It pays to make enquiries and to make your needs clear when seeking medical care, just as in any transaction.

*T.S. – Bristol*

## First Cut Is The Deepest

**I**n his article 'Mostly a complete indifference' (issue 3/2003), William says that his observations of the number of circumcised cocks he has seen "compares favourably with the medically estimated number of British men who have encountered Madame Guillotine". I was always under the impression that the guillotine cut a man's head off, it didn't just remove his balaclava!

*Peter – Manchester*

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## Childhood Circumcision

In issue 2/2002, C.A. – North Kent states that when he was prepubescent and waiting in hospital to have his tonsils removed, a doctor carried out a prolonged masturbation examination on him, pulling his foreskin tightly back and as far forward as possible. He assumed that the doctor was considering circumcising him. Sadly this was not done.

I had not heard of a ‘masturbation examination’ before. Is this a usual test for the possibility of circumcising a boy? Have any other members ever come across this type of examination previously, or when prepubescent being subject to such an examination? Did it ever result in a circumcision being done?

C.A. also says that circumcisions done pre-puberty are more natural looking than an adult circumcision. I agree. A boy’s penis, when he is circumcised pre or early teens is generally smoother on his shaft and his scar is not so pronounced as in an adult circumcisee. If he is radically cut and his frenulum completely excised, this can result in his circumcised penis jutting out slightly because of the tension in the shaft skin instead of drooping when flaccid. A number of members in the past have expressed a preference for this result.

*D.B. – New Zealand*

## Family Ways

Neville’s article on celebrity circumcision (Issue 2/2003) must have rekindled much interest, but the names were quoted, as they invariably are, out of family context. Many famous families adhere most zealously to circumcision, passing the feature from generation to generation. These notable families include that of President Carter, Kirk Douglas, Clint Eastwood, Errol Flynn, and Ernest Hemmingway, all of whose sons were circumcised, matching their fathers. Then there are the shorn sibling groups like the Osmonds, Jacksons and Bee Gees!

What really fascinated me from published celebrity material was not the matching of fathers and sons, which is expected in American and Jewish families, but differences in penile status! Intact fathers with circumcised sons include Max Baer, Sean Connery, Lamas Fernando, Dean Martin, Ronald Reagan and John Wayne. There is a most famous opposite case – Vernon Presley, the father of Elvis was circumcised whilst his pelvis gyrating son remained intact.

A most curious category is the “mix ‘n’ match” situation which often registers a strong female influence as in Bing Crosby’s family. The intact old groaner had four intact sons by his first marriage (Dennis, Gary, Lindsay and Phil) and two circumcised sons by his second (Harry and Nathaniel).

Medical necessity often intervenes to produce dissimilarities between brothers but the above would be almost exclusively elective. A relative who is happily circumcised with four intact brothers once told me, much to my astonishment: “It’s no different from cutting hair or nails!”

*Anthony*

# ACORN

Issue  
N<sup>o</sup> 5 2003  
Editor  
Ivan Acorn

## Editorial

The hot, extended, summer has been wonderful, but not, unfortunately, conducive to long hours at the keyboard. So there has been a wider gap between issues 4 and 5 than I had planned. My apologies. You will receive another issue before the end of the year.

Not that I am the only one who has been idle. My thanks to all the contributors in this issue – but there are too few of you. Consequently, there is within too much of me, too little of everyone else. Please, now that autumn is upon us, take up that pen and write!

One innovation this time is the introduction of illustrations. I am grateful to Vernon, the production editor, for making this possible. Of course, the illustrations do take up space but on the principle that “a picture paints a thousand words”, I hope that you will feel that less is more.

Finally, there is a new date for the postponed *Acorn* meeting – **see page 7**. Please note it in your diaries now.

*Ivan Acorn*

## Joke

**Q:** What do you get if you circumcise a clock?

**A:** The nick of time.

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### Machine Cut

Later this century, robots will begin to replace human surgeons. This is the prediction by Susan Greenfield in her book *Tomorrow's people: How 21<sup>st</sup> Century Technology is changing the way we think and feel*. The surgeon Henry Marsh is quoted as having likened current neuro-surgical practice to a large JCB digger attempting to pick up a safety pin. An error of mere fractions of a millimetre can make all the difference to how a patient lives the rest of his life. Inevitably, mechanised approaches to surgery will be developed; more precise and reliable than current fallible humans.

We can speculate what this might mean for circumcision. Now, men agonise as to the finish they want – high and tight, or low and loose? How much inner foreskin should be left? Where should the circumcisional scar be placed? All too often, surgeons choose to ignore their patients' wishes and adopt the one-size-fits-all approach to circumcision. The patient is then dissatisfied with the end result, often sufficiently to seek revision, when a second surgeon becomes free to disregard what the patient wants!

Picture instead the mechanised future. There will be a whole series of high specification surgical machines which will carry out surgery to undreamt of precision whether to excise a brain tumour (every diseased cell, not one healthy cell removed), to replace furred up arteries or transplant a genetically grown new organ. The circumcision machine will no doubt be cylindrical in format. The flaccid penis will be placed within and the machine will measure with accuracy to whatever decimal place is specified, the dimensions of the penis, including its length and girth, the size and shape of the glans, the length of the inner and outer foreskin, the extent and thickness of the frenulum. The machine will induce an erection so that the same measurements can be taken in the tumescent state. The rest will then be mere programming, with data keyed in by an operator from a sheet completed by the patient (or his parent). The patient (or parent) will have specified matters such as: the amount of inner foreskin to be left, the amount of surplus skin to be left (anything from nil to several centimetres), how defined the scar should be, whether the frenulum should be removed. Partial circumcision will be an option, with the possibility of leaving the glans anything from half to fully covered, with just the overhanging rosette cut away. For those unwilling to go to the trouble of completing the form, the machine will have a default setting whereby, in the absence of instructions to the contrary, the machine will perform a circumcision as high and tight as possible with frenulum totally excised and a prominent circumcisional scar.

Once the operator has fed in and checked the data, the patient will himself press the switch to set the machine in motion. The automated process will then begin. The machine will inject local anaesthetic (will the operation without anaesthetic be an option?), will test whether the penis has been numbed, will measure precisely where cuts are to be made, will operate by laser, cauterising

arteries and veins as these are cut. The machine will also undertake an initial desensitising of the glans so that the newly and permanently exposed glans will not be over-sensitive following circumcision.

Finally, when the required amount of foreskin has been ablated, the two skin edges will be aligned and finely sutured, and a dressing will be applied. From the machine will emerge the penis, cut in absolute conformity to the specification. Because there will have been minimal handling of the penis, trauma and bruising will also be minimal and healing will therefore be very rapid.

Of course, excellent though this machine will be, it will itself in due course become obsolete. Further into the future, when genetic coding is perfectly understood, babies will be produced in accordance with parental specification. Babies will be specified to the last detail and, for baby boys, no doubt there will be a whole section on the penis where parents will determine how long and thick it should be, the size and shape of the glans, and, of course, whether or not there should be a foreskin. But can one really believe that in those far off elysian days, any father will really choose to burden his son with an unnecessary piece of skin? Maybe the future, as far as the penis is concerned, is long, thick ... and circumcised.

*Ivan Acorn*

## Better Late Than Never

Six years ago in my late forties I was circumcised for the first time. In part the decision to go ahead, at what some may think rather a late stage, was fuelled by the need to pluck up courage in the knowledge that once done, there would be no going back. And having thoroughly enjoyed masturbation since puberty, there was a fear that a great deal of pleasure might be lessened.

I suppose my interest in circumcision started at boarding school in the early sixties. Seeing other boys naked in the showers, one was able to see that perhaps 15 per cent were circumcised. I later read that circumcision in England was then much more common in the upper classes – no doubt a hangover from the passion for circumcision in Victorian times to stop boys playing with themselves. So in a way I felt left out and not part of a certain club. As well as this feeling, I thought the cocks of the boys who had been circumcised looked neater and tidier. In the course of the usual mutual masturbation that went on in boarding schools in those days, I found that it was usually the uncircumcised boys, including myself, who were involved rather than the circumcised ones. On the rare occasion that I handled the erect cock of a friend who had been circumcised, I found the tightness of the skin strange and when he talked of the need for soap in the bath to have a wank, it was a whole new insight. These images and feelings have stayed with me.

On a practical note, I found that as I got older and the skin started to get less elastic, my foreskin seemed to get longer and become more and more in the way. I found that during foreplay when wearing a condom, the foreskin slipped back over the glans and then could not be retracted again due to the grip of the condom. It spoilt the normal sensations from the glans and led to loss of erection.

After discussing the matter with my wife, who thought perhaps circumcision might put a stop to my wanking and was in favour of me going ahead and having the operation, I made a definite decision.

I advise anybody contemplating the operation to shop around, as prices vary enormously. Six years ago I found that clinics outside London tended to be cheaper and I would recommend clinics specialising in sexual/gender problems rather than cosmetic surgery.

Anyway, I made an appointment at a clinic in Leeds (which no longer offers the operation) and then had to wait an endlessly long three weeks. Finally the big day came. I arrived at the clinic and was shown into a comfortable sitting room. The surgeon came in and asked me a few questions such as why I wanted the operation plus some questions about my general health. Having read the letters from your other correspondents, I asked him to take off as much foreskin as possible because I wanted the remaining skin to be really nice and tight. He said that he always did a full circumcision, which would leave the glans fully exposed. I signed the necessary forms and, five minutes later, was lying stripped below the waist on the couch in the operating room. A very pleasant female nurse assisted and talked to me all through the operation.

I tried to watch the proceedings but was told to lie down fully and could therefore see very little. The first step was a large injection of anaesthetic into the base of my penis, followed by four or five smaller ones just into the foreskin covering the corona of my glans. Then the operation proper commenced; the surgeon and the nurse each took a pair of forceps and, gripping the tip of my foreskin on each side of my penis, pulled it upwards as far as possible, I think it must have then been cut across just above my glans; unfortunately I couldn't see. The foreskin was cut away leaving about 15 millimetres of inner skin attached at the sulcus.

Like some dentists, the surgeon had wasted no time and the anaesthetic was still taking effect somewhat unevenly, so I actually just felt the cutting away of the last part of the foreskin. Up to this point the whole procedure had taken perhaps five minutes. He then had to stop the flow of blood from the cut vessels in the skin, which he did by cauterising each one in turn. He completed the job by stitching the edges of the remaining skin together. Finally, a small dressing was applied and in less than an hour it was all over. Afterwards as I sat having a cup of tea, the surgeon came and had a little chat with me and I asked him if he had removed the frenulum. He said he hadn't as it was not a usual part of his procedure. While I was slightly disappointed, I did not really know at that stage if I had wanted it removed or not.

The healing process was remarkably quick, although one has to be careful not to knock the stitched join on the first evening while the anaesthetic is still in effect. The skin from the sulcus to the stitches swelled up alarmingly for the first two days but then subsided. There is not much pain, more of a tenderness; it is not as bad as a vasectomy.

After eight days, I felt able to let myself have my first erection with a circumcised cock. The feeling was everything I had hoped it would be. The whole skin was very



tight and my cock had a completely different feel to it. I let the erection subside, not wanting to do any damage before the join was fully healed. Over the next few days, I had further erections and found I could not wank in the way I done all my adult life. The stitches were self-dissolving and came out after about two weeks.

I was delighted with the result of the operation and wished that I had had it done 15 years ago, at the same time as my vasectomy. I recommend it to all men as a new start to their sex lives and I am surprised that many more women do not absolutely insist on their men being circumcised.

M.E.T.

## Circumcision: A Covenant Of Grace

[Editor's note: It is often said that there are evangelical Christian sects which require male members to be circumcised, but I have been unable to trace any such sects. If any readers are aware of these, I would be pleased to hear. In the meantime, there follows an article from the internet promoting circumcision for Christians as a continuation of the original covenant of grace made with Abraham which, the author argues, should still be honoured.]

**T**here is plenty of information available on why not to circumcise, but virtually nothing in the way of supportive or unbiased information based on Scripture. The following is the result of my own search for answers in the Scriptures. I hope it will be useful to you, or someone you know.

### Circumcision Instituted By God

Circumcision for the people of God was instituted by God Himself, as a sign of His Covenant with Abraham (*Gen. 17:10-14*). Circumcision was a "seal" of the righteousness God had already credited to Abraham for his belief (*Rom. 2:25-29*) *prior to circumcision*. It was a sign of the Covenant God made with Abraham, and from the time of its inception, all male babies born of Abraham and his descendants have been circumcised on the eighth day (*Gen. 17:12, 13; Lev. 12:3*).

### What Exactly Was The Covenant?

God said to Abraham:

*Genesis 17:*

4 You will be the father of many nations.

6 I will make you very fruitful; I will make nations of you, and kings will come from you.

7 I will establish my covenant as an everlasting covenant between me and you and your descendants after you for the generations to come, to be your God and the God of your descendants after you.

8 The whole land of Canaan, where you are now an alien, I will give as an everlasting possession to you and your descendants after you; and I will be their God.

13 Whether born in your household or bought with your money, they must be circumcised. My covenant in your flesh is to be an everlasting covenant.

14 Any uncircumcised male, who has not been circumcised in the flesh, will be cut off from his people; he has broken my covenant.

In a nutshell, God promised Abraham everlasting fruitfulness (children), everlasting citizenship in a then-foreign land, and Himself as their God. God's covenant in the flesh was to extend even to those bought with money.

## **Do Christians Need To Circumcise Their Sons?**

The apostle Paul states several times in various ways that, "Circumcision is nothing and uncircumcision is nothing. Keeping God's commands is what counts". (1 Corinthians 7:19) So the simple answer is no, Christians don't have to circumcise their sons, because we are "not under law, but under grace" (Romans 6:14). But many do. And there actually may be a very good Scriptural reason to do so.

## **Balancing Act: Law and Grace**

First of all, consider that the Law of Moses was given because of sin – and no one becomes righteous by obeying the Law, we simply realize we are in sin because of the Law (Rom. 3:20).

Next, consider that the Covenant of circumcision was given to Abram in Genesis 17 – long before the Law was written. Way back in chapter 15 there was just Abram and God, having a conversation about the future. God promised him descendants as numerous as the stars, although Abram was then very old – and childless. Then, right there in chapter 15 it says, "Abram believed the LORD, and he credited it to him as righteousness." (Gen. 15:4-6) There is no law, no covenant, just Abram believing God and getting "righteousness by faith".

Some 400 years later, along comes Moses with the Law, which indeed says to circumcise all boys on the 8<sup>th</sup> day after birth. But this was not because people would become righteous by obeying ... rather it drew attention to the sin of those who were disobeying.

So Abram's "righteousness by faith" is well established long before the Law comes into the picture. Eventually Jesus Christ comes, not to abolish the Law, but to fulfil it (Matt. 5:17). And "righteousness by faith", such as that which Abram displayed, is now available to the Gentiles as well (Rom. 9:30-32).

The original covenant (sealed with circumcision) which God said would be "everlasting" was never rescinded, replaced or abolished. It was and is everlasting. Gentile Christians (i.e., all non-Jewish Christians) are children of Abraham because of our faith (Gal. 3:6-9). Are we not therefore still under the original covenant? Not under the Law of Moses, but under the Abrahamic Covenant, which God said would be *everlasting* and *included circumcision* as its seal.

## **Bringing Circumcision Into the New Covenant Thinking**

Paul, the apostle to the Gentiles, the same one who said circumcision is nothing and uncircumcision is nothing, also said we are not under law, but under grace.

Because the law was temporary – grace is permanent. Abraham knew God's grace – not God's law – and he was under the covenant of circumcision. Why would it be any different for us today?

Consider that God's promises to Abraham were completely fulfilled in Christ. God promised Abraham everlasting fruitfulness: now we see that his own descendants are far too numerous to count, and Jesus is the everlasting "Seed" of Abraham. God promised everlasting citizenship in a then-foreign land: today all believers have eternal citizenship in Heaven, although we are not there yet. God promised Himself as their God: and certainly today He is the God of the Gentiles as well as the Jews, and anyone else who, like Abram, believes Him. Finally, God's covenant in the flesh was to extend even to those bought with money. Are we Gentiles not "bought with a price" to become "children of Abraham" by faith? (1 Corinthians 6:20, 7:23)

## Conclusions??

Understanding that this is a lot to swallow, let me just make a few concluding comments about why we chose to circumcise our sons.

First of all, it was because of the Abrahamic Covenant as explained previously. Secondly, it was out of a belief that if God implemented such a procedure, it couldn't possibly be as harmful as our modern, God-less culture would have us believe. Thirdly, the proof of history: men have been circumcised for thousands of years without adverse effect, whereas there are certain known health risks (for both men and women) to uncircumcision. Fourthly, because I believe God in His infinite wisdom had reasons for choosing circumcision as the seal of the Covenant (when He could have chosen any number of other outward, physical signs) ... reasons which I neither pretend nor feel a need to understand. It's one of those areas where I can just say, "OK, Lord," and not worry about knowing exactly "why".

*For a pro-circ Christian take see:*

<http://www.kalico.net/birthnbabies/circumcision/index.shtml>

## Acorn Meeting

The next meeting of the *Acorn Society* is scheduled to take place in Leicester, gathering on the evening of Friday 26<sup>th</sup> March 2004 and departing after breakfast on Sunday 28<sup>th</sup> March. Please put the date in your diaries now. First timers can be assured that they will be made very welcome and will soon feel at home.

## Congratulations

Congratulation to I.W. (Dorset) an *Acorn* member and contributor. I.W. has been awarded a discretionary Medal by the Royal Horticultural Society. That this prestigious award has been made for growing tall oaks from little acorns is not confirmed.

## In Praise Of The Penis

I can never remember a time when I didn't enjoy my foreskin, but being shy, I found it difficult to share my passion with other men, and over the years continued to experiment in various ways to excite and indulge my fantasies. At one point, I seriously considered circumcision as a further step to pleasure, but decided at the last minute that retaining my foreskin gave me more options as a cavalier. I never, at any time felt medically or psychologically pressurised to become circumcised, nor did it concern me one way or another what any man wanted for himself. Out of the blue, some 20 years ago, came an introduction to the *Uncut Society of America* – a group formed with the sole purpose of bringing together foreskin enthusiasts and particularly those cut Americans who were keen to restore their foreskins in any way they could. For me the society provided many opportunities for sharing experiences and mutual feelings, and led to the formation of many friendships both in the States and here. I have been especially impressed by the fervour of so many men who are learning to 're-build' their foreskins having lost them, unwillingly, at some earlier stage of their lives. I have also gained some appreciation of the pleasures of the uncovered glans while enjoying friendships with those of my mates who are circumcised. For me it's always been the enjoyment of the penis, big or small, white or black, cut or uncut!

M.F.

## The Story Of Dave's Dick

### Part One: Life with a Foreskin

Why are men so fascinated by their dicks? Of one thing I am certain: it has nothing to do with being gay or straight. It must be a very basic instinct which is present in all of us, yet is suppressed by so many men, which is a terrible shame. I have no such inhibitions, nurtured by formative years at a single-sex boarding school, developed by a love of sea and sunshine on naturist beaches, encouraged by the desire for circumcision and the wonderful freedom of expression found in the internet groups.

My interest in penises was awakened in the lavatory of my primary school when I noticed a boy beside me who had a willie that was different from mine: he had a little round knob on the end and mine had a flap of skin. So I asked him why his was different and he told me that I could make mine the same as his if I pulled the skin back, which I found almost unbelievable. As soon as I got home, I tried it for myself – and it worked!



It was at my boarding school that I first started experimenting with skinbacking, even before puberty, as I had always envied those who had been circumcised. My relatively large glans has always allowed me to do this. At first, I would try to maintain it for a week, and then for a month, but I always felt more natural with the glans covered, so my experiments came to an end.

After puberty things were different. As my penis grew, the foreskin became shorter and the glans bigger, to the point at which the foreskin would slip back spontaneously, resulting in erections at the most embarrassing times. I had frequent wet dreams, due, I suppose, to this wayward foreskin, which would pop back during the night giving an immediate erection and a quick ejaculation.

One of the great joys of having a foreskin is the huge thrill that always surges through the body as an erection develops. As the penis swells, the glans gradually pushes out past the foreskin and then, finally, it is totally exposed in all its glory. The incredible sensations that accompany this occurrence are something that a person circumcised at birth will never experience – and this is something that worries me about being cut: will I regret the loss of this? Despite its drawbacks(!), the foreskin is packed with nerve endings and undoubtedly adds greatly to the sensations experienced during any form of sexual play.



But the disadvantages of the foreskin were too great: the sudden unwanted flipping back, the unpleasant cheesy smell, the awakening each morning with an exposed glans, were too much to bear. Finally, at the age of 30, the foreskin remained back permanently. In many ways I looked and felt like a circumcised person, apart from the rather wrinkled appearance when flaccid. I conquered all the hang-ups about having an exposed glans, and went nude swimming and sunbathing without any feelings of embarrassment. It had become for me the natural state.

Despite this long period of time with an uncovered glans, I always felt more comfortable with the skin in the forward position. In this position I was totally unaware of my penis, whereas when the skin was back I was always aware of it, and it was not totally comfortable. So, periodically, I would bring it forward and try to leave it there, but it was so wayward, so ill-disciplined. Merely leaning against the kitchen cupboards to open a window, or the action of jumping up and down would cause it to slide back, probably with a subsequent erection. And then there was that smell, which would return within a day, despite twice daily washing. And in any case every morning I would wake up skinned back, so what was the point in trying to be like a proper uncircumcised person?

During all this time I never lost the desire to be cut. I was self-conscious about my uncut state. I felt a fraud, pretending to be cut when I wasn't, and even my two sons thought that I had been circumcised. One of the hardest moments of my



life was when I was told that my eldest son, who was then three years old, should be circumcised, because of recurring phimosis. I found this hard to bear, and was sorely tempted to ask the surgeon to do me as well, but could not bring myself to say anything. I am certain that, if this happened now, I would have done so, especially as he knew me quite intimately, having examined my piles and sewn up a hernia!

Sex with my wife had gradually got less as our two boys grew into adults. Time was when their presence did not matter. There was one marvellous occasion when our five-year-old son came into our bedroom when we were enjoying ourselves, climbed on my back and said "Go on, horsey! Faster!" But, once the boys reached puberty, we found ourselves being embarrassed by their presence in the house, especially after ribald comments had been made about our nocturnal activities.

Three years ago, the elder son left home to go to university, but the younger was still with us, a situation that we found incredibly frustrating, especially as his bedroom shared a common wall with ours. Then, at last, he found a job and left home. We were on our own! It was like a second honeymoon. This was the final jolt that I needed. "I am going to investigate circumcision." I said to my wife one night while I was going well. I had had enough of that stupid foreskin flopping around. I suppose it was also my mature age that gave me the confidence I needed to take the first step of going to my GP.

Visiting one's own doctor and asking for circumcision is one of the most difficult things I have had to do. I dreaded it, but found that the only way was to decide which day I was going and to stick to it. I went, and got the reaction I expected, making me feel extremely embarrassed and wishing that I had never gone. But at least I was given an appointment with a consultant – and he did not even want to look at my dick!. However, the consultant did, of course, and then stood up and said: "Have you been circumcised already?" I was incredulous. I couldn't believe that a surgeon could not see that I was intact, with a complete, if short, foreskin. Of course, I got the expected refusal.

So I turned to the internet next. Here was a different story altogether: good information and fantastic support from the various groups. It was wonderful to be able to talk freely and to swap pictures, making comparisons and comments without any feelings of embarrassment or smut. It gave me increased confidence with the realisation that my dick was actually quite decent in size and shape, and was something of which I could justly be proud.

Making arrangements was not easy, as I soon discovered. The powerful anti-circ lobby coupled with the ban on advertising makes it difficult to locate surgeons who perform circumcisions. But persistence paid off, and soon I had what I wanted,

the name and address of a surgeon, followed quickly by an actual appointment. I was on course for the cutting table, at last!

By now I had become used to my dick being examined at close quarters, and any feelings I used to have of embarrassment disappeared. Yet it seemed strange to be lying there while a guy pulled my dick around at all angles. I was not too sure what his judgement would be. Would he decide that my foreskin was too short already and that circumcision was pointless? Or would he simply say that I was too old? A great thrill surged through my body when the Doc said yes, he would do it, showing me where he would make the cut. The excitement made me start an erection, so the Doc said quickly, "You can put your clothes on now."

This was it: I was on a roller coaster that could not be stopped. The date was fixed and the price agreed, and I walked out of Harley Street with a spring in my step, and a lift in my dick. But this was not to last, because I found my spirits surging from peak to trough as each period of time passed and the op got nearer. Was I doing the right thing? What if the result was a reduced level of sensation? I have a perfectly good penis which looks circ'ed, so why mess with it? The last couple of weeks were the worst, especially after reading some anti-circ propaganda.

Then the day came when I had to send the cheque for the advance payment. I didn't hesitate. I wrote the cheque and put it in the post. I had crossed the Rubicon. The camera became even busier. Every moment when I was on my own, out came my dick and more shots were taken, from the top, the side, underneath, flaccid, hard, skinned, covered, scientific, erotic, even shooting. I was becoming totally besotted with my dick, which worried me slightly. Then I decided to trim my pubes. The Doc had said it was not essential, but I got the hint that it was advisable. I ended up by shaving everything – it felt so erotic!

The night of 3<sup>rd</sup> December was not good: sleep was very spasmodic. I was filled with a mixture of excitement about being circ'ed and the worry of doing the wrong thing. Strangely, the thought of the actual op itself did not cause me any anxiety at all.

*Dave – Notts.*

[Editor's note: Dave says that he is always willing to give personal advice to anyone who is considering circumcision, as he finds it an intensely fascinating subject. Part 2 of Dave's story will be published in the next issue.]

## The Cerne Abbas Giant

Whilst musing on penises, the perfect *Acorn* jolly came to me in a flash. There should be a pilgrimage to the 180ft tall Cerne Abbas Giant near Sherbourne in Dorset to wonder at his enormous erection which may or may not be displaying a circumcision. My guide book tells me that as late as the early 19<sup>th</sup> century, women believed that sleeping on the hillside could cure barrenness.

Anyone else interested in going?

*H.F. – Cambridge*

## Literary Extract

### [From Part Two of *Caesar's Women* by Colleen McCullough]

[The action takes place in Syria during the time of the Roman occupation. One of the Romans, Publius Clodius, spreads disaffection about the Arabs by poisoning the mind of the Roman Governor against them. The Arabs decide to teach him a severe lesson. He is kidnapped.]

**B**ound, gagged and blindfolded, Publius Clodius was carried to a room without windows, a room without murals or decorations or differences from half a million such rooms in Antioch. Nor was Publius Clodius allowed to see beyond a glimpse as the cloth over his eyes was removed along with the gag, for a sack was slipped over his head and secured around his throat. Bare walls, brown hands, they were all he managed to take in before a less complete blindness descended; he could distinguish vague shapes moving through the rough weave of the bag, but nothing more.

His heart tripped faster than the heart of a bird; the sweat rolled off him; his breath came short and shallow and gasping. Never in all his life had Clodius been so terrified, so sure he was going to die. But at whose hands? What had he done?

The voice when it came spoke Greek with an accent he now recognised as Arabic; Clodius knew then that he would indeed die.

"Publius Clodius of the great Claudius Pulcher family," said the voice, "we would dearly love to kill you, but we realise that it is not possible. Unless, that is, after we free you, you seek vengeance for what will be done here tonight. If you do try to seek vengeance, we will understand that we have nothing to lose by killing you, and I swear by all our gods that we will kill you. Be wise, then, and quit Syria after we free you. Quit Syria, and never come back as long as you live."

"What-you-do?" Clodius managed to say, knowing that whatever it was could not be less than torture and flogging.

"Why, Publius Clodius," said the voice, unmistakably amused, "we are going to make you into one of us. We are going to turn you into an Arab."

Hands lifted the hem of his tunic (Clodius wore no toga in Antioch; it cramped his style too much) and removed the loincloth Romans wore when out and about the streets clad only in a tunic. He fought, not understanding, but many hands lifted him onto a flat hard surface, held his legs, his arms, his feet.

"Do not struggle, Publius Clodius," said the voice, still amused. "It isn't often our priest has something this large to work on, so the job will be easy. But if you move, he might cut off more than he intends to."

Hands again, pulling at his penis, stretching it out – what was happening? At first, Clodius thought of castration, wet himself and shit himself, all amid outright laughter from the other side of the bag depriving him of sight; after which he lay perfectly still and shrieked, screamed, babbled, begged, howled. Where was he, that they didn't need to gag him?



They didn't castrate him, though what they did was hideously painful, something to the tip of his penis.

"There!" said the voice. "What a good boy you are, Publius Clodius! One of us forever. You should heal very well if you don't dip your wick in anything noxious for a few days."

On went the loincloth over the shit, on went the tunic, and then Clodius knew no more, though afterwards he never knew whether his captors had knocked him out or he had fainted.

He woke up in his own house, in his own bed, with an aching head and something so sore between his legs that it was the pain that registered first, before he remembered what had happened. Pain forgotten, he leaped from the bed and, gasping with terror that perhaps nothing remained, he put his hands beneath his penis and cradled it to see what was there, how much was left. All of it, it seemed, except that something odd glistened purply between crusted streaks of blood. Something he usually saw only when he was erect. Even then he didn't really understand, for though he had heard of it, he knew no people except for Jews and Egyptians who were said to do it, and he knew no Jews or Egyptians. The realization dawned very slowly, but when it did Publius Clodius wept. The Arabs did it too, for they had made him into one of them. They had circumcised him, cut off his foreskin.

## More Celebrity Circumcisions

**S**ome thoughts on Celebrity circumcisions (Issue 1/2003). I'm pleased to note that Tim Henman is "one of us" – I now watch him with more interest on TV and don't fast forward. I have also wondered about the status of Seb Coe and Ian Botham.

From biographies – I did read that Paul McCartney and his brother were circumcised; and the late Lord Hailsham relates that although he'd been "done", he remembered at about 5 years old being taken on to someone's lap and cut again without any anaesthetic – what a revision!

The Royals – I always believed that they were cut and a British Jew informed me that an eminent mohel visited soon after Edward VIII's birth so that he would be "done" properly. A similar report on the current Prince of Wales (Charles) suggests his brothers Andrew and Edward were also circumcised. Yet I have read that Charles and Diana decided NOT to have William and Harry circumcised and accordingly were praised by the American *BUFF* – which I think is Brothers United For Foreskins. Finally, referring back to the original article, I must be stupid but I am not sure why the author has no doubts about Errol Flynn – is it that EF is circumcised and as an American that is likely anyway? The same article notes that Noel Coward asked Derek Jacobi whether he was circumcised – this strongly suggests to me that Noel Coward was himself circumcised and so had a preference for the "cut" ones.

*I.D.K. – Southampton*

## Repairing David

Apparently there is a proposal to clean up Michelangelo's sculpture of David in Florence. Several weeks ago a photograph of it appeared in *The Guardian*, prompting the following letter to the Editor:

"Your photograph of Michelangelo's statue of David showed that it could not have been modelled on a Jewish David. Is it too late to repair this?"

*Dr Ben Glaizner – Manchester*



Although I did not send a letter in response, I thought that it might be an idea to write one on the following lines. It is intended to be light-hearted rather than serious so I hope that it does not cause offence.

"Dr Glaizner wonders if Michelangelo's sculpture could be repaired to make it Jewish. Whilst God may not mind anyone altering (mutilating?) His handiwork of the design and creation of the male form, I don't think Michelangelo would take too kindly to anyone altering (mutilating?) his handiwork. In any case, is the sculpture authentic in other parts of the body? Might David's hair have been straight rather than curly or might he even have been a skinhead or naturally bald? Did he not have a moustache or beard rather than being clean shaven?"

I think that we should be satisfied with a clean-up rather than risk having any complications that might arise from the operation!"

Another thought – I wonder if there was anyone who read Dr Glaizner's letter but did not understand what he was talking about!

*E.S. – Rochdale*

## Circumcision Russian Style

Come to Moscow and get circumcised. This was the offer made by the Russian President Vladimir Putin to a French reporter during a press conference at the Russia-EU summit last November. The invitation came in response to a question on Chechnya, a subject which is highly sensitive as far as Putin is concerned. Putin described Chechen separatist rebels as radical Islamists who believe that all non-Muslims deserve to die. Implying that the reporter must be a terrorist sympathiser, Putin told him: "If you are prepared to become a radical Islamist and undergo circumcision, I invite you to Moscow. We have specialists who can deal with this problem. I suggest that you have an operation so radical that nothing grows out of you again." The remarks were reported in one Russian newspaper under the headline: "Putin suggests Europe gets circumcised."

It is not known whether the reporter has yet accepted the invitation!

*I.G. – London*

## Circumcision Mishaps

Circumcision should be a straightforward procedure but unfortunately this is not always the case. Andrew Ryan, 20, a muscular dystrophy sufferer, went to Shotley Bridge Hospital in Consett, County Durham, for a routine circumcision operation on 25<sup>th</sup> July 1997. But he was given an overdose of local anaesthetic more than three times the recommended level which led to convulsions, respiratory failure and untimely death. The anaesthetist, Pravin Chaturbhai Patel, was charged with manslaughter.

Another surgeon, who left patients in agony after bungled circumcision operations, was struck off the medical register in August 2001. Peter Silverstone of Elmfield Park, Newcastle upon Tyne, failed to anaesthetise two baby boys properly before operating on them.

Their mothers had been coerced by their family doctor into consenting to the operations. The GP, Dr Michael Harbinson, presented the case as a *fait accompli*. He did not explain the alternative to circumcision. One of the babies had the operation because he had cysts. The mother of the other baby said that every time she took her baby to the surgery, Dr Harbinson would try to persuade her to have him circumcised. When the child caught a urinary infection at the age of six months she agreed.

Dr Harbinson paid the surgeon, who was practised in religious, not medical, circumcisions, out of his fund-holding budget. Silverstone performed the circumcisions in 1998 when the boys were six and seven months respectively. Both babies screamed in pain during the operations and one boy bled for hours after the operation until Silverstone visited the family home to give him stitches. Silverstone was found to have abused his professional position over the circumcisions and to have acted inappropriately and incompetently.

*I.G. – London*

## Creating Head Room

A number of readers wonder why a circumcised man has a flared and prominent glans penis. Perhaps the foreskin has a “corseting” effect on an already bulging bell-end? The surgical removal of an overly tight foreskin will then allow full expansion of the head of the penis. Moreover, the tight scar left by circumcision acts as a ligature in preventing the blood draining in full from the organ. Placing an elastic band around the glans would give a similar albeit temporary effect.

I recently met a middle aged American gentleman who had a very thick shaft to his penis; his glans was the size of a teacup. He kept his towel on for (most of) the duration of the sauna and said he felt extremely self-conscious about his protuberance. He said the entire glans and coronal ridge was clearly evident through his *Speedo* swimming trunks!

*K.G. – London*

## More About Examinations

**Y**our New Zealand correspondent, D.B. (issue 4/2003), refers to a “prolonged masturbation examination” carried out on another *Acorn* member (no pun intended).

Presumably most normal (!!!) genital examinations consist of a visual inspection of the penis and contents of the scrotal sac. This will be followed by a manual examination of the genitalia: palpitation of the testes and, if the man is uncircumcised, retraction of his foreskin. The glans penis will be thoroughly inspected for smegma, lesions or warts. The urethra, or water pipe, may be opened to check for discharges. A great many doctors will “stretch” the organ to see its size when erect. It is possible that more sensitive patients (often teenagers) will develop an erection at this point. The exam will usually continue although some medics allow a period for said “stiffy” to go down. Some patients are mortified when they become visibly “aroused”. One surgeon, in my experience, expressed delight at erections as he maintained “everything was working – normal sexual response”. It can however be uncomfortable to examine a tumescent organ – in short the foreskin **WOULD** be retracted and stretched especially if circumcision was the order of the day!

*K.G. – London*

## More Deadly Than The Male

**I** wonder how many readers have been watching a Channel 4 programme on Urology featuring the inimitable Miss Evans? Seemingly, she (Christine Evans) is one of the few female urologists and genito-urinary surgeons in the medical business and is based in Wales. So far in the series of hour long programmes Miss E. has dealt with impotence by inserting an inflatable (!!!) implant. For the stronger viewer she has also effected a male-to-female gender reassignment by removal of the testes and a penile amputation! She has also operated on a bladder malignancy and all in her very own no-nonsense style.

Evans admits to having complaints over her forthright manner e.g. she told one gentleman that his foreskin was “unsightly”. The programmes are very watchable, not least for Christine Evans herself as she seems the parody of a Women’s Institute member ... I think that I would rather trust my genitalia to the male of the species as the female seems so much more deadly.

*K.G. – London*

# ACORN

Issue  
N<sup>o</sup> 6 2003  
Editor  
Ivan Acorn

## Editorial

**M**erry Christmas! I hope that the contents provide some light but entertaining reading over the holiday period.

This is the sixth issue this year, so I have reached my target – even if the last two issues have been a little late. I have enjoyed my first year as editor immensely, not least because of the many new contacts that I have made. My thanks to all the contributors. Thanks also to the rest of the Team: Steve, my predecessor for a smooth, supportive handover; Douglas the Treasurer for keeping the funds safe and for organising the meetings; and Vernon for his meticulous work as production editor.

I read a comment on a web bulletin board recently that there is nothing new to say about circumcision. I disagree. In this issue, for instance, there are three personal circumcision stories: Daniel who was circumcised unexpectedly and traumatically aged 13; Dave who was cut by choice in middle life; and Cliff who has suffered the knife three times to get the perfect finish. The diversity of experience amongst Society members is vast, and all of it is valid and interesting. So, in 2004, I hope to supply you with, not more of the same, but a lot more of the infinite variety that this topic provides.

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Talking of 2004, with this issue you will find a renewal notice for next year. May I appeal to you to complete and return it quickly so that we know that members still want the Society to continue. Members are paying just over 10p per page of the magazine. I hope that you will consider it value for money and will stay with us.

Finally, a reminder about what must be the publication of the year as far as *Acorn* members are concerned: *Circumcision: An ethno-medical study*. At 250 pages, it will keep you in fascinating reading until Easter! So, if Santa Claus doesn't bring you the presents you want, or the cheque from Great Aunt Agatha is particularly generous, why not treat yourself – £25 + postage and packing to the Gilgal Society will do the trick. (P&P within Britain is £3.50, see [www.gilgalsoc.org](http://www.gilgalsoc.org) for other parts of the world)

See you next year!

Ivan Acorn

## Editor's Interview

### The Cutter

John is South African but of European descent. In his part of the world, circumcision is widely practised as an initiation ritual among the ethnic cultures, and he counts himself privileged to have seen many tribal circumcisions performed.

John describes the operation as being quite simple. The foreskin is pushed back, and a needle inserted under the frenulum. The now pierced frenulum is lifted, and sliced with a quick stroke of a razor-blade. This enables the circumciser to pull the foreskin forward for the operation without any attachments to the skin. Once the frenulum is dispatched, the circumcision takes place. There is merely a hard pull of the foreskin, and a sharp knife, downwardly sliced, removes it completely.

The operation is swift and stitches are not used. No emotion is allowed to be seen by the observers (all circumcised, no women allowed). In fact, John believes that the operation is so quick that the pain is not as great as might be expected. The 'wound' is bound with a certain type of leaf, and then tightly wrapped with a leather strip. The penis is then tied to a leather thong around the waist, so it doesn't dangle and knock the thighs. Twice a day, the 'bandages' are removed, the wound inspected for sepsis, and re-dressed. The healing period is 2-3 weeks. After healing, the scar appears to be a sort of loose circ, without a frenulum.

Initiates are usually 18-22 years old. 'Circumcision seasons' coincide with holidays, i.e. July and December,



Getting Snipped

and one can see numerous little 'bee-hive' huts dotted around the country, especially in the Eastern Cape, at that time of the year.

John had one white friend who decided to be circumcised tribally – which is very unusual. The only stipulation was that the guy provided his own knife. John and his brother went to watch. The guy did not even flinch, and was congratulated on being a 'man'. He said the cutting was not really painful – he likened it to holding a hot cup of coffee that was just too hot to hold. The healing can be more painful, especially when there's an erection. For this reason, the initiates are isolated in the veldt until the wound has healed, not being allowed to see any women at all.

This made John decide that he would have his frenulum cut tribally. Since he was circumcised as a kid, along with most English speaking white South African boys, this was the closest he could get to experiencing a tribal circumcision. His frenulum was cut by a male African servant who had recently undergone circumcision himself.

In due course, this led to John becoming a cutter himself, performing circumcisions and specialising particularly in frenulum cutting. To date, he has performed more than 400. I asked John to describe the procedure: "Cutting the frenulum is pretty simple. I do it basically the same way as mine was done. The foreskin (if it hasn't been removed) is retracted, and the area is swabbed with a sterile preptic swab. A sterile hypodermic needle is inserted



Tight Frenulum

under the frenulum, behind the glans. The needle is 'lifted' upwards, and using a sterile blade, the frenulum is severed with one quick sharp slice. I use the hypodermic needle (it's very sharp and sterile) so as not to cause unnecessary pain and discomfort. The operation is virtually painless, and I find bleeding minimal. No anaesthetic is used for that op. On only two occasions have I had to insert one or two stitches afterwards, because it has bled a lot." Most of the frenulums he has cut are on circumcised subjects, although there have been exceptions.

"Where do you perform the op," I asked.

"I've cut guys lying on a table, and on a rock, but it's normally done on a bed, legs open, and pants pulled down. In a tribal circumcision, no uncircumcised male may watch, and it's the same with the frenulum cutting, I don't allow guys to watch, unless I have cut their frenulum (or a friend of mine who now also cuts frenulums) unless they have undergone the procedure, or are waiting in line for it to be done. I'm very strict with this rule – it's only fair."

"What about dressings?"

“Yes, a dressing is applied in the form of a band-aid, with a little betadine. I advise the guys to abstain from wanking for at least a day, maybe two days. Myself, I wanked off the same day mine was cut, even though there was still a little bleeding; and one subject that I did apparently had sex with his girlfriend the same night that he was cut, although he DID use a condom. Some guys, especially the uncircumcised ones with larger frenulums take about 2-3 days to heal completely.”



Frenulum Gone

The advantage of frenulum removal is that it decreases sensitivity ever so slightly, allows the skin to become totally retracted if the guy is uncut, and alleviates any tendency for the frenulum to pull the head downwards. John says: “I became interested in cutting frenulums, especially after I noticed the difference it made to me. My penis became a little less sensitive, and I (and many guys I’ve done) have noticed a general increase in glans size. My brother, as an example, was cut by me, and his girlfriend was SO impressed by it, he came and got cut again. Many friends I have cut are so impressed by the advantages. Two guys have even told me that the glans grew so much, that it actually ‘peeled’ almost like a flower that’s too big for its bud. I didn’t have the chance to see this myself, I was only told about it later by them.”

Guys hear about John via word of mouth, through recommendations from friends and family who have had it done. Some guys do have tight frenulums. But mainly guys want to be ‘part’ of the ‘man scene’ and they also want it done because of the great difference they’ve heard it makes sexually.

John will also excise the frenulum completely if requested. For this procedure, he usually gives a shot of local anaesthetic. He first severs the frenulum, as described above, and then cuts away the two sliced ends. Sometimes a fair amount of bleeding occurs and then he inserts stitches. Ultimately, after healing, the guy is left with a completely clear and exposed V cleft under the glans.

For circumcisions, John uses a Smart clamp and he will do the cut with or without anaesthetic. He has thought of coming to the UK and plying his trade (both frenulum cutting and circumcision). There are certainly quite a few guys in the UK who could benefit from his services – perhaps even a few members of *Acorn!* Interestingly enough, John has cut two frenulums in the UK (both circumcised South African lads on a rugby tour of which he was part).

John would also be willing to arrange an unusual type of package holiday in South Africa. Guys could have a break on the beautiful Transkei coast, and have their frenulum cut at the same time. He could also arrange a ritual circumcision, either by himself, or by the ‘ngcibi’ who did his cut. Anaesthetic (local) would be available for those who wanted it. As he says: “At the end of the day, a wonderful holiday at the coast, with the option of experiencing the tribal culture at first hand.”



## Why Was I Circumcised?

**M**y very first memories of life date back to my circumcision when I was about three years old. I can recall walking to hospital with my mother and older brother, then aged nine years. I remember being carried down stairs, having a mask over my face and counting. Next memory was being at home in my parents' bed with my brother when I wanted to be sick – no doubt because the anaesthetic used was ether. Nothing much arises although we were both 'nursed' downstairs but I have no memories of dressings etc or comparison with my brother and no explanations were given. In fact, I didn't feel, react or behave any differently then. This happy state lasted for a few years. I used to play with two neighbours' boys and one had a large house and many outbuildings – great for kids to play in (and smoke too!). So I was at school – i.e. 5+ and one day playing with these two boys when it was very hot. We only wore shorts and it was easy for us to drop them and dance around naked. But I became the object of notice, rude remarks etc because they were different from me and I was the odd one out.

I felt quite embarrassed when one of them discussed the matter with his aunt in front of me. So I decided the best thing was to keep everything covered up. I did not see or talk to my brother – although we both slept in the same room, we were all bathed separately. School passed OK but I would not go to school weekly sessions at the baths as changing cubicles were large and four kids were made to use one cubicle. We lived near the sea and spent hours on the shore, going down after school to join my younger brother and mother. One day I saw people next to us with a naked boy of my age being dried by his mother. His 'John Thomas' looked a real mess to me. I asked my mother what had happened to him. She replied that like me he had been circumcised, although this puzzled me as mine was a neat and tidy cut.

At eleven, I prepared for High School and decided I had to learn to swim. Once I could swim, I was allowed to go to the baths on my own on Saturday mornings. One day I arrived at the pay box behind another boy – at the same school but in a different class. The manager told us that the pool was getting busy and that we would have to share a cubicle. This we did, changing carefully but when we had swum, one of us let our towel slip, and lo and behold, we were identical. I felt I'd found a real pal and we remained so at school. I soon learnt and saw that his cousin was done too.

There was still no explanation why I had been circumcised and I didn't like asking, although on a short holiday I did see my father and noticed that he was not circumcised. I did have this continuing interest as to whether others were cut or not and was pleased to see from *Acorn* that I'm not alone in this. From swimming I soon realised that this need to know and see was best met by being in the nude. As I said earlier, we had baths separately and as I got older would bath at night. I found my mother would come into the bathroom on her way to bed – I liked

being seen and would often stand in the bath, soap all over and around, and hope to be admired. I had realised long before this that my younger brother (9 years younger) had not been cut and I must have been 18 years old or thereabouts when I was wet and truly erect in the bath when my mother came in and I dared ask why I'd been circumcised. Her reply was that doctors were not in favour of it at first, but then when I was three years old, the family doctor had told her that opinion had changed and if she brought both boys to the hospital next week, it would be done. I found that she had been told that the eldest son of her great friend had been cut, and quite often, as I found other 'pals', she seemed almost as interested as I was about their status. I then dared to ask why my younger brother was not cut – and was told that we had changed doctors, and that the one involved was not in favour of doing it. So I can't say why my parents waited to make the decision. It seems possible that my mother proposed it though left it finally to the doctor. So there was still the position – I was the same as my older brother (though I had still not seen him) and different from my younger brother!

It was only near his life's end that I did see my elder brother's identical penis. He had diabetes and a long hospital stay involving leg amputation above the knee. As only pyjama tops were worn, I did at last have my curiosity cleared and as he made no effort to conceal his circumcised penis, I mentioned the fact to him that it was the first time I'd seen it. As for the 'cut', his comment was: "Mother wanted you to be done, so I had to be done too!" So who decided or when still remains a bit vague. I've often asked other people why they were circumcised and I find that it is normal not to be told anything or to get any explanation.

Up to a point, mother's part in the business was proved when I was courting and felt it best to mention to my fiancé the fact that I was circumcised. I knew her brother was not, but need not have worried – she replied that she knew what it was because her cousin Peter had been done and this was because it was very small! Later I saw that Peter was small but successfully cut. Years after we visited his mother (my wife's aunt). In discussion, she told us how she had been surprised when Peter, keeping her company one evening recently, had asked her why had he been circumcised. She didn't give us her answer but just looked at me and so I replied quite honestly that I had asked my mother the same question! End of story.

*I.D.K. – Southampton*

## **Second Time Around – Again**

**I**n issue 1/2003, I asked members who had had a revision operation (second circumcision) or who were contemplating such an op to volunteer to fill in a questionnaire. I am grateful to all members who completed the survey. Unfortunately, it took me longer than I had hoped to analyse the responses, but a report will appear in issue 2/2004. In the meantime, if there is anyone in these categories who did not complete a questionnaire before but is willing to do so now, could they please contact me.

*Ivan Acorn*

## My Background And Three Circumcisions

Well, to be accurate one circ and two revisions, but the methodology was much the same. You may be wondering why anyone should want to go through the 'ordeal' of so many ops, but to me it was far from an ordeal as I will be explaining later. But first I'd like to recount a little of my background.

I was born towards the end of the war, and at primary school had little interest in (or opportunity to observe) the private bits of the other boys until the last year when we had to share cubicles at the local swimming pool. Most kids were fairly shy, but one was something of an extrovert, and was always flashing his uncut willy around. Being an only child, I never had any opportunity to check out anyone else's willies.

At grammar school on the London/Surrey borders I discovered that a fair proportion of the boys were cut, something like about a quarter or so from memory, and I seemed to appreciate what the difference was from mine even though I can't remember anyone actually explaining it all to me. There were a few really massive cocks around (even on boys of around 14 or 15), some cut with big bulbous heads, the uncut ones I remember had very loose foreskins and without the 'tassle' we often see. I also had the chance to examine the cocks of some of the boys of around my age who lived near the holiday home my parents had for regular weekends. Being in the country there was plenty of opportunity for privacy for that purpose. There was only one who was cut; he was a couple of years younger and Jewish, but had not fully developed at that stage. The others were uncut, including one boy whose cock had a distinct twist downwards and to the side.

The first (and at that time probably the only) circumcised cock that really impressed me belonged to a friend of mine near my home – he'd been cut just a few years earlier in his early teens, and his certainly did look like a work of art. After that I really gave no thought to the matter of circumcision for many years, in fact after I had been married for several years, and with a couple of young daughters to show for it. By then I was beginning to find that my foreskin just got in the way during sex, even though it was not too difficult to retract when necessary, (and of course it would immediately plop forward again given the slightest excuse). I found it particularly annoying, as several other people have already observed, since it covered the sensitive glans head on the outward stroke. Over several years it became more of an 'obsession', and around that time I also began to appreciate the more aesthetic appearance of a well-circumcised cock. That was the beginning of what has become a long-time fascination with the whole subject of circumcision.

In the mid/late seventies, the only source of circumcision information and advice was, of course, *Forum* Magazine, but there was then no discussion or awareness of the various styles and methods around the world. When I wrote to, and subsequently visited, a surgeon near Durham for the op (I think it was about £18 at the time) there was no thought in my mind about what sort of circ I wanted. I was just delighted that I was about to be relieved of that awful overhang that made my sex life such a misery! He left a scar about a quarter inch from the

glans, and just used a scalpel, I think. (I don't remember much at all about the operation itself.) I think he probably also removed my frenulum, though it had always been quite insignificant and had never pulled the penis down on erection. I gather the surgeon was reputed to use a Gomco Clamp on occasions, but I am sure that was not so in my case. Healing was pretty rapid, and I think I was virtually back to normal after a couple of weeks.

However, that circ was fairly loose, and over the following 10 years the skin gradually stretched until it was beginning to come over the edge of the glans even when erect, so I made enquiries about getting my first revision. By then, the Marie Stopes Clinic was offering circs as well as vasectomies (which I had done there, in London), so I decided to take the plunge. I visited Dr Hassan, and he did the revision, but was wary of removing very much skin for fear of making erection uncomfortable (despite my protestations about just how loose it was when erect).

There was some improvement, but again, by the Spring of 2002, I had decided to try for my ideal circ – something that was fairly tight when erect, but not so tight that it would pull my scrotum halfway up the shaft. This time I settled for Dr Z in East London, and I have to say that in every way this was an excellent choice. He, and his nurse, make you feel very much at ease, and he actually listens to what you are saying. In other words, he will try to give you the sort of circ or revision you want, assuming it is technically possible with what you have there to start with. Thanks to his skill, I had minimal discomfort (I certainly wouldn't use the word pain) at any time during or after the operation. There was very little bruising or subsequent swelling, and I was even out mowing the lawn and gardening later the same day. The scar line is now about an eighth of an inch from the glans, the line is much more even than it was before, and the scar is slowly becoming less visible. When erect there is a slight tension on the shaft skin which I greatly enjoy, yet there is just enough skin left for lazy masturbation, i.e. without lubricant, though I can use that if I am in the mood because then there is virtually no movement of the shaft skin unless it is grasped very firmly.

My reasons for the original circumcision, and subsequent revisions, were a mixture of hygiene, appearance and sexual performance. My ideal circ would have been a high and very tight one, but the first circ being low, one could not then change that back again, and in terms of tightness I think it is something that's much more difficult to achieve in adult circs than, say, teenagers or toddlers. The surgeons always seem to judge the amount to remove by looking at a flaccid penis, whereas you really need to see it erect to judge accurately just how much can be removed. Have any other members had the good fortune of being examined with an erection to improve the outcome?

Throughout, the decision for the circ and revisions has always been totally my own, though my wife has always been supportive once she appreciated it was something I really wanted. Like many women, I suspect, she prefers my cut status for a number of reasons, but doesn't have my obsession about the subject. I suspect very few women do. Even though what I now have is probably the best end result I am likely to achieve, I still enjoy looking at pics of other circumcisions, partly to admire the handiwork of the many skilled surgeons that are around

working on adults to give them belatedly what they yearn for, but perhaps equally to drool over what might have been mine if my parents had had me trimmed as a youngster.

If anyone has any questions or comments, I'd be glad to hear from you at cliffordha@aol.com

*Cliff*

## Wartime Experiences

On leaving school in the mid 50's, I took a temporary job in a school and soon became friends with the caretaker who had been a medical orderly in the war, connected with a mobile field hospital in Northern France and Belgium.

He was an incredible character; as a result of his wartime service he only ever slept for one hour per night spending the rest of his time renovating old cars. He had the ability, in a very few words, of painting his wartime experiences which he did without much persuasion.

There were three 'surgeons' attached to the hospital. They had to deal not only with serious war wounds but also with numerous cases of sexually transmitted diseases (STDs). In many cases, the surgeon had to amputate the penis and sometimes the testicles as well in order to save the patient's life. The drugs available were very primitive compared with today. Anaesthetics consisted of dripping ether onto a gauze face mask.

The surgeons soon discovered that the majority of troops with STD were uncircumcised and agreed to carry out more circumcisions in an effort to control these infections. This policy did prove successful with a marked reduction in cases although it was difficult to eradicate completely. The surgeons would often carry out the circumcision when dealing with the war wounds. My friend was responsible for cremating the bits and pieces which he said was not a pretty sight.

During October, the *Daily Mail* printed a number of articles on the steep increase of chlamydia in young girls – but there was no comment on how they had become infected, which must have been from their male partners. With so few circumcisions now being carried out, it would seem that the foreskin must at least be partly responsible for spreading the infection.

There has already been considerable comment on the spread of AIDS and the foreskin; from tests carried out it would appear that the inner foreskin is particularly to blame. There was a TV programme sometime ago discussing the benefit of circumcision in combating AIDS.

*W.M. – East Sussex*

# The Story Of Dave's Dick

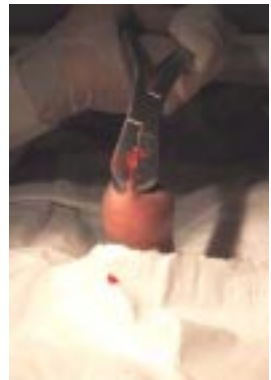
## Part Two: The Loss of a Foreskin

December 4<sup>th</sup> was a lovely day: the sun was shining brightly, dazzling me whilst driving over 100 miles to Luton. Despite the mental tension of the impending operation, I had not lost my appetite and consumed sausage, egg and chips, and two pints of my favourite beer only 1½ hours before being cut. Perhaps this was not a sensible thing to do just before circumcision, but too bad!

There was complete bedlam in the surgery, making me wonder what I had come to: babies screaming everywhere, a crowded waiting room, people milling about. It was interesting to observe the other patients, all looking somewhat nervous. I was dying to say to them all: "I know what you're here for!" But the Doc didn't keep me waiting long and was very direct. After walking into his surgery there was no small talk: "I want you to take off your shoes and socks, trousers and pants and lie on the table, please." This is it! No going back! I ask if I can take photographs during the operation. "Yes, of course. That's a nice camera. What is it?"

First, the Doc took a marker and made a line across my dick at the point at which he will make the cut. "I want it high and tight," I said, but this received no reaction whatsoever. I suspect that with the guided forceps method there is little that one can do to affect the style of the circ. Then came the injections, which were probably what I had been fearing most, as I had read about the painful nature of these needles. After all, who would relish the thought of hypodermics being pushed into the most delicate organ of the body! But fear was totally unwarranted, as I didn't even feel the needle going in. Several injections were made into the shaft skin, and then some more into the foreskin itself. Being left on one's own to give the anaesthetic time to do its numbing is not ideal just before being cut. Lying there, on my own, the same mixed feelings were surging through my brain. Why am I doing this? Will everything be alright? I must be stupid! And then I looked at my poor dear little dick. It had a weird swelling all round, making it look more like Michelin man. I touched it, but could not feel a thing. A few more injections were necessary to give complete numbness – a very odd sensation, seeing my dick being handled, and yet feeling nothing – glad it's not normally like this!

The next part of the op happened so quickly that it was a few moments before I realised that the deed had been done. The Doc picked up what looked like a pair of tin shears. "These are known as bone crushers," he said, menacingly. With a pair of forceps, my foreskin was stretched towards the ceiling and caught between the jaws of the bone crusher, manipulating the skin so that the marked line was visible. "Let's make sure the glans is below the jaws." "Yes, please. I still need that!" said I. After a bit more fiddling, which I could not photograph because Doc's back was in the way, I suddenly realised



that the foreskin was missing. It had been cut off! I was circumcised! This was it! I am a cut guy! WOW! This was the supreme moment that had to be photographed. This was the apotheosis of the long wait of many years. It occurred to me that I must be very weird to be photographing my own dick during a circumcision operation.

From this moment on I was totally relaxed. I suppose with the foreskin gone there was no longer the nagging feeling that I shouldn't be doing it. It had been done. There was no going back now, so I might as well enjoy it. After all, this was what I had been yearning for for most of my life. There was no pain whatsoever and it was actually becoming quite fascinating.

One thing I missed because of the rapidity of the action was the foreskin – I must have a photograph of my foreskin; it's the last I shall see of it. I was sorry that I didn't see the actual cutting, but the Doc was very intent on what he was doing and seemed to forget that I had a camera with me. Not surprising, I suppose, because how many people can be so crazy as to photograph their own circumcision? He had to scabble around in the waste bin to find it, but there it was, dangling from the giant forceps that he had used to grip the foreskin before cutting. The foreskin in the forceps. It looked enormous!



Farewell, O foreskin! I hope I won't miss you too much!

Then, there was a bit of a bloody mess, when the blood vessels were sought out and tied off one by one. It was at this point that I recognised a familiar feeling coming over me – I was in danger of fainting. "Mind over matter," I kept repeating to myself, staring hard at the ceiling and trying to forget what was going on down below. Then I felt the desire for a pee coming on. What the hell do I do now – I shouldn't have drunk so much beer just before coming here. This probably took my mind off feeling faint, because it passed, and so did the need for a pee, thank goodness.

Now for the sewing-up job. I could see from the gap between the two halves of the skin that I was going to have a tight one. Wonderful! Fantastic! First he made certain that there were no more leaky veins by carefully mopping up the blood and probing around. When he was satisfied that there was no further bleeding, the joining of the two halves of skin began, starting with the frenulum area to make sure that the join was in the right place. He was very nimble with the needle, and very careful and thorough. The anaesthetic was beginning to wear off and I felt the last two stitches, but it was nothing to worry about.



Finally, on went the dressing and two or three layers of sticky plaster. The Doc was now behind schedule, because I think mine took slightly longer than he expected, although it was only 50 minutes. Being ushered out quickly, I had to complete my dressing in the waiting room, with everyone watching. But, what the hell, I was proud of myself and grinned at everybody.

Before leaving, the Doc wanted to see if everything was OK, so I dropped my trousers, and there I saw for the first time my beautiful circumcised cock – and started to get an erection! “Mind over matter,” I said, and it stopped rising, although maybe the pain had something to do with it, because the anaesthetic was distinctly weak now.

Without any doubt, witnessing that operation in great detail and photographing each step was one of the most incredible experiences of my whole life. Having now gone through it, I would say to anyone: “Get cut: you will not regret it.” But it must be done under local anaesthetic, so that you can be fully aware of what is going on. That moment when I realised that the foreskin had been separated, and I saw my cut cock, I could have screamed for joy. Many would think what a strange person I must be, but these are the emotions that go with the fetish of circumcision and cannot be suppressed.

*Dave – Notts.*

## No Taking The Michael

Michelangelo Buonarroti started his 13<sup>1</sup>/<sub>2</sub> ft sculpture of David in 1501 when 24 years of age and completed it in 1504. By next year, the statue will have presented its genital ambiguity for a full 500 years. But only recently there has been a furore as to whether the penis is Jewishly circumcised or not (see issue 5/2003). Some, like Dr Ben Glazner of Manchester, claim that David's penis has not been initiated according to the covenant, so he is not a true model of the original Jewish David. Dr Glazner suggested 'repair work' to correct the anomaly.

True, the David of the statue appears not to have undergone ritual Jewish circumcision as practised today. But in Biblical times, it was the protruding tip of the foreskin which was excised with a sharp stone or flint (a tearing rather than a cutting) and later with a metal knife (an ismol). This cut is only the first stage (Milah) of today's procedure. Peri'ah (tearing the inner membrane and skinning the glans) was added in about 140 AD and a split shield was introduced in the 17<sup>th</sup> century to protect the glans. With the shield, much more of the foreskin could be removed without endangering the glans or frenulum, and, with the membrane excision as well, the entire glans was exposed during healing.

I consider that David is displaying the milder circumcision of antiquity (and even to over 100 years after the death of Jesus) which was customary before it was stylised and radicalised in stages over the centuries. The details are laid out in the Dinim of Milah prepared by Bernard Homa, MRCS, LRCP; this covers all aspects of ritual circumcision in Orthodox Judaism.



There is therefore a continuity of cutting, but its nature has evolved considerably in a thousand years, and could even become less drastic and more symbolic in times to come. The Star of David might yet assimilate the Scar of David!

As a footnote, I would like to add extremes from the distant past and present. In folklore, Abraham is said to have circumcised his son with an axe, and was rebuked by an angel for his haste! This contrasts with some reform Jews of America who have forsaken the Brit Milah for the Brit Shalom alternative initiation with no cutting at all.

*Anthony*

## Notes On Issue 5

**I**t was great to see the illustrations in issue 5/2003. I hope that this innovation will continue. Part One of Dave's Dick only showed uncut pictures of his penis. Perhaps Part Two of his story will be illustrated by the circumcised version. He states that his eldest son was circumcised at the age of three. Was his younger son circumcised as well? Are all the males in his family circumcised?

With regard to the photograph of Michelangelo's David: I am sure that the penis shows Michelangelo's depiction of the male genitals as following the Greek ideal of a diminutive uncut penis, more suitable for a young boy than a mature man. It is a great sculpture and should not be altered in any way. I suggest that if Ben Glazner does not like Michelangelo's concept of an uncut penis, he should take up a mallet and chisel and a block of marble to produce his own version of an authentic circumcised David. I by far prefer to see a circumcised penis rather than a childish looking uncut one, but I recognise a masterpiece when I see it so it should be left alone as Michelangelo produced it.

Is it time that a survey was conducted of cut and uncut members? If circumcised, style and method of circumcision and any other detail that may be of interest to other members could be surveyed. A form in *Acorn* should be possible with no extra postage. There would be quite a bit of work to correlate the results so perhaps some member would volunteer to help out with this chore.

*D.B. - New Zealand*

## Like Father, Like Son...Like Grandson?

**I** was circumcised just after I reached puberty. I live in the U.K. but am of an Anglo-Indian background. My parents were divorced when I was very young and I only stayed with my English father once a year for two or three weeks. My father caught sight of my penis just before my thirteenth birthday. It was probably the first time that he had seen it since I was a small baby. He was appalled that I still had a foreskin and was horrified that I was still uncircumcised. He had obviously forgotten that I had not been cut when I was born and presumed that my mother had had me circumcised when I was very small. I do not think

circumcision was a big issue with him. He just felt that all boys should be cut and that was that! By the way I also saw his penis at the same time – it was rather thick, circumcised, with a big head on it. It certainly was not cut as tight as mine was to be.

He took me to the local doctor in Northumberland the following day and asked the doctor to circumcise me there and then. My father, in my hearing, just told the doctor to ensure that the head was fully exposed. I think the fee was £10 – rather a lot in those days. When asked about giving me a local anaesthetic, my father said that he could not possibly afford another £8 for that as well! It did not seem to concern the doctor.

My father then left and the doctor asked me to take my clothes off and lie on a table. I was extremely nervous. The doctor examined my penis, sliding the foreskin back and forth across the head a few times. He explained that he was going to remove the foreskin, that it would be painful but that it would only take a minute or two. I asked him why I needed my foreskin removed. All he said was: “It will be much nicer without the skin.” He called in his son to hold me and proceeded to circumcise me freehand, first using a scalpel and then surgical scissors to tidy it up. Finally he pushed the inner foreskin down the shaft to meet the remaining shaft skin and bandaged it up. It was excruciatingly painful and I nearly passed out. The doctor cut me extremely tight so that when I had an erection there was almost no movement on the shaft. It has loosened up slightly since. The doctor left my frenulum intact. I think I have what is described on the net as a high and tight U.S. military style circumcision.

For a week I was in considerable discomfort but it all healed up within about three weeks. At the time I was deeply traumatised by what had happened since I was not consulted at any stage. I deeply resented what my father had done. In time, I came to terms with it and began to rather like the appearance of my circumcised penis. Curiously I now think it was one of the best things that could have happened. My penis, to me at least, looks and feels great. It is much easier to clean, my various partners have adored it. What more is there to say!

I now have a son who is just fifteen and uncircumcised. When he was born we did not even consider circumcising him in view of what I had been through. However, he is now keen to have his foreskin removed for a variety of reasons. His main problem is that he has a rather tight foreskin which he finds difficult to retract over his rather larger than average penis head. We took him to our doctor who prescribed a cream to loosen the foreskin but it has had little effect. The doctor now advises circumcision. I have discussed it with my son and he is keen to go ahead even though very few boys of his age are circumcised in this country. I have asked him to think about it. It is entirely his decision. If we go ahead of course he would have an anaesthetic. I have not got as far as discussing what style he would want.

*Daniel*

## Welcome Back!

**H**aving rejoined *Acorn* after a lapse of a few years I was sad to see it in a diminished form compared to the (8 issues) early years. Clearly this has come about through lack of contributions and I congratulate those on both sides of the debate who have struggled to keep the Society and its newsletter going. Particular thanks too for the efforts of all the editors.

My story appeared back in *Acorn* editions in '93 and '94 under a shy 'anon'. With later contributions, I identified myself as 'G.D.' and here confess I was the one who designed and submitted the ACORN logo and masthead of this publication – still going strong I see!

I won't repeat my long story. It's sufficient to tell new readers that I'm in the 'no choice, circumcised' group, cut at 8 on either parental whim or a health professional's advice. Once over the emotional shock and re-adjustment of a permanently exposed glans rubbing on clothing, I've never looked back with regret, only relief I was spared the encumbrance of my anteatery in sexual activity. I'm grateful to whoever decided they could dispense with my foreskin and did it. My father was circumcised but never talked to me about it, nor mum. I was given no instruction to retract or wash under my foreskin and never did. Until my teens I didn't realise uncircumcised boys were supposed to do this and shudder to think how many males grow up in, and still practise, this ignorance. My wife and I tried to circumcise our two sons but all our requests were refused by the medical profession. That's another long story – which bugs me still, and I'm a firm advocate of routine infant circumcision as a PARENTAL CHOICE.

Today's NHS is failing its patients in this area. It should provide a clear neutral leaflet to all parents listing the pros and cons of the procedure (for me there are no cons!), and conclude with a consent/application form in case they wish to proceed. This is a clear prophylactic measure, on a par with immunisation and would save money long term. That's another thesis of mine I need space to set out.

My regards to all *Acorn* friends old and new.

G.D.

## Yet More On Celebrity Circumcisions

**I** read the article on More Celebrity Circumcisions (Issue 5/2003) with interest. Nothing has been recorded for either Seb Coe or Ian Botham but I did hear that Coe was Jewish so must be cut. I would guess Botham is uncut but who knows?

According to various sightings and a photograph (maybe fake?) I saw of Errol Flynn, he was definitely circumcised. The photograph depicted him nude near to a waterfall and while his penis was not the considerable size that it had been reported as, it was very thick. Incidentally Flynn was Australian (born in Tasmania) not American, but circumcision was very popular in Australia also. Noel Coward

is recorded both as cut and uncut and I don't suppose we will ever know? Regarding other sportsmen, Allan Border and Dennis Lillee, both former Australian cricketers, are cut. I have a report from a good authority on a personal sighting that Lillee is definitely cut. Geoff Howarth (former NZ cricket captain) is uncut but I wonder about Sir Richard Hadlee?

I would still be interested in finding out the status of Russell Crowe (NZ born) and Viggo Mortensen, born in New York of an American mother and a Danish father!

*Neville – Northolt*

## **And Finally...**

[Ending on a slightly sour festive note, Anthony has written these words, to be sung at a rollicking pace to the tune of Jingle Bells, to commemorate the fact that, for many baby boys newly born at Christmas, one of their gifts may be a surprising and rather unpleasant experience.]

### **Jingle Bells**

#### *Chorus*

Jingle bells, Jingle bells, Santa's on his way,  
As you lie beneath the straps, young babe, on Christmas Day.  
O, close your eyes; you'll despise being circumcised  
Pain and cutting all abound from Santa's festive ride.

Ho! Ho! Ho! He'll fetch  
Forceps first to stretch  
Probe around the glans will he  
Till surfaces are free.

Clamping, cutting next  
Baby screams, perplexed  
What agonising surgery  
To cut your foreskin free – So

Jingle bells, Jingle bells etc

In his Yuletide pack  
Instruments he'll pack,  
Off to see another boy,  
His cheerful smile a ploy.

You are lying there,  
Glans all bloody, bare  
Gomco clamp has had its way  
You're circumcised today – So

Jingle bells, Jingle bells etc

*Anthony*

# ACORN

Issue  
N<sup>o</sup> 1 2004  
Editor  
Ivan Acorn

## Editorial

This issue my editor's column takes a look at the *Acorn Society* membership – our ages, status, and for those circumcised, the age at which we were cut. But, at the end of 2003, there were only 110 of us – a rather uncomfortable fact. This is far too few, compared with the number of guys interested in foreskins and circumcision in the UK, not to mention overseas. So, a New Year's resolution (if it's not too late for these) is for us to undertake a recruitment campaign. The first stage of this is to revamp the web site which has not been touched for a number of years. The core activity of the Society is the **printed** newsletter and this will certainly continue in this form. But a web site can be a very useful publicity tool to which potential members can be referred for information. (Sample copies of the newsletter will of course be sent by post to those who have no Internet access.) So, in the next edition, we will be launching the new website as a prelude to a recruitment drive.

A quick reminder. The next *Acorn* meeting will be held in Leicester over the weekend of 27<sup>th</sup>/28<sup>th</sup> March (details page 5). If you can make it, please do. There is no reason to feel shy or inhibited. The atmosphere is very welcoming and it soon feels entirely natural to be discussing your favourite subject with fellow aficionados.

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## Correspondence

Please send all correspondence to:-

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P.O. BOX 74  
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London, NW3 6BT

Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
editor@acornsoc.org.uk

## Editor's Column

### Who Are We?

That we share a fascination with circumcision and foreskins is taken as read. But just who are the members of the *Acorn Society*?

At the end of 2003, there were 110 of us. We are predominately UK based (97 members) but have a sprinkling of members in mainland Europe (4) and in the rest of the world (9). There are 79 circumcised members and 22 uncircumcised with 9 members not declaring their status. Ninety-nine members confessed their age. The average is 54 with our youngest member at 23 and our oldest at 87. Three quarters of us are between 40 and 70 (see Figure 1).

There is no significant difference between the overall age profile of the circumcised and the uncircumcised.

Figure 2 shows the number of members circumcised at each age and Figure 3 shows a plot of age circumcised against age now.

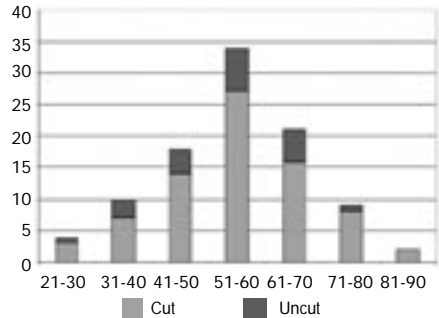


Figure 1: Age distribution of members

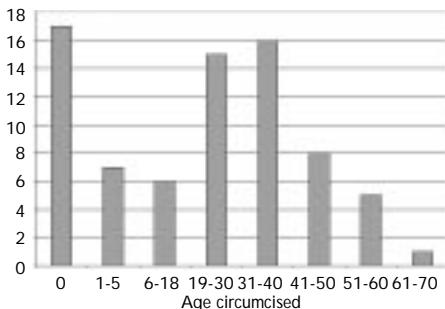


Fig 2: Number circumcised at each age

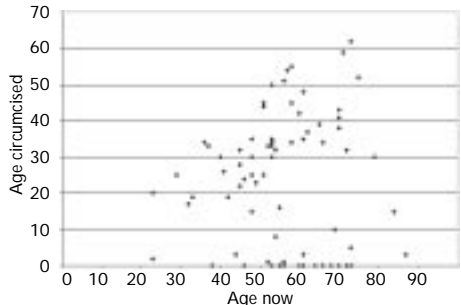


Fig 3: Age of circumcision by Age now

Figure 4 shows the decade in which members were circumcised.

What do the data tell us? Of the circumcised, 23% were cut in the first year of life, another 9% by the age of 5 and a further 8% by the age of 18. Thus 40% of the circumcised members were circumcised as children (in the broad sense), leaving 60% who were cut as adults. Advancing years appear not to be a barrier to getting circumcised. 19% were over 40 before they underwent the knife and two intrepid members waited until their seventh decade before losing their foreskins.

Figure 4 gives a clue about this delay. The reasons for members being circumcised as adults is not recorded but it safe to guess that the majority were elective. Such circumcisions were very difficult to obtain before the 1980's. There was a medical interdict against circumcision from the late 1940's onwards and this is borne out by the low numbers of members circumcised in the 20 years 1954-1974 as compared with the previous and following decades. As elective circumcision became more widely available, the numbers jump significantly with many more members obtaining circumcision in the thirty years since 1974.

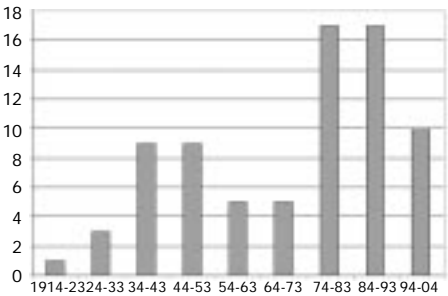


Fig 4: Decade of circumcision

Figure 3 bears this out. All things being equal, one would have expected adults wanting elective circumcision to get cut in their twenties. But figure 3 actually shows a surprising correlation between age now and age circumcised i.e. the older the person now, the older he was when circumcised. On reflection, perhaps we should be less surprised. Someone aged 70 now would have been 50 in 1983, someone 60 now would have been 40 then, someone 50 now was 30 then. Thus the ages of 50, 40 and 30 respectively probably represent the earliest at which these cohorts could arrange, without extreme difficulty, to have themselves circumcised. And this is what figure 3 tends to show. If the same analysis were to be done in twenty years time, the pattern would almost certainly be different. Then, I would expect the majority of blobs for people up to the age of 60 to be concentrated in the age circumcised band 20-30. Partly this is because routine infant circumcision is much rarer now and thus future circumcised members of *Acorn* are likely to be largely those who elect to be cut as adults. And since thankfully it is now much easier for those who want rid of their foreskins to arrange it without question or embarrassment, those adult electives are likely to arrange their cut early in their adult life i.e. in their twenties.

One interesting question. Why are all those members who were circumcised electively as adults still members of *Acorn*? They wished to be cut, they've had their op, they are now circumcised. Isn't that the end of it? Apparently not. Most men circumcised electively as adults are entirely happy with their new state (although it may take one or two revisions to gain perfection!) Nevertheless, for most, the interest does not die. Similarly, the fact that we have uncircumcised members across the age range shows that interest in foreskins (and their removal!) does not wane with age. For all, foreskins and circumcision remain subjects of intense fascination.

And as long as they do, *Acorn* will live on!

Ivan Acorn

## My Muslim Son – Part II

A corn readers may recollect that in *My Muslim Son* (issue 2/2003) I described how I eventually came to the decision to go ahead with the circumcision of my Anglo-Indonesian nine year old son. As you will see, the operation which took place on 31<sup>st</sup> July in Jakarta during the school holidays was not the positive experience that I had planned. Let me elaborate.

First, finances were tight since it had cost about £2000 for the four of us, two adults and two children, to fly out there. My wife and her brother, a man on a modest wage with an eleven year old boy due to be circumcised at the same time, were keen to have the operation followed by a ceremony at home two days later with invited guests paying their respects by giving the boys money. This meant hiring in catering, and the combined expense was therefore going to be high. Second, the doctor, chosen on the recommendation of one of my wife's relatives, was not to be consulted prior to the operation with the boys in attendance because my wife and her brother, who were paying, wanted to save money.

After a long hellish early morning drive through a suffocatingly hot and traffic clogged Jakarta, the boys, my wife and her brother (another one acted as the driver) and I arrived at the clinic where we were introduced to the doctor. My brother-in-law, yet again as with the circumcision of his elder son (this circumcision was video filmed) chose not to be involved with discussion of the methods, which were either laser or knife/scissors, or the operation itself. The non-English speaking Muslim doctor put my wife and me off laser, commenting that a by-product of laser was the smell of burnt flesh though on the other hand it was a bloodless procedure.

My son, dressed in his chequered sarong, collarless shirt and white skull cap, was the first to go. Nervously he entered the operating room and lay on the prepared couch, one of three in the room. When the doctor examined his penis, he was concerned about its small size and proceeded to induce an erection, as well as retract my son's adhesion free foreskin. Accompanied by a headscarfed nurse, he then injected a local anaesthetic into the base of the penis, which caused my son much distress and, disconcertingly, drew blood. Standing at my son's side, clutching his hand, I watched the doctor pull the trunk like foreskin forward, hold it with forceps and pinch the penis to ensure that the anaesthetic had taken effect, and then make a dorsal slit up to the corona. The foreskin was next cut off and the frenulum left intact. My wife photographed the event from the start to the stitching and bandaging.

What was not recorded on film was what occurred subsequently at the clinic. It broke my heart to see my son lying on the couch in the foetal position sobbing: "I never wanted this to happen." "Had I betrayed him?" I kept asking myself. And there was more.

Towards the end of my son's circumcision, I noticed a young boy come in. He had seen what was going to happen to him too and was determined not to be part of it. However, his parents had other ideas and refused to listen to his pleas.



Eventually, in a shocking spectacle, he was dragged onto a neighbouring couch and forcibly circumcised by another doctor while his parents pinned him down and kept his legs open. He wailed: "I want to go home, I want to go home", but it was useless. I wish that I had had the courage to intervene.

Sickened by this sight, I said a silent prayer that my nephew's circumcision would pass quietly. Unlike my son and I, he was well endowed which allowed the doctor to circumcise him in a flaccid state, although adhesions between the glans and the foreskin had to be removed first. Indeed, my nephew, a small skinny waif, was so quiet I barely thought he was alive.

The outcomes for the two boys were fair. My chubby son quickly recovered to display a penis where the glans is only fully exposed when erect; my nephew endured infection post-operatively but is the one who is truly a 'roundhead'. The outcome for me is that I am even more cautious than before for my five year old son whom my wife also wanted cut. If his turn comes, there will be a consultation in English in England. Until he can retract his foreskin without pain, there will be no operation. Watch this space for the next instalment: *My Muslim Son – Part III?*

*H.F. – Cambridge*

## Important Reminder

Some of you have yet to renew your subscriptions for 2004. Reminders for the guilty are enclosed. For those who do not renew, this will, I'm afraid, be the last issue which you receive. Please renew – we certainly don't want to lose you!

## Acorn Spring Meeting

A meeting of the *Acorn Society* has been arranged to take place on the 28<sup>th</sup> and 29<sup>th</sup> March 2004 at the Ramada-Jarvis Hotel, Leicester.

The cost of Dinner, Bed and Breakfast (shared twin bed room) is £47.00 per person per night. We have taken an option on a small number of single rooms for which the cost is £51.00 per night.

Experience suggests that a number of members will gather on the Friday evening and meet informally. The larger number usually arrives for the meeting on Saturday afternoon, about 2.00 pm, and stays over to Sunday morning.

Some of our member will attend the meeting on Saturday and will not take overnight accommodation – the choice is yours!

### **BOOKING and further information.**

By telephone: Call Douglas on 07788 126 706. Evenings and weekends are usually the best time to call.

By post to the Acorn PO Box. Please be prepared to give a telephone number or email address for confirmation of your booking.

## More About *That Statue*

The last two issues of *Acorn* have carried articles regarding Michelangelo's famous statue, commonly called 'David'. Anthony's article (Issue 6/2003) appears to contain a number of factual errors which are worth noting.

Firstly, there is no evidence that Michelangelo was intending to sculpt the Jewish boy who slew Goliath. He does not seem to have given his statue a name. It is most likely that some museum curator, anxious to thoroughly label all his exhibits decided that it looked like David and thus named the statue as we now know it.

If Michelangelo had indeed intended to sculpt David then he would clearly have known that the boy would have been circumcised. However, as with most artists, he would also have been moved to use artistic licence to fit in with what was expected by people of the time (after all, he needed to sell his works to make a living and couldn't go against what potential buyers liked).

The classical form was to always present the glans as covered. Also the genitals were presented proportionately smaller than might be expected for the size and age of the subject, thus grown men were depicted with the genitals of teenage boys (and a correspondingly small amount of pubic hair – as can be seen in this statue).

Anthony repeats the oft-stated claim of the anti-circ lobby that Jewish circumcision originally only removed the very tip of the foreskin. There is absolutely no evidence to support this claim. What evidence we can glean clearly points to a more complete circumcision. Let us consider a few facts:-

1. From a surgical point of view, it is almost impossible to cut through the foreskin without it being under tension – this would be even more critical when using a relatively blunt flint knife! – and when under tension it is unlikely that the cut would be made close to where it was being gripped at the tip, it is much easier to cut closer to the glans thus leading to at least part of the glans being exposed.
2. We know from wall paintings and examination of some mummies that the ancient Egyptians circumcised by pulling the foreskin out and cutting off a substantial portion of it. If only the tip had been removed it would not have been possible to confirm the circumcised status of the mummies. The Biblical Jews lived in captivity in Egypt for a long time and almost certainly one nation actually learnt circumcision from the other, thus a significant difference in method is improbable and so the Jews almost certainly also removed more than just the tip.
3. Many tribes around the world (eg the natives of Australia and Africa) independently adopted circumcision as part of their tribal identity. Every one of them, even those only performing a dorsal slit, exposes the whole glans in their operation. What reason is there to conjecture that the Jews were any different?

4. Since many men are born with a short foreskin which does not cover the whole glans in later life it is very unlikely that a procedure designed to provide a 'tribal mark' would be done in such a way that a significant number of men (including many outside the 'tribe') wouldn't actually have to undergo it to appear to have the 'mark'.
5. Underlying the religious requirements of both Jews and Moslems to abstain from pork and to be circumcised there are actually very sound medical reasons based on the environment in which those great religions began. From a medical standpoint, circumcision is highly desirable in situations where there is a lack of water for washing and also high temperatures and a lot of fine sand (as many a British soldier has found in desert campaigns from WW2 to the present day). However, if the tip alone is removed then the situation is actually made worse because there is still a large moist area under the foreskin to trap the sand, etc but a much larger and looser opening to allow it to enter in the first place. Only a complete circumcision totally eliminates the problem.
6. We do know that in the post-Biblical times when Greece was the 'centre of world culture', some Jews had become slack in their observance of circumcision so that it was possible for many to pull their foreskin remnant forward and tie it over the glans to match Greek sensibilities in the Gymnasium. This does not prove anything about the original method of circumcision, only that, at that time, the inner skin was not necessarily fully removed but just turned back.

I have carefully re-read Genesis chapter 17 which recounts God's original command to circumcise, and the circumcision of Ismael; and chapter 21 recounting the birth and circumcision of Isaac. Nowhere is there any mention of an axe being used, nor of any rebuke by an angel. It would seem that this is yet another of Anthony's fantasies.

Finally, whilst there are no doubt some of Jewish origins who have abandoned circumcision, they can no more now be called Jews than those of Christian ancestry who reject Christ or refuse baptism can now be called Christians.

*Vernon – London*

## ***That Statue – A Postscript***

With regard to the photograph of Michelangelo's David: I am sure that the penis shows Michelangelo's depiction of the male genitals as following the Greek ideal of a diminutive uncut penis, more suitable for a young boy than a mature man. It is a great sculpture and should not be altered in any way. I suggest that, if Ben Glazner does not like Michelangelo's concept of an uncut penis, he take up a mallet and chisel and a block of marble to produce his own version of an authentic circumcised David. I by far prefer to see a circumcised penis rather than a childish looking uncut one, but I recognise a masterpiece when I see it; so it should be left alone as Michelangelo produced it.

*D.B. – New Zealand*

# The Story Of Dave's Dick

## Part Three: Life as a Cut Guy

The immediate post-operation period was not entirely a comfortable one. A hot stinging sensation was gradually becoming more apparent, changing slowly into the dull throb of a toothache, but powerful pain-killers soon calmed it down. Potential erections kept occurring throughout the homeward journey, which required considerable brain power to subdue. When bedtime arrived everything was fine, the pain had all but disappeared and I went to bed a very happy person. Sleep that night was wonderful, as I did not sleep well the previous night, being too full of apprehension and excitement.

However, subsequent nights were not as good, as several times each night I was rudely awakened by considerable penis pain, which I soon realised was being caused by a very hard erection. Now I realised the reason for the fairly massive plaster that the Doc had wrapped around: it had to withstand these onslaughts of raised blood pressure and stop the stitches being ripped out. These erections, of course, were being caused by the desire for a pee, and the only way to deal with this was to go as quickly as possible, which soon relieved the situation.

On close examination everything seemed to be fine. There was not much bruising and very little swelling. The Doc appeared to have done a marvellous job. As far as could be seen, the frenulum had been removed and the shaft skin seemed very tight. It was difficult to tell with the dressing still in place, as it was obviously preventing expansion of some of the skin. The following day, less than 24 hours after being cut, I was required to play the organ (not mine) in our local town church for a charity service. This was not easy, although I did manage to drive the car myself. I had to be somewhat careful with playing the pedals, which require a fair amount of movement of the lower half of the body. When asked by the vicar how I was, I told him the true facts, causing great embarrassment. This is when I realised that circumcision is not a subject that can be discussed openly, which is a great pity, especially when one has just gone through the experience and wants to share it with others.

Taking a shower was one of the most difficult tasks while the dressing was still on. The Doc had told me not to get it wet, which seemed rather difficult under the circumstances. His advice was to wrap it in cling film, which seemed to me to be very comical. So, I tried it, but immediately got the inevitable erection, which was fortunately not as painful as the nocturnal erections. With the aid of a flannel I was able to prevent most of the dressing from getting wet.

Eight days later on 12<sup>th</sup> December I went back for the after-sales service when Doc removed the heavy plaster bandage by cutting it off. For the first time I was able to see my



new dick, and I was so thrilled that I could feel an erection coming on, one which was not going to be stopped. I apologised, but the Doc retorted “Don’t worry about that! It’s useful so that I can see if I have removed the correct amount of skin. I don’t often get the chance to see an erect penis.” Strange, I thought, I imagined that most men would get a hard-on under those circumstances. But after all that, he did not remove the stitches, which surprised me. So, following the recommendation of many others who have been circ’ed recently, I whipped them out on the tenth day, but kept a clean dressing on until all weeping had ceased. I did not want to run the risk of getting suture tunnels, which can be so disfiguring – and appearance is all important to a man with a newly circumcised penis!

On 13<sup>th</sup> December, the ninth day after the circ, everything seemed to have healed beautifully, so I did not replace the dressing. For the first time I was able to experience a bare cut cock – and, wow, what an experience! It was so sensitive that I got a real hard-on in the middle of the street, and had to cover my front with my bag. In fact, I had to stop walking until things calmed down. And, what’s more, I was back at the organ playing for a carol service that same day! Fortunately, this effect soon subsided, and I was able to walk normally only a couple of days later. I started using an antiseptic wound healing cream at this point, which seemed to help to soften the scar and accelerate the healing.

A few days later I began to get the natural desire for some sort of relief. After all, it was now over two weeks since I had had any form of sex, and I was beginning to get desperate, but I had been told that I must desist for three weeks to one month. I realised that this degree of abstinence was not going to be possible, so I tried gently massaging the glans, avoiding any movement to the shaft skin. This seemed to work quite well and I brought myself to ejaculation, which was a huge relief. But during this process I had strange feelings inside my penis, as if something was parting company. I have no idea what caused this feeling, but I suppose it could have been the severed blood vessels floating around and finding their new positions. But this did cool my emotions and made me determined to show more restraint.

At five weeks after the op it became apparent that the frenulum had not been removed. There was a tight bridge of skin joining the shaft and the glans that was pulling the glans downwards quite considerably. This was even tighter than before circumcision, due, I suppose, to the shortening effect of the removal of the foreskin. The Doc agreed that he would do something about it, but suggested waiting until the original wound had healed thoroughly.

Five months after circumcision the frenulum was attacked, but when the wound had healed I was still not satisfied, as there was still a tightness, with a degree of pain during sex, and it looked very untidy. So, back to the Doc again! He agreed to do a radical frenulectomy,



but warned me that the tightness could be due to scar tissue, in which case further surgery would not ease the problem. However, I decided that I would take the risk. This proved much more painful than the original cut. The injections were quite nasty and the after-effects of the excision lasted longer. The frenulum is obviously a strange and difficult structure, causing annoyance to many people both before and after circumcision.

How does it feel after almost two years? Firstly, there is no regret at going for circumcision, even though there is a degree of disappointment. Now that I have got through the euphoria of the actual circumcision, my everyday life has returned to normal, and is no longer penis-orientated, which it was for several weeks. While it lasted, although exciting, this phase was quite worrying because, being self-employed, it was interfering with my work and causing a lot of lost time. Physically, things are much better. When flaccid, my penis feels very comfortable. I no longer have to choose between covered or bare glans, neither of which situation was satisfactory before cutting. Now, it just feels absolutely natural, better than either of the previous states, and has a better appearance.



However, I think that some people on the pro-circumcision groups exaggerate the benefits, to the point at which it becomes an all-consuming fetish. "Sex is a million times better!", they say. Well, it may be for some, but for others it will prove less exciting. Every penis is different, with different lengths of foreskin, different degrees of tightness, and different proportions of glans to shaft. All of these parameters contribute to the ultimate result. The anti-circ lobby makes a great deal of the reduction in sensation that accompanies the loss of the foreskin. They are not entirely wrong: I miss some of the exquisite tingling sensations that the foreskin used to produce, especially during the onset of erection. There can be no doubt that the stretch sensors in the foreskin play an important role in the sensations of erection and movement. Now I am sometimes uncertain whether I am actually having an erection, and have to check with my hand to feel if my dick is hard. The sensations during masturbation are also weaker, and a different technique has to be adopted. But when the technique has been perfected, orgasm is still good!

Finally, what about intercourse? There is a distinct difference, both for me and for my wife, who says it feels different, but can't quite explain why. There is undoubtedly a reduced sensation, which can be an advantage in that it reduces the risk of premature ejaculation. The tight shaft skin results in more friction, especially during the outward stroke, which gives a most pleasant sensation. But there are times when I find myself having to work so hard that my wife complains I am making her sore before reaching a climax.

So, in summary, I am proud of my new dick and proud to be circumcised, even though I have some misgivings. I have no desire to return to my previous state and in common with everyone else who has been circumcised as an adult, I wish

I'd had it done sooner. As the Doc said after the op, it is probably better to be cut before puberty, and then you will never know what you have missed! The converse is that I found the experience very emotional and would happily go through it all again – but I don't think I will bother with any revisions, as I am perfectly happy with it as it is!

*Dave – Notts.*

## Wilfred Thesiger R.I.P.

**W**ilfred Thesiger died on 24<sup>th</sup> August 2003 aged 93. Intrepid explorer, especially in Arabia, Thesiger's main interest as far as *Acorn* readers are concerned will lie in the time that he spent in Iraq. He lived with the canoe-borne marshmen of Iraq over a period of seven years, attaining acceptance only by learning the unusual skill of circumcision. This is recorded in his book *The Marsh Arabs*.

As a European Christian, he was finding difficulty in being accepted. For instance, the stricter Shias would not drink from the same cup as an infidel. This changed when he stopped in a large village in the Amaira country on his way north. After dinner, his host asked what Thesiger kept in his boxes. On being told they contained medicines, Thesiger was asked whether he was a doctor ("I know about medicine") and whether he could circumcise. At this stage, Thesiger had never performed the operation although he had watched it being carried out numerous times. So he took a chance and answered that he could. This led to a request for Thesiger to circumcise the host's son, Kharibid. It had been some years since anyone had come who knew how to circumcise and the boy could not marry until he had been done. Thesiger agreed somewhat apprehensively.

Amongst the Marsh Arabs, circumcision was often deferred to manhood and was done by specialists who travelled round from village to village, although Thesiger is disparaging about the technique and cleanliness of these practitioners. Often wounds became infected and took months to heal. Not unnaturally, there was some reluctance on the part of fathers to allow their sons to undergo this hazardous operation.

The operation was performed next morning in the open air with Kharibid sitting on a mortar and with a small crowd looking on. Unfortunately for Thesiger, the boy had an attached foreskin so his very first circumcision operation was not the most straightforward. Thesiger started to prepare a syringe to anaesthetise the area but Kharibid told him to "just cut it off" and couldn't be persuaded otherwise. He remained motionless during the operation and, at the end, just stood up and said: "Thank you."

After the operation was complete, the boy who had been assisting Thesiger himself sat down on the mortar and said: "Now it's my turn." With a shock, Thesiger realised that the nine boys standing round had all come to be circumcised – although boys is really a misnomer since the youngest was fifteen and the eldest twenty four. So Thesiger did as requested and operated on all of them.

By the time that Thesiger reached the next village, the news had spread and a score of boys were waiting to be circumcised. From then on, few of the people were willing to let the local specialists circumcise them. They preferred to wait until Thesiger visited their village, or they sought him out elsewhere. On one occasion, one hundred and fifteen turned up and Thesiger was hard at work from dawn until midnight. In *The Marsh Arabs*, there is a photograph of an Arab youth, naked except for headdress, sporting a clearly circumcised penis – witness, presumably, to Thesiger's skill.

Thesiger spent the final decades of his long life living among the Samburu of northern Kenya. Thesiger became embroiled in a series of disputes with local administration officials, particularly over them using a local witchdoctor to circumcise the young Samburu boys. As in Iraq, so in Kenya, the local practitioners caused pain and infection through their crude, unhygienic methods. When the officials took no action, Thesiger bypassed them and started undertaking the circumcisions himself.

Eventually, Thesiger became so frail that he had to return to England. But his heart was always with the native peoples whom he had befriended and who had befriended him. His attitude to circumcision was straightforward. He saw that it was an important rite to these peoples, he saw the butchering which they suffered for the sake of initiation, he knew this to be unnecessary and he took practical steps to ensure that the operation became the simple, relatively distress free ritual which he knew it should be. He is no doubt sorely missed by those amongst whom he lived for so long.

*Ivan Acorn*

## No Regrets

The first circumcised cock I ever saw was when I was about 6 at first school and stood next to a friend in the toilets. I asked him why his cock was different and he said he had to go to hospital and when he woke up that's what it was like. I remember saying to my mum about his willy being different and she just said some boys had to have that done.

I never saw another one until I was at middle school and we had swimming lessons. Out of a whole class there was only one cut guy. We never made fun of him and I must say that at that age I began to be fascinated by it.

It was when I reached secondary school that my eyes were really opened. Although still a minority there were cut guys a-plenty in the games changing rooms, and I got to see again that very first cut cock from first school. Andrew was loosely cut and the skin bunched behind his glans but all the cut cocks looked so much better and there began my desire to get cut.

When I was 19 I finally decided to do something about this. I had seen an advert for circumcision in the Sunday papers so wrote away for an information pack. It was being carried out by the Surgical Advisory Service – do they still



exist? – at the Marie Stopes clinic in London. I paid my money and went for the op.

The doctor asked me various questions as to why I wanted this done and then examined me. He said everything was fine and off to the operating table I went. I found the injections very uncomfortable. but after that I never felt anything. At that time (14 years ago) I did not know anything about styles. All I knew was I liked cut cocks from the porno books I had seen and wanted one myself. The op did not take long. I was bandaged and checked over and that was it. I was a cut guy at last. As I walked back up Tottenham Court Road I wanted to tell everyone that I was cut!



The bandages stayed on for a couple of days and then came off. The stitches soon followed. I ended up unpicking and taking them out myself as I did not want skin tunnels. I was finally cut, but I was not pleased with the result. I had been cut by the freehand method, and although the left hand side was fine, not as much had been taken off the right hand side so when flaccid the right half of my glans would be slightly covered by bunched up skin. It was also very lumpy. I contacted the surgeon and went for a check up. He agreed it was not perfect and was very apologetic but he would not consider doing anything for a full year as he said the swelling and scar tissue had to fully go down.

A year later I was booked in for a revision. Again I found the injections the worst part. The revision did not take as long as the original op, and I have been left with a high and tight circ. The skin is not drum tight, but then some slight movement is good...well I think so, and also I don't want my balls half way up my shaft. I have a very prominent scar about an inch behind the glans and the difference in skin colour from the inner and outer skin is very clear to see. I know not everyone likes the ring scar but I really find it attractive.



In 2000 I had one final revision when I had a frenulectomy carried out by a Dr D'Silva in Luton. That took quite a while to heal, but he has done a great job. My frenulum was rather large but it is now a very thin line with no pulling whatsoever. It took a year of massage with vitamin E oil to reduce the hardness of the scar so that today nothing can be felt where I had my fren removed. I would ideally love to have the classic V cut where the fren is totally cut out from the glans. Perhaps one day...

I have never regretted having this done!

*J.F. (rah1970@tesco.net)*

## Deadlier Than The Male – Again

In the issue 5/2003, there was reference to the TV series of uro-genitary ops carried out by Miss Christine Evans (*Deadlier than the Male*). It prompted me to re-run an earlier video.

This lady is the Clarissa Dixon Wright of men's underpant department surgery who, also a year or two ago, gave us a splendid demonstration of surgery for Peyrone's disease. The patient then was a very public-spirited guy who was bravely prepared to have the nation view his bits in widescreen. Prior to the programme we were given a public health warning that some of the photography was explicit – all the more reason to watch it for we circ devotees. Would there be a sighting of his status? Surely they couldn't show the operation and hide that?

The film started with an interview with the couple in their middle forties who had suddenly found their love life seriously curtailed. The man's pecker had developed a constrictive fault about half way up and refused to inflate properly above it. The resulting 'bendy toy' was literally not up to the job.

His wife, rather an attractive if modest and shy lady, (who wouldn't be, in this situation?), confessed that they wouldn't be seeking treatment in the form of this risky op. if good sex had not been an important part of their relationship hitherto.

At the consultation with Miss E and when she pulled down the guy's jockeys it was gratifying to see he was, against the odds for his age group, nicely circumcised. No wonder his beloved found their intimacy pleasurable, I thought. I could also imagine more than a few puzzled women at home challenging their partners with: "Yours doesn't look like that?"

On the operating table it was explained that once the patient went under, they would connect his penis up to a saline pump to induce and maintain a good erection during the whole operation. And so it was. This brought his penis up to full screen for extended close up scenes during which we could see his circumcision was a nice tight version of the operator's art. The sort most of us would be proud to own.

In the background were three or four assisting nurses whose eyes above the face masks showed more than a passing interest. The lady in charge of the pump seemed to be enjoying her job. There was a male nurse with a large Polaroid camera taking pics as commanded by Miss Evans whenever she paused for this purpose – which she frequently did.

The next bit was not for the squeamish as Miss E quickly applied the scalpel all the way around just below the coronal rim. Rather indelicately she likened this to 'skinning a rabbit'. As she stripped the whole shaft skin down to the base, the arterial plumbing was revealed in one gory trunk of pipes and inflated flesh. It became worse as Miss E attacked the fibrous tissues causing the problem. There were audible 'cracks' as this was snapped off to give the underlying erectile parts the space and freedom to work that they had previously enjoyed.

When Miss E reached critical points she gave cautionary commentary about the danger of cutting vital nerves with likely permanent loss of function – not comforting for the patient who was having it all done under local. He was conscious but couldn't see anything (a mercy!). However the lady operator seemed very skilled and knowledgeable. Her manner suggested jolly abandon but I suspected that she was, under it all, a clever woman exercising great care. How else could you risk playing this show in front of the cameras.

Later we learned there was a happy and successful outcome as the film followed up. The only negative thing revealed at the inspection was that the penis appeared to have healed with a looser circumcision and the remaining foreskin was bunched at the rim. This may have been deliberate. When quizzed as to why she hadn't made the incision at the half way point where the problem was, she said her reasons were merely cosmetic. She said she had followed the line of the original circumcision which gives a much better cosmetic result. So under all that brusqueness is a lady who really cares about men.

I'd love to watch her do a circumcision as I suspect she is very pro (only a hunch). However I guess they would be hard put to spin out the surgery for fifty minutes viewing. Then again if they went into history and interviewed a lot of circumcised guys 'before and after', maybe not.

Let's hope.

*G.D.*

## **But What's Best For His Brother?**

**O**n an internet discussion list recently, a mother told how, after some difficulty, she had arranged for her four year old son to be circumcised. She was delighted to report that the operation had been carried out successfully and without trauma to the boy. However, she had decided against circumcising her elder son, who had just turned 7. She felt that he was now old enough to remember the event well into adulthood, so it would be best for him to make the choice himself after he turned 18.

Some members of the discussion list questioned this decision. One said that, from experience, he knew that, when one brother was circumcised, it was highly advisable to get the other brother done as well, irrespective of age. Circumcision was one thing that could unite their brotherhood whereas one being different from the other could and had caused friction among some siblings.

Another member listed what he perceived to be the benefits of circumcision before the age of puberty:

- \* At this age, the boy's interest in his sexual development increases, and the advantages of circumcision can be explained convincingly.
- \* His penis and foreskin are larger than an infant's, allowing greater surgical accuracy.

- \* The glans is free to develop fully during the adolescent growth spurt, unrestricted by foreskin, allowing a more bulbous glans to form.
- \* The adolescent growth spurt may tighten the shaft-skin.
- \* He already has experience of the advantages and disadvantages of a foreskin.
- \* He can be told that circumcision is a preparation for the bodily changes of adolescence, including the greater need for cleanliness.
- \* Healing is likely to proceed rapidly, less impeded by the powerful erections of puberty.
- \* Circumcision can be promoted as a 'rite of passage' from 'boy' to 'man', bringing entitlement to respect.
- \* The decision is covered by parental authority to give consent.
- \* The matter is already up for discussion in the family, as a consequence of his younger brother's circumcision, and the elder boy can see that it is 'no big deal'.

A third member pleaded that the mother should not insist on waiting until the older boy reached 18. Now that his brother had been circumcised with little fuss, he might ask about it for himself. Furthermore, it was much easier and less of a disturbance to his life if he could be done before puberty. The mother should make sure that he knew that he could get circumcised at any time. A slightly more forceful reminder a short while before he changed schools at around 11-12 years old would be in order as this was probably the next best time to perform the operation.

It would be interesting to hear *Acorn* members' views on this subject. Leaving aside the question of circumcision at or soon after birth, if one son has to be circumcised in childhood, should any other sons be circumcised at the same time, or should they be left intact? And what about a step-son or an adopted boy brought into a family where his step brothers are circumcised? In other words, is uniformity or diversity best? Let's hear your opinions.

*Ivan Acorn*

## Boohbahs

I wonder if your members are at all aware of a range of children's toys, based on the *Boohbahs*, a television series. The toys are soft and come in a range of bright colours, each purporting to represent an individually named character. Most interesting of all, however, is the fact that each of these Boohbah's heads resembles a large glans penis complete with a roll of soft fabric that is exactly like a retracted foreskin. The head and plush prepuce look identical to the penis of an uncircumcised man! The 'neck' can even be rolled up or down to cover the dome-shaped head. The heads themselves look like nothing more than policemen's helmets. Me, I bought a purple Boohbah...

*K.G. - London*

# ACORN

Issue  
N<sup>o</sup> 2 2004  
Editor  
Ivan Acorn

## Editorial

The new *Acorn* website has been launched. For some years the Society has had a web presence but the URL (web address) was not intuitive and people tended to come across it only by chance. It was also very basic with a short 'mission statement' for the Society and an application form. In an information hungry world, the web is now the central information source and an internet search is the first recourse of information seekers. The Society needed to update.

We are grateful to Vernon for arranging the hosting of the site with its new, more obvious address – [www.acornsoc.org.uk](http://www.acornsoc.org.uk) – and to GD for redesigning the site and rewriting the material in user friendly form. The site now has a more extensive introduction, a downloadable application form and taster articles from back issues of the newsletter. The site can and will be expanded in the future, not least by providing links to other relevant sites. But web maintenance can be a time-consuming business and there is no intention of duplicating the other circumcision/foreskin sites already in existence with their extensive archives of articles and photographs.

Members of *Acorn* value the newsletter in its current form –

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E-Mail may be sent to:  
[editor@acornsoc.org.uk](mailto:editor@acornsoc.org.uk)

selected, edited articles over the whole range of the subject with the opportunity to contribute and debate, available in printed form (for those who wish). This will continue – that is guaranteed. But a more up-front, up-to-date web presence will be an invaluable aid in spreading the word about the Society and in recruiting new members. And for those of you without web access at home, why not venture down to your local internet café and learn how to access the new website. It might open your eyes to a whole new world!

## Editor's Column

### *Acorn* Society meets in Leicester

What better venue than the Cromwell Room for members of the *Acorn* Society, Cavaliers and Roundheads alike, to come together for their annual meeting. On the weekend of 26<sup>th</sup>-27<sup>th</sup> March, about 25 guys descended on the Ramada Jarvis Hotel in Leicester to share their mutual fascination with foreskins and circumcision. Some arrived on Friday evening and left on Sunday; others came just for the day. As with all events of this kind, the meeting was as much about informal chat at the bar and over dinner as about the formal proceedings.

The meeting proper took place on the Saturday afternoon, starting with Society matters. The Treasurer presented the accounts and the Society was shown to be financially sound with balances of over £2000. Recruitment was discussed; although renewals are at a high rate for 2004, the Society's long term survival depends upon recruiting new members. A budget was agreed and the Chairman and Treasurer were delegated authority to start a publicity campaign in cooperation with a couple of members who have offered help in this area. Future meetings were discussed. It quickly became obvious that the meetings are highly valued by the members and are, for them, an integral part of belonging to *Acorn*. The possibility of meeting twice a year was explored but a final decision was left until the next meeting in November. Ivan reported on the newsletter with which members seemed basically happy and Vernon talked about the development of the new *Acorn* website (see page 1).

The formal business having been despatched reasonably speedily, members broke up into informal groups to address the real business of the day – the discussion of foreskins and circumcision. It would be inappropriate to report these proceedings in detail for the whole point of this part of the meeting is to allow members to share in total confidence their experiences, hopes, fears, fantasies, questions, answers. For some, it was perhaps the first time ever that they had been able to discuss their interests openly in a sympathetic forum. Even for the veterans, it may have been their first conversation on the subject since the last *Acorn* meeting. The friendly, inclusive atmosphere meant that everyone soon felt at home, and groups formed and reformed naturally throughout the afternoon. For those wishing to browse the past, Vernon had brought all issues of the newsletter since the very first edition. Also on display was a TaraKLamp, although since it remained firmly within its cellophane package, one assumes that the same number of cavaliers left the meeting as arrived!

Guys fascinated by foreskins and circumcision have often in the past felt alone in their interest and therefore lonely. The value of the *Acorn* Society has been to bring such like-minded people together, to demonstrate that, far from being alone, they form part of a community diverse in age and background but united in interest and support for each other. For many, the newsletter is sufficient link into that community to sustain and stimulate interest; for others, the opportunity for actual conversation and debate is invaluable – long may the *Acorn* Society continue to facilitate this!

*Ivan Acorn*

## My Story

I heard of circumcision at an early age as I had a tender foreskin and my father did not have one at all. The (Jewish!) GP said he did not think it necessary for me to be done, so I wasn't.

I had a bush of curly pubic hair at the age of 11 before any other boy in my class and by the time I was 13 was indulging in mutual masturbation. I gradually extended my repertoire and at 19 was having sexual relationships with men usually several years older than me. This often included my taking an active role in anal intercourse. This puzzled me rather at first. Then one of them told me; my not overly big cock encouraged him to try something he had always been too scared to try. The rigidity of my erections was often commented upon too. For many years I had a very active gay sex life. Intercourse was not the be all and end all for me however. Seeing other people's bodies, kissing, fellatio, fondling and masturbation are equally valid. Long before AIDS I decided that wearing a condom was healthier and it also reduced the sensitivity of my foreskin; it was short, the skin was thin and easily hurt. It retracted itself on erection and sometimes got in the way. I wished I had been circumcised when a lad.

In my early 30's I was as randy as ever. I wasn't coming four times a day like I was at 16. But I made sure I did once a day, preferably with someone else. If not, I had plenty of porn mags (gay and straight given to me by a neighbour) to toss myself off with. He was bisexual and made me curious about losing my virginity with a woman. Eventually I met two couples where the husband was bisexual and enjoyed the threesomes (and occasionally foursomes with my neighbour) very much. I did not change my emotional and romantic attachment to men but I liked the contact of soft tits and vaginal intercourse compared with the hardness of the male body. The women and their husbands remarked too on the rigidity of my rod and the different feel of different cocks in their orifices.

To return to foreskins, my neighbour had a big fat cock but his foreskin did not retract easily and like so many men's cocks would have looked a lot better circumcised. I also had a relationship for several years with a colleague. He was short and stocky, good-looking, muscular and adventurous. His cock was big and beautiful with a very prominent vein down the middle. His foreskin was thick, long and ample and having had 'docking' demonstrated by another colleague, I showed him how to do it. It was easy to hold the glans of my erect cock under his

capacious (and always very clean and tasty) foreskin. I could not reciprocate with my tight short one. He had a very good example of a foreskin that worked well, gave extra pleasure and was attractive to look at. It would have been criminal for him to be circumcised!

In my mid-forties, my foreskin gave me more and more trouble with inflammation. It became cut easily with intercourse even when I wore a condom. GUM clinics prescribed creams that had only a temporary effect. One specialist said that circumcision was too drastic. I was really fed up.

I heard that an acquaintance a little older than myself had recently been circumcised, so I went to see him. He had had the same problems as me and eventually was operated on through private medical insurance and was so much better. I decided to see my GP and assert my strong wish to be circumcised. He referred me to the local Urology Department and the young female Asian doctor immediately agreed to the operation. I was elated.

The operation was carried out in day surgery under general anaesthetic. Beforehand the two surgeons discussed with me what I wanted. I refused a local anaesthetic which I could have had in addition to the general; I did not like the idea of a needle in my manhood! I asked for the skin on my shaft not to be very tight – I wanted a little give in it. I was out for twenty minutes and came to in a small ward. My cock looked barely recognisable with the stitches, bruising and swelling. Not long after, I was padded and strapped up and taken home by a friend. The pain was negligible and I never had to take even an aspirin. The general anaesthetic took about three days to wear off and I enjoyed the long sleeps I had. After three days I took off the bulky dressings and strapping but a couple of days later I woke up in some pain with a hard-on. In the bathroom I discovered that I was bleeding somewhat, so I put on a new dressing for a couple of days more.

I never looked back. I was off work for a week and the walk to work, my first since the operation, was a bit painful but pleasurable so. I felt my knob rubbing against my pants. Since then I have been much more aware of my prick and get erections in my trousers more often and without any discomfort. I like its streamlined look when it is erect; when it is flaccid it is slightly bigger than before since it does not have a foreskin into which to retreat. Intercourse (even anal) is a pleasure not a pain: I should like some vaginally now and again. I can now masturbate in two ways – moving the skin of the shaft up and down or moving my hand over the skin of the shaft and knob. The latter creates some friction and is best done with a little lubrication with KY. For some time I have very much enjoyed using a vacuum developer. I'm not bothered about making my cock bigger, and its hardness and angle of erection have not altered since puberty. But the erection produced so quickly is intensely pleasurable, even more than with your own hand and your cock does expand more in the tube. You will want to delay ejaculation for quite a while. My circumcised cock delights in this treatment – I couldn't have done it before. Another side effect is that I don't have dribbles running down my leg after a piss. Before, I always drew back my foreskin and shook my cock but there were always some wayward drops.



So, I was circumcised – at the grand old age of 52! It made a difference to my sex life and my self esteem. Friends who have seen before and after like the result. I'm now 56 and semi-retired and find that I am fitter and need sex more often than when I was working full time. My circumcision has given me confidence to seek new adventures. I should welcome hearing from other members of their experiences, techniques etc.

*A.C. – Stockport*

*vintage472003@yahoo.co.uk*

## Epilogue To Circumcision

**A**s a new member of the *Acorn Society*, I have been following with interest the various views that have been expressed regarding its ethos, in particular whether it should be a society that promotes circumcision. I was also very happy to supply the three-part story of my circumcision. All is now revealed!

From the moment when I first discovered the glans lurking beneath my foreskin, through the period of experimenting with skin-backing to the permanent state, I had always hankered after a bare glans, a desire that seemed to be totally irrational. Now, having been circumcised, not because I felt an imposter, as has been suggested, but because I had been caught up in the fanaticism of pro-circ groups on the Internet, I also thought that sex might be better with a tight shaft skin. My enquiries of the various groups were met with replies such as “Sex will be a million times better!” and “You’ll never regret it!” and “You’ll wish you had had it done sooner.”

Well, after two year’s experience as a cut guy, I am just slightly disappointed, as I don’t seem to have reached the heights that were promised. I have a penis of which I am very proud, which looks better, which feels better when flaccid, and which is cleaner. And it works well, and I still get great pleasure from using it. But I miss very much the wonderful sensations that the stretch sensors in the foreskin used to give. The onset of an erection is less exciting, and I sometimes have to work so hard that my wife becomes sore before I reach a climax. I remember discussing this with the Doc when I went back for a frenulectomy, and his comment was that circumcision is best done before puberty, so that you don’t miss what you have never experienced.

If I could turn the clock back, I think I would still go ahead with circumcision, but it is not nirvana, neither should it be promoted as such. There can be no doubt that the effects of circumcision and the degree of satisfaction obtained from it will depend on many factors and will be different for every individual. It will depend on the tightness of the foreskin, its length, the relative sizes of glans and shaft, the sensitivity and age of the man. All of these parameters should be taken into account before making the decision to be cut.

My feelings now are that, despite what the Doc said about being cut before puberty, I found it an amazing experience, an experience that would be denied a

man if he were cut as a baby. I am therefore not in favour of infant circumcision. But regarding adult circumcision, I think it should be considered very carefully and not rushed into with the impression that sex will be raised to unimaginable heights.

When I joined the *Acorn* Society, I was assured that it had a good mix of cut and uncut, gay and straight, shaved and hairy. This is the way it should remain, and it should not be allowed to degenerate into yet another pro-circ lobby. There should be no pressure one way or the other, so that we can all simply rejoice in the delight we gain from discussing, comparing – and using – our penises. Having read the most sensible and balanced article written by the Editor in issue 2/2003, I was somewhat taken aback by the bigoted and rather offensive article that appeared in the next issue. Let us keep *Acorn* as an open society, with members of all sexualities, some straight, some gay, some cut, some intact, so that nobody feels inferior and everyone is able to hold open and easy conversation.

*Dave – Notts.*

## Comment on Dave's Story

Part three of the story of Dave's dick (issue 1/2004) made interesting reading, enhanced, I must add, by the photos. I would like to congratulate Dave on what I see is now a smooth, firm and very handsome cock. How does it feel to a red-blooded heterosexual to have another guy admire his cock...?

Feeling 'absolutely natural' is a curious, seemingly contradictory concept for one who has just had part of his cock removed, but I can somehow see what he means. I too take the view that a well-cut cock somehow looks more 'natural'. There must be a psychological reason for that somewhere. I look forward to the day also when, like Dave, I no longer have to choose between a covered or bare glans, and can lose that flap of skin which hides, and prevents from full development, potentially the most attractive part of a man's whole body.

The frank way that Dave assesses his post-op situation, including the short-comings, is laudable. I admire his conviction that, regardless of everything, circumcision was the right thing to do. It absolutely was, of course.

*R.M. – Suffolk*

## The Cavalier Viewpoint

At the risk of reopening the debate, I take the *Acorn* year of 2003 as a representative sample over a representative period, and have to conclude that the magazine content has progressively moved towards the pro-circ lobby. There was just a solitary single paragraph item 'In praise of the penis' in issue 5. Nothing at all in issue 6 of a pro-foreskin view. Through the full six issues, I can identify only five pro-foreskin pieces, including mine in issue 2.

Amidst the bias furore in mid-year, a voice of reason and moderation emerged from David, our former long time editor. He put things into perspective with his original definition of *Acorn* as a group “interested in foreskins and circumcision” and for everyone “interested in getting their cock into the best possible shape” (presumably whether circumcised or not). His final observation was extremely telling: “had it not been for debate and simply a one subject group, it (*Acorn*) wouldn’t have lasted two years”.

I fear that this is exactly what is happening and that the debate is waning. Not just with the balance of articles in the magazine over which I accept our editor has no control, if content from the pro-foreskin lobby simply isn’t forthcoming. But more fundamentally, shouldn’t we be considering why the pro-foreskin lobby is increasingly poorly represented? Here I believe is where the subtle but very potent reason lies for *Acorn* as an organisation moving slowly but surely to a one subject, pro-circumcision group.

Of the five pro-foreskin items in the year, two were promptly rounded on and condemned – “We don’t want to read about smelly foreskins” was directed at Y.A., and R.B.W. then had a barrage of three condemning pieces in issue 3. After braving this for many years he has sadly thrown in the towel (an excellent way to do it with the book review in issue 3, also subsequently denounced of course). OK, it’s a viewpoint and obviously held by a majority in *Acorn* but if R.B.W. is pilloried for hating his circumcised state, what about the continuous torrent of “hated foreskin”, “repulsive elephant trunk”, “useless bit of skin”, and, in issue 6, “spared (by circumcision) the encumbrance of my anteater in sexual activity” – even more contentious but never, at least in the magazine, condemned or even criticised. Equally extreme, the steady stream of revision circumcisions and DIY circumcisions recounted in graphic detail. Anathema to me, but tolerated as a topic within David’s “group interested in foreskins and circumcision” definition. On the other hand, mention smegma, an equally valid topic within the definition, and “we don’t want to read about smelly foreskins” is the cry. Clearly what is sauce for the goose is not sauce for the gander. There is imbalance, but in reaction more than content – if you’re pro-foreskin you are either in possession of a smelly foreskin or rabidly anti-circumcision.

This situation must in time squeeze out contributions from, and subsequently membership of, confirmed cavaliers and any anti-circumcision lobby. “Good riddance” would certainly seem to be the verdict for R.B.W., from those who can’t stomach any strong but logically argued view opposed to their own.

Let me say: those in possession of a foreskin, sadly or not, are in the majority, and an increasing majority, and they have the more promising future. This is why perhaps, in contentment with their state, they don’t feel the need to argue their case. It’s argued for them by sheer weight of numbers of those intact, as nature intended, and enjoying all the benefits that it endows. My diminishing personal reason for remaining as a voice in the growing wilderness of *Acorn* is two-fold.

1. I am not anti-circumcision. Circumcision for religious reasons – OK. For the very few medical reasons, BXO but little more – OK. Even for so-called aesthetic

reasons, including revisions and DIY – OK, but only if past the age of legal majority. Younger than this, an infant or boy is not mentally or sexually mature enough to make his own adult decision on circumcision in possession of all the facts. It is wrong for someone else, even his parents, to make that decision for him.

2. As a cavalier who had a foreskin problem – yes, a tight, overhanging anteat – and very nearly succumbed to misguided medical opinion and circumcision. With knowledge now proliferating on what can be done non-surgically, I have, albeit in middle age, cured the problem with dilation to stretch my foreskin. Even before this, I was aware of some of its benefits. Now I experience and enjoy the full package. Had this information, not discovered by me until a decade or so ago, been available 40 years ago, I could have enjoyed a more fulfilled sex life. I hope my successful non-surgical experience might encourage those younger with a similar tight foreskin (and I'm sure there are many) to correct the problem and preserve and enhance their foreskin benefits.

So my position is pro-foreskin, not anti-circumcision. I simply support the minimisation of unnecessary circumcisions. I won't reduce my argument for this case to an anti-circumcision rant even though some of the pro-circ lobby avidly resent this. In issue 3, JH says that he will be waving farewell to *Acorn* if it veers from being pro-circ. This is like the little boy taking his bat home if everyone doesn't play the game his way. As for those of us remaining in the pro-foreskin lobby, let me challenge the pro-circ lobby (nay, all members) to reread my piece 'Foreskin Benefits' in issue 2/2003 and, unlike when it first appeared, be prepared to make some observation, or better still, logically debate, contest or even agree with its content.

As our editor said when he took over, the worst thing is not criticism, but silence ... to which I add the rider – providing that the criticism is not totally destructive and has some worthwhile foundation and sound logic to it. I wait to see whether we still have healthy controversy and worthwhile debate in *Acorn*. Or may it just be that my list of foreskin benefits is complete and correct – Q.E.D?

*F.S. – Derbyshire*

[Editor's note: the benefits of a foreskin listed by FS in issue 2/2003 were as follows:

1. Protection of the glans so it's kept sensitive and moist, and therefore much more receptive to the subtleties of foreplay, intercourse or masturbation.
2. It has "frenar bands" around the inner walls of its tip. These numerous nerve endings are supremely sensitive to heighten the sensations from almost every type of sexual activity.
3. It gives its owner flexibility. With full coverage, a man can retract partially, or totally to simulate a short foreskin or a circumcised state. Not possible, unfortunately, from the circumcised corner.]

## Circumcised For Masturbating

I was circumcised on my fifteenth birthday – my mother said that that was my birthday present for that year. This was many years ago and some of the facts are forgotten, but others are as yesterday.

I was caught masturbating maybe a dozen times, always in my bedroom, in bed, pumping away. I always got a tongue-lashing for doing it and scolded that it was a very bad thing. I was warned of the dire consequences: my father would be told and then I would go to the doctor to straighten things out and stop the nonsense. Finally my mother took me to the doctor and had me cut in his office. I watched the whole procedure in horror. I was strapped to a steel table as he first cut the end off and the skin dropped down showing the meat underneath. It looked like a freshly opened can of Spam. Then the doctor used scissors to go around the head. I can remember the knife and scissors cutting. It hurt the worst when the skin underneath at the frenulum was finally severed. I don't remember any needles or anything but there could have been. It all took no time. Only the sewing took time and he didn't get the skin lined up perfectly – but it's OK. The penis was really swollen and black and blue for a week then it healed up in about 3 weeks so no bandage was needed.

It is a tight circumcision. I was left  $\frac{3}{8}$  of an inch of frenulum and about three quarters of an inch of foreskin on the top. I had to put a sock over the head as I kept getting erections from the chafing. I couldn't jerk off for about a year until a friend told me about Vaseline and I was back in business. I was warned that I would face worse consequences if I still tried to masturbate.

I had my two sons cut at birth and they see nothing to it. They like it and think that it is the normal way. My son has his own son cut. They cut him really tight so the balls come up the penis quite a way when he has an erection. He said he couldn't masturbate and he has just got married at eighteen! Too bad so young.

I have much interest in the subject and I am now very glad they did it to me as the women always loved my being cut.

*Old Joe*

## Celebrity Circumcision – Richard Branson

(From an interview for the Daily Telegraph  
in March 2001 by Giles Brandreth)

Richard Branson's first marriage, to a 20-year-old American girl, Kristen Tomassi, didn't last long. According to Richard, they had "a bizarre sexual allergy to each other. Whenever we made love, a painful rash spread across me which would take about three weeks to heal. We went to a number of doctors, but we never resolved the problem. I even had a circumcision to try to stop the reaction. Being circumcised aged 24 is not a good idea, particularly if the night after your operation you find yourself watching Jane Fonda's erotic film *Barbarella*."

## Remembering Thesiger – and T. E. Lawrence

The title 'Wilfred Thesiger R.I.P.' in the Contents of issue 1/2004 at once caught my eye, and I read the article with avidity. Thesiger was a really remarkable, not to say, unique man.

I have the American editions of the four Thesiger books: *Arabian Sands* (1959), *The Marsh Arabs* (1964), *The Last Nomad* (1979-80: British title *Desert, Marsh and Mountain*) – all published by E. P. Dutton, and *The life of my choice* (W. W. Norton 1987-88). I also have *Marsh dwellers of Southern Iraq* by Thesiger and Gavin Maxwell<sup>1</sup>, in the February 1958 issue of *National Geographic* magazine. I presume that the photograph mentioned in the article, of a naked circumcised youth, is the one printed as Plate 6 of the Dutton edition of *The Marsh Arabs* where it is captioned 'A boy from Qubar'. The same photo appears on p 207 of *The Last Nomad*; there it is captioned 'A boy of the Central Marshes'. However, in both cases the photo is so dark that the boy's genitals cannot be seen. I suspect that the publisher purposely had the prints darkened and the genitalia obscured. There are other nude photos in *The Marsh Arabs*, but none of them shows genitals.

There are several mentions of circumcision in Thesiger's first book *Arabian Sands*. For instance, on p 64 and Plate 17, there is fifteen year old Bin Anauf "a handsome youth with brooding eyes and a curious cock's-comb of hair, a sign that he was still uncircumcised". Cf *The Last Nomad* pp 43 and 78. On pp 91 and 92 of *Arabian Sands*, Thesiger describes an extreme form of circumcision (also described by Sir Richard Burton) in which not only the foreskin but the entire skin of the penis is removed.

In sharp contrast to such travellers as Thesiger, Charles M Doughty and (especially) Burton, T. E. Lawrence (of Arabia) seems to have ignored or sidestepped the topic of circumcision in his writings. I have collected writings by and about Lawrence since 1984, but so far I have found only one reference to circumcision, and it is a figurative and rather playful one. Writing to E. T. Leeds from Carchemish, Syria on 4 April 1914, Lawrence remarked: "Months since I wrote: – and now the circumcised are with us. You, O Leeds, cannot appreciate what a Cowley upon the Euphrates is..."<sup>2</sup>. The reference is to a visit to Carchemish by Sir Arthur Ernest Cowley (1861-1931), sometime Bodley's Librarian at the University of Oxford. The editor, J. M. Wilson, states in a footnote that "Dr Cowley was the world's leading non-Jewish authority on Rabbinic Hebrew Literature". Some have speculated that T. E. Lawrence himself was circumcised. It's certainly possible (he was born in 1888); but I have found no evidence of statements that he was cut or uncut.

M.S. – USA

<sup>1</sup> Thesiger, not an easy man to work with, remarked that "Gavin Maxwell's *A reed shaken by the wind* was a brilliant piece of verbal photography, but at such close quarters I found him trying, inclined to be querulous and neurotic" (*The Last Nomad* p 174).

<sup>2</sup> T. E. Lawrence: Letters to E. T. Leeds (Whittington Press, 1988) pp 98f.

## Pearly Penile Papules

Pearly penile papules are pinhead-sized outgrowths arranged neatly in rows on the sulcus or corona of the glans penis. Sometimes mistaken for genital warts, they are in fact harmless and do not require treatment. They are not contracted or spread through sexual activity. Almost half of all men may have a few of these but they appear in abundance in perhaps up to 20% of men. Several studies have shown that they are twice as likely to occur in uncircumcised as in circumcised men.

In one study eight hundred and forty consecutive male patients were examined for the presence of pearly penile papules. The age and presence or absence of circumcision were recorded. Two hundred and fifty-three (30.1%) patients had lesions, and there was a significantly increased incidence of pearly penile papules in uncircumcised men. The incidence of papules was greatest in young adults and tended to decrease with increasing age.

Often, lesions cause great anxiety to patients until their benign nature is clarified. Even then, their presence can cause embarrassment since the man fears a negative reaction from potential partners when they are first seen.



One member of *Acorn* suffers from these papules and writes:

"I have a 'condition' which I have now learned is called Pearly Penile Papules. These white spots on the corona of my penis caused me such sexual anxieties as a young man that I elected to live a very sexually inactive youth. I saw a doctor about them years ago and he assured me they were 'normal' and harmless but to me they were a great source of embarrassment. I have now learnt not to let them be a reason for sexual inactivity. To be honest, few people have ever taken notice of them, or should I say have ever chosen to comment about them. In fact, there has been only one occasion when someone commented adversely about them in a sexual situation.

"At the moment, they are covered by my foreskin, and when I am erect, my foreskin sits neatly behind the corona, thus (sort of) hiding the little blighters. But if I were to be circumcised, they would be out there all the time! Without my foreskin there would be no hiding them! For me, their removal is a priority over circumcision. I know (because I have encountered these papules on two former partners) that during oral sex they can be felt by the tongue. I have three very prominent ones around the area of my frenulum and they can feel like grains of sand. All in all, this does not lead to great sexual confidence.

"I would so desperately like to be rid of these 'things' so that I have no fear of embarrassment over my penis. My research on the Internet has led me to believe from American websites that these papules can be removed successfully with the

use of cryotherapy (sounds risky and painful) or laser therapy, but I cannot find an organisation that seems to offer these procedures in this country. Do you have any information about this that may be of assistance to me? Amongst your members, so to speak, is there anyone who had the same problem and has had a successful treatment?"

*Ivan Acorn*

## A Thirty Year Wait

**A**s a new member, I do appreciate your forum on the subject of circumcision, especially as it affects one personally. Here in the USA, as I grew up, almost all my school mates were circumcised. My father thought it was some scheme to enrich the physicians. In the 1930's, people were out of work and not ordering babies. So my father argued that they were adding \$50 circumcision fee to every boy baby to make up for the fewer births. He didn't think very globally. So while my older brother was circumcised, my younger brother and I were not. To make matters worse, my mother laughed about it a lot, calling this lone red-head her 'different' son.

I didn't have to be at Kindergarten long to have someone tell me my penis was funny looking as I stood at a urinal. Mom's solution was to hide. I found a way to go to schools that didn't have but one year of gym class instead of six and I paid my own way for this private education to avoid the embarrassments. I was a very handsome young man and everyone seemed to be looking for that defect in me.

Now, some are issued with foreskins that fit and some get extra, extra large that are unattractive even in Europe and the UK, I'm sure. In America, they are freakish! In the US army, at age 22, I had another soldier totally embarrass me in the shower room in front of about 20 other naked circumcised guys, asking about my 'stump'. Poor fool apologised profusely when he found out I was the C.O's clerk. I did find a time later at night to take my shower with fewer people. I remember being checked out of the US army with a large group of black men and in this circle, there was I, the only foreskin. It is not fun to look unusual there. All during this time I wanted to be circumcised but couldn't figure out how to get it done.

After my first son was born and circumcised, I showed up at a physician's office and asked about it. He treated me like I was truly weird and actually told me it was an issue that I would never get over. Perhaps he was prophetic. He sent me to a urologist who kept me overnight in hospital and did it under general anaesthetic. He left it with more skin on one side so it could be 'winking'. He also left a stitch that appeared as a bump for about 20 years before I had it removed by another surgeon. Should have had it all straightened out that day.

One of my swim chums actually called my asymmetry to my attention one day although he still has all of his foreskin. As a daily swimmer, I still see men who have their foreskins who are very careful to dress as privately as possible. I know that they were affected as I was as the odd man in so many situations. It is a



selfish parent that does not think of the community that a boy will grow up in. My father supposedly said: 'Let them wear it off as I did.'

I have two grandsons. Only one is circumcised as the Mom couldn't bear to see the other done. Of course, she didn't grow up in a boys' locker room. In the US, women get a lot of privacy and expect that men get the same. I'm still working on that case lest he feel he's the odd man somewhere. Of course, in the US, there's a move to circumcise less, promoted by health insurers and some liability cases such as my daughter-in-law reported about a micro-penis accidentally circumcised causing a big problem for an already big problem. I wish that I had never had to give it a second thought. I do know that I have had 30 years of much better sex after 30 years of tearing of foreskin and pain at every intercourse. Yes, I really was a good candidate for circumcision and you can't wear it off, dad.

I encourage any man who wants to have this minor operation to go for it. You have nothing to lose but a piece of skin which often causes problems. You'll look better and feel better about yourself. Find a doctor that does it often!

*Californian*

## Synechotomy – An Alternative To Circumcision?

**S**ynechotomy, Yes; Circumcision, No. That's the message of the distinguished Mexican physician, Professor Straffon. He is a paediatric surgeon who has spent much of his working life studying the male prepuce. His conclusion is that circumcision is not only unnecessary, it is positively damaging. He believes that the foreskin has multiple protective functions – from embryo through to old age – and that it plays an important role in sexual reproductive activity.

However, Professor Straffon does support the practice of synechotomy and he has been promoting this for over forty years. The purpose of synechotomy is to free the adhesions between the foreskin and the glans and then to stretch and retract the foreskin so that the glans can be fully exposed. This should be done at about the age of three months. Adhesions, Professor Straffon believes, are used by medical practitioners as an indication for circumcision, especially in the United States. Removing adhesions cures the problem whilst preserving the foreskin.

Professor Straffon advocates performing the procedure in a single operation, always using synechotomy forceps. These enable the adhesions to be separated, the opening of the prepuce to be expanded with gentle dilation and the foreskin to be fully retracted back from the glans. There are no probes, nor rough or repeated manual handling. The process is easy, quick (10-20 seconds),



Synechotomy Forceps

undamaging, non-mutilating, and almost painless. After the operation, a cream or ointment containing a powerful anaesthetic, a non inflammatory steroid, and an antiseptic should be applied to the area for a period of at least 10 days.

Synechotomy is important not only in preserving the prepuce, but also in the provision of hygiene in the uncircumcised. Retracting and stretching the prepuce while urinating and during bathing – even in pre-school children – to expose the glans of the penis helps produce early a lifetime habit of genital hygiene. Professor Straffon likens synechotomy to vaccination or immunisation as a measure to prevent future illness. Synechotomy avoids problems such as balanitis, phimosis, smegma, cysts and paraphimosis. It has the same prophylactic advantages as circumcision without the mutilation caused by that operation.

By means of synechotomy, many Mexican and Latin American little boys have been spared prepuce excision, and have been able to learn correct early genital hygiene that was previously unknown in uncircumcised children. Professor Straffon insists that presently there is no scientific evidence to circumcise a child or adolescent, if such boys have been taught early genital hygiene after synechotomy.

Of course, synechotomy goes against the current received wisdom that adhesions should not be forcibly broken but that the foreskin should be allowed to develop naturally, at least over the first five or six years of life, by which time, in most cases, it will be fully retractable. However, the operation does hark back to an earlier era. In those days, if a baby boy had not been circumcised, the mother was encouraged to ease back the foreskin gently and gradually at each bath time. But if sufficient progress had not been made over the first few weeks of life, the doctor or clinic nurse would then separate the adhesions by forcibly pulling back the foreskin, often to the severe discomfort of the baby.

It is unclear whether Professor Straffon advocates permanent retraction of the foreskin where this can be achieved. If the foreskin is permanently retracted from an early age, its full development may well be inhibited, resulting in a short foreskin. Many would see this as the ideal solution – a permanently exposed glans but with a residual foreskin retained to add sensitivity during sexual activity.

On one of the fathering internet discussion boards, a father strongly recommended the procedure:

“I advise parents of boys with unretractable foreskins to submit them to synechotomy, as an alternative to circumcision. My sons were treated with synechotomy at the age of six months and they have been taught since early childhood to wear their prepuces retracted. They have never had smegma nor a sensitive head. This practice is very healthy and aids the correct growth of the penis and the glans in puberty. The constant push of the rolled skin behind the



Foreskin Covering



Foreskin Retracted

head makes the edge of the glans more prominent, which then impedes the prepuce from going forward. However, if after puberty, the foreskin is too long for it to remain retracted, I then recommend circumcision.”

*I.G. – London*

## More on Jewish Circumcision

**A**nthony in his piece ‘No Taking The Michael’ (issue 6/2003) claims that in Biblical times, Jewish circumcision consisted of the excision of just the protruding tip of the foreskin. With all due respect, I believe that even before the times of Judas Maccabees (at around 140 BC) circumcision almost certainly resulted in a completely exposed glans. While it is well known that circumcision methods changed at that time, and the tearing of the remainder of the inner foreskin was introduced, it is also well known that this change was introduced to make ‘foreskin restoration’ impossible, which was attempted by many Jews in order to fit into the non-circumcising Hellenistic environment, for example at the public baths or the gymnasia. If the ancient method of circumcision had not resulted in an exposed glans, which made the Jews when naked unmistakably recognisable, the Jews would not have wanted to hide their circumcision before the Greeks, and the whole problem would not have existed.

I have one more argument proving that the ‘original’ method of Jewish circumcision had indeed resulted in a completely denuded glans.

Circumcision (or the equivalent surgery of the penis) evolved separately in most hot climate areas of the world. The motivation behind it was, most probably, a mixture of practical observation and spiritual beliefs. A tight and unretractable foreskin carries the risk of serious infections and inflammation, especially in a hot climate, and especially if the foreskin is very long. In addition, a too long and tight foreskin would hamper proper intercourse and thus procreation, which would result also in a deadly danger, the ending of the community. The bare glans is also a symbol of manliness and genital power, which is why circumcision is often a rite marking the passage to manhood.

Consequently, the denuding of the glans was introduced in all communities which lived in hot climates. The process was most often the removal of the foreskin, but sometimes it was made by a long dorsal slit of the foreskin, which also resulted in a bare glans, with the remains of the split foreskin hanging down on either side. (The most unusual way of denuding the glans is the buttonhole technique, used by the Masai in Kenya, whereby they make a vertical slit in the foreskin, like a buttonhole, then pull the glans through it.)

In contrast, circumcision was not introduced in communities in cool climates (most of continental Europe and Asia), among people which had quite short foreskins (in South East Asia), or had constant problems with overpopulation, such as the Greek communities of the Eastern Mediterranean. Men of oriental races (Japanese, Chinese, Viet, etc.) grow quite short foreskins, and they are expected to keep the foreskin pulled back behind the glans after puberty, so they

do have a bare glans. (A short foreskin held pulled back is almost indistinguishable from a loose circumcision!) It is well-known that the ancient Greek cities had a constant problem of overpopulation, due to the lack of space and the lack of enough food. (You just have to look at the map of Greece and the Greek archipelago: high mountains, few arable lands and the sea all around the place.) Birth control was a great problem then, and it resulted in a rule requiring men not getting married before turning 30. I suspect that the institutional pederasty (in its original meaning, sexual encounter or at a least petting-type of thing between mature men and juveniles) was also part of the birth control rules, as was 'infibulation', the use of a leather strap to keep the foreskin long and tight (as it very clearly appears on Greek sculptures, vases etc.)

The Israelites (the people of Abraham) were one of the nomadic peoples of the Middle East, along with the Arabs (more precisely, their ancestors), living in a hot climate, with a constant problem of not enough people at hand. Circumcision there was introduced probably ten thousand years ago, and to serve its purpose, it must have involved the complete denuding of the glans, as it is the essence of the process. The ancient method, applied also by the Israelites (Jews), must have been the pulling ahead of the skin, as far as possible, and cutting it right before the glans. Naturally, the glans was protected with some device, such as a piece of wood. After the cut, the remaining skin was pushed back and the wound bandaged. The result is a 'high' circumcision, which can be loose or tight, depending on the amount of skin cut off, but the glans is bare, with more or less skin bunching up behind it.

In the past centuries, circumcision was introduced in several regions in which the climate and other circumstances would not have made it inevitable. The spread of Islam is one of the major factors, but I suspect that in most areas where Islam has become the main religion (Middle-East, parts of Africa) circumcision was already practised. In Western Civilisation, most notably, in the English-speaking parts of it, circumcision was introduced mainly on preventative medical grounds, which are now receiving more and more support from medical research projects.

*Andras - Hungary*

## A Date For Your Diary

**T**he next meeting of *Acorn* will be on 12<sup>th</sup> & 13<sup>th</sup> November 2004 at a venue in the Midlands. More details later but make a note in your diary now!

# ACORN

Issue  
N<sup>o</sup> 3 2004  
Editor  
Ivan Acorn

## Editorial

**T**his is an issue of contrasts. We start by looking at those guys amongst us who are so committed to being fully circumcised that they have undergone a second cut. And there is another group of members queuing up behind them to travel down the same route. At the other end of the spectrum, Smurf tells us how he tended Ashley's phimotic foreskin, originally destined for the surgeon's scalpel but now in full working order.

We go to Scotland to hear JT's story – he had to come south to get his circumcision. Does anyone know whether elective circumcisions are available north of the Border? And then to Hungary where Andras tells us that circumcision is becoming increasingly popular, so much so that Andras runs a Hungarian equivalent of the UK Circlist mailing list.

And as ever there is a note about celebrity status. David Beckham's status remains elusive even after the allegations of his affairs and his triumphs and disasters in Euro 2004. However, perhaps the attention has now shifted to Wayne Rooney. But with his background he can't be anything but uncut...can he? Next issue it will be the artist Damien Hurst who is uncovered.

*Ivan Acorn*

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### Second Time Around

Most uncut men blanch at the thought of undergoing circumcision. How is it then that there a number of men who line up to be circumcised not once, but twice, or even more? Out of the current subscribers to *Acorn*, 84 are circumcised and, of those, 20 have undergone at least one revision circ. It's obviously a matter of interest as to why these guys underwent the knife a second time and I therefore invited members who had had a revision operation, or who were considering one, to complete a questionnaire. Thirteen questionnaires were completed, seven by guys who had already undergone revision, six by guys who were seriously considering it.

First interesting fact. Of the thirteen in the sample, twelve were circumcised as adults. Is it perhaps that when one is cut as an adult, one has expectations as to what the results will be, whereas if one is circumcised in infancy or childhood, one accepts the penis as you have always known it? Three of the first circumcisions were carried out for medical reasons – phimosis, balanitis, very sore foreskin. A further three were carried out for medical reasons but there were also aesthetic motives. Perhaps the medical conditions were used as an excuse to fulfil a wish to be circumcised? The remainder were all elective – for aesthetic or other reasons.

First circumcisions usually resulted in the glans being exposed in a flaccid state but with some foreskin remnant bunched behind the glans. In two cases the glans was still partially covered. On erection, in three cases there was still bunching behind the glans; in the remainder, the glans was fully exposed but there was slack in the shaft skin. The frenulum was left untouched in all but two cases. The style of cut varied: 50% high, 50% low (where high is arbitrarily defined as having at least one inch of inner foreskin left).

The guys who have had a second cut must obviously have been dissatisfied with their first circumcision. Why? One member put it very succinctly: "I wanted the glans completely exposed." This seems to sum it up for most of the others although they were more explicit about the finish achieved: "Skin bunching"; "Too much shaft skin left"; "Sometimes loose skin would almost half cover the glans"; "Too much foreskin left on". Even though only one out of seven had the frenulum removed on the first cut, none of the other second timers quoted the retention of the frenulum as a defect of the first circumcision. Nevertheless, three had it totally removed on the second cut, and one partially. Perhaps the frustration after the first cut of not having the glans exposed subsumed disappointment that the frenulum remained. As one guy said: "Having seen photos where the glans rim was fully exposed, I decided to have a radical revision performed to ensure that the glans rim and groove would be exposed even when completely flaccid." Such aspirations were only likely to be achieved with a complete frenulectomy.

The second cuts all resulted in low cuts – one guy was left with  $\frac{3}{4}$  inch of inner foreskin, everyone else with much less. High and tight was obviously just a dream for these guys – but perhaps too much inner foreskin had been removed first time

to allow a high finish. So, did they at least get the tight finish they craved? Not completely by any means. Four guys now have a drum tight shaft skin when erect, with three of them fully exposed when flaccid with no bunching. Of the other three, the glans is fully exposed when erect although there is still some slack in the skin; when flaccid, there is still a foreskin remnant bunched behind the glans. Tightness of finish did not appear to be related to growth on erection. Of the drum tight, no bunching group, expansion on erection varied from 50% to 75%; of the others, expansion varied from 42% to 66%.

So how did these seven stalwarts feel about their revision after the event? The picture is very positive. Six out of seven agreed or strongly agreed that the appearance of their penis had been improved when flaccid, and all seven agreed, five strongly, that the erect penis also looked better. For two guys, sensitivity of the glans had increased, one was neutral and in the other four sensitivity had decreased, although for at least one, beneficially so. Masturbation was more pleasurable for virtually everyone. There was even stronger agreement that oral sex and sexual intercourse were more pleasurable.

Psychologically, the revision had also had an effect. Everyone agreed that they were more confident as a person after the revision, two very much more so, whilst everyone was more willing to appear naked before men. The response about being naked before women was more equivocal, possibly because several of the respondents were gay! And most would be willing to undergo the knife again if necessary. Two are actively considering this – to tighten up the shaft skin and to remove any remnants of frenulum. As one said: “If needed, I would love to have it done again. It was great and no pain at all.”

So it appears that the revision operations were a great success, the only complaints being where the cut was not sufficiently radical. One member summed up his feelings: “I love the fact that my glans is totally exposed even when flaccid; and the exposure of the groove where the frenulum was has really increased sensitivity there. I just like the fact that anyone who sees me naked, knows immediately that I’ve been circumcised, there is no way that I can hide the fact or change the fact, and there is no way that I would want to.”

For those considering a second cut, they are largely seeking a final result where, flaccid, the glans is fully exposed with no bunching behind the corona; erect the majority are looking for a drum tight finish although two wish to retain some slack in the shaft skin. One guy is nervous about being cut too tight: “I once saw a man who had an extreme cut, which

was so tight the head had lost most of its shape due to stretching and it looked and felt awful.”



After 1<sup>st</sup> Circ.



1 Mo After Re-circ

Most received a low cut on their first circumcision so do not have a lot of inner foreskin to lose second time around – but this does not seem to be a matter of concern. But where the frenulum still exists, all want it to go.

If they get the cut they want, all agree, most of them strongly, that the appearance of their penis will be improved both when flaccid and when erect. They don't really expect any change in the sensitivity of their glans but they believe in general that masturbation, oral sex and intercourse will all be more enjoyable, though a minority expect no change. Half the guys expect the operation to increase their confidence as a person and make them more willing to appear naked in front of other men.

From the experience of those who have already had a revision, the expectations of this second group are entirely reasonable and they should feel able to go ahead with confidence. How likely in fact are they to proceed? One person is looking to have it done immediately, four others within five years and the last sometime in the future. What is inhibiting them from going ahead? Cost appears to be the main problem, coupled with the difficulty of finding a surgeon and the fear of poor results. Value for money is always relative. But with people like Dr Zarifa openly advertising revision circumcisions on his web site and with excellent reports from many pleased customers, anyone who can rustle up £700 and can get to London is likely to achieve their wishes. As one satisfied customer wrote: "I am writing to thank you for the re-circumcision you performed on me just over three weeks ago. Everything has healed perfectly and I must say I can now appreciate what an excellent job you did."

For most men, once is enough (for some, more than enough). But for those who feel dissatisfied with the appearance of their circumcised penis, revision is an option that appears to work on all fronts. Obviously the message is: "Go for it!"

*Ivan Acorn*

## Resignation

**A**fter much thought, and a degree of sadness, I have decided to resign from *Acorn* and will therefore not be renewing my membership for the coming year.

There are a number of reasons for this but the main one is that I am **very** pro-circumcision and feel that *Acorn* is no longer for me while it represents men who wish to retain their foreskins as well as those who do not. If in the future, *Acorn* decides to be a **pro**-circumcision group, I would most certainly be interested in rejoining. There really are far too many 'NORM' type organisations around these days and the **pro-circ** lobby should, in my view, be better represented – a position *Acorn* could and should ideally fill. In my view, especially with a huge majority of members according to your survey being cut, it is time for *Acorn* to come off the fence.

After some ten years of membership, I feel that the articles are these days rather similar in content to those of the past – and some a complete turnoff for me when they discuss in detail what I consider to be a useless piece of flesh!

*J.H. – Dorset*



## Ashley – A True Story!

**I**t was early summer, about two years ago (2002), when I met Ashley for the first time. He was just seventeen but, due to an under-active thyroid gland, he looked to be about twelve, and was actually shorter than me! Being only five foot five myself, this made him just a tad over five feet tall. He was introduced to me via a 'text message' by a friend of mine who also knew him. I was told that he was probably gay, but had trouble making friends due to his unusually small stature and slightly effeminate ways. At the time, it was intended that I just became his friend, being that there was a considerable number of years between us and he understandably seemed to be looking for someone around his own age. I accepted this fact without question, happy to have a new friend locally who shared the ridicule I had suffered due to my distinct lack of height!

After a quite lengthy session of 'texting' each other, we finally arranged to meet up that evening. I offered to take him for a drive out to Herne Bay as I knew of a nice place to buy a takeaway there and we could sit on the beach to enjoy a good chat. It was during our little moonlit snack that I happened to mention a caravan which I owned. He showed great interest as I explained how well stocked up and equipped it was, including electricity etc.

"So how far is it from home?" he inquired.

"Not that far at all actually. About ten miles or so." I told him.

"Maybe if it's not too late, and if you don't mind, we can pop by there on the way back?" he asked enthusiastically.

"Sure! If you really want to see it then I would be only too pleased to show you around," I happily agreed. So there it was, my first real indication that he genuinely liked, and clearly trusted, me. After all, you wouldn't ask to be taken somewhere private like that unless you did trust the person you were with. I still knew that he was really after someone his own age and figured I would just take things as they came, not wanting to spoil a possible friendship by appearing at all forward. We eventually finished our food, then I drove us back to the yard where my caravan was sited.

The drive there was a strange thrill in itself, with me frequently noticing the subtle and flirtatious glances I was getting from Ashley as we drove along listening to the car stereo. Not a word had been spoken about relationships or sex, but the whole journey seemed full of that unexplainable feeling that things were going exceptionally well.

When we arrived at the caravan I gave him the 'Grand tour' of the site, thoroughly explaining what, and where, everything was. Before long we were both sat comfortably inside and an even stronger sense of undeniable mutual attraction flooded over me. I suddenly felt a little awkward and didn't know quite what to say or do next.

"Drink?" I casually asked, with an obvious hint of embarrassment.

"No thanks, I'm just fine as I am," he answered, smiling nervously and looking straight into my eyes. I hardly noticed his actual answer as his young eyes seemed to pierce right through mine and reach inside me. This was the look which confirmed all my feelings thus far, as now I was certain that our relationship was to be something considerably more than 'just good friends'.

Well I am sure that you have now guessed that the inevitable did, indeed, transpire that night. Interestingly, however, it was during those first intimate moments together that I discovered something about Ash that would ultimately bring us even closer. The knowing looks led to him resting his head on my shoulder.

"I like it here. Can we stay a bit longer?" he asked.

"Certainly! We can stay as long as you like Ash," I told him. I rested my head gently on his and I felt his hand go around my back to pull me closer. One thing instinctively led to another and soon we were hugging and kissing each other quite passionately.

We soon found ourselves stripped off, totally naked, and in each other's arms kissing again. As the impulsive situation naturally progressed, our busy hands explored each other's naked bodies and inevitably ended up with some intimate fondling. His penis, as you might expect with his thyroid problem, was notably small and modest looking. However, he quite clearly knew what it was for and had no problem in making it stand rigidly to attention, long before we even got undressed as I recall! It wasn't until I attempted to gently retract his foreskin that I realised there was a slight problem.



"Mine won't do that," he said, disappointedly.

"Yes, I can see that!" I replied, noticing how incredibly small and tight the opening was.

"My mother has told me it needs to be circumstised," he went on.

"You mean circumcised? For a little bit of phimosis?" I said with horror.

"Yes, that's it. I will have to go into hospital and have it done," he calmly explained. My mind filled with thoughts of pure repulsion at the very thought of mutilating such a beautiful and natural looking appendage.

"But there's no need to have it all chopped off, just because it's a little bit tight! Do you realise that you will be losing the most sensitive piece of skin on your whole body, and the normal mechanics of your cock will never again be possible, like, for ever!?" I exclaimed. He looked a little shocked at my adverse reaction to his statement but seemed quite intrigued by my knowledge in this area.

"No!" he said, "I had no idea it was that important. But that's the only way to cure it," he added.

"No it isn't the only way, in fact, it's almost never necessary to remove any skin at all! At worst you only need a small cut here." I said, pointing to where a small dorsal cut may, in a few extreme cases, be necessary.

"So what else can be done then? I've never been able to pull it back at all."

"Not even in the bath, when it's completely soft?" I quizzed.

"No, not really. Well, maybe a tiny bit, but not like you can with yours," he said as he inquisitively pulled my foreskin right back behind the flange and stared admiringly at my exposed and shiny glans.

"But Ashley, mine **was** like yours once, and the doctor advised my mother to have me circumcised. But she wouldn't allow it to go ahead. So, the doctor advised her how best to try and alleviate the problem more naturally," I explained.

"Go on, what did you have to do then?" he asked enthusiastically. I could tell that he didn't really want to be circumcised at all and had only adopted such a casual attitude in the belief that it was the only option. Now I had given him hope of a possible alternative and his hunger for that knowledge was plainly evident. I started to explain what had been told to my mother, which she, in turn, had told to me.

"First of all I need you to clearly understand the difference between 'discomfort' and 'pain'," I started to explain to him. "Then you must accept the fact that there will need to be a great deal of 'discomfort' involved in remedying your problem, but never should there be any real 'pain'. This will only be for brief, but regular, periods of time and eventually you should be cured for ever and still have your totally natural dick intact," I told him.



"Well can you show me what to do and how to do it then?" he asked, anxiously.

"Of course Ashley, I would be happy to," I said, and before I knew it I was 'Doctor Dave' as far as Ash was concerned. I liberally applied my preferred lube all around the tip of his erect penis, a physical state which was more common than the flaccid state in the case of young Ashley! My own treatment, initially carried out by my mother many years ago, used Vaseline to soften and lubricate the skin. But I was not keen on it being so greasy and messy, so I chose to stick with the much favoured water soluble varieties. I only use 'Sensilube' by Durex for my slippery needs, not KY jelly as many of you might expect. It has a consistency extremely close to natural precum and does not dry into unpleasant lumps and flakes like KY often does. That said, it is the perfect lube for me and, along with the occasional use of fresh cum, both were to prove invaluable in Ash's 'home treatment' course.

I showed Ashley how to carefully tease back his tight foreskin to the point where great discomfort bordered with the beginnings of pain. This was hardly any distance at all to begin with and the urethral opening, or meatus, was about all he could reveal before the pain started. The positioning for these subtle differences of physical sensation was achievable by the tiniest of movements and he seemed to grasp the concept of this very quickly indeed. By using plenty of lube, whilst stretching and holding the preputial opening to this newly discovered threshold for a few moments, it very quickly became evident that this procedure was really working. He also realised that any discomfort experienced during this stretching action completely disappeared as soon as the foreskin was released and allowed to return to its natural resting position. In fact, he told me that it actually had a very pleasant tingly sensation for several minutes after each session and there was no pain or discomfort whatsoever! I was obviously very keen for this to be a great success, but never allowed things to go too quickly and risk his tight foreskin becoming dangerously stuck behind the flange of his glans, or 'paraphimosis'.

Over the next few days we developed a kind of routine, which involved a little bit of stretching, followed by wonderful sex and a little more stretching after that. The second sessions of stretching were always the most productive as I would often substitute some lube with our fresh cum. (An advantage of this was that the sperm and semen mixture actually helps to soften and relax the skin. These useful properties are quite well known and documented, not to mention the obvious erotic benefits!) This went on, sometimes several times, for about three or four weeks until we suddenly had a wonderful surprise.

It was evening time and we had taken an early night to listen to music and, well, you know what else! Having stuck to our little 'routine' we had enjoyed sex and I was embarking on the second session of stretching. He had now learnt how to perceive the various levels of discomfort, and how to convey them accurately to me as I worked on his phimosed foreskin. Admittedly, it did feel particularly soft and supple that night and things seemed to be going very well indeed. I managed to retract it to the furthest point achieved so far without any problem or report of discomfort. As this was almost all the way back already, there was not much more required to actually breach the glans completely and achieve full retraction. I applied a little more 'natural' lube and continued to gently draw it back whilst being personally guided by Ash's prompts. Suddenly, his foreskin slipped behind the flange of his engorged glans and I looked to see his reaction.

"Does that not hurt?" I asked him, somewhat anxiously.

"No, not at all. How far is it back now?" he enquired.

"Err, all the way back Ash!" I told him.

"No! Not yet surely?" he exclaimed, looking down at my proud achievement.

"Yup, all the way back mate. How does it feel?"

"Fine, totally fine considering this is the first time in my life that I have ever actually seen that part of my own dick!" he said, ecstatically.

“Well there it is mate, in all its natural glory!” I proudly announced. And yes, there were a few minor deposits harbouring unpleasantly beneath, but these were easily removed and his newly exposed penis tip keenly experienced its first human cleaning action, namely by me!



After that, I was a little worried that we may have trouble returning his foreskin, but with another liberal dousing of lube, and a little persuasion, it suddenly slipped back over the glans with no problem. From then on it got easier and easier to fully retract his foreskin and eventually it was performing perfectly normally. Ashley could now experience penile pleasures which, hitherto, he had not even known were possible.

We stayed together for a few months and his problem never came back. Eventually, with my busy and antisocial work life, we stopped seeing each other and he did find somebody of around his own age. We parted on good terms, both wanting to remain friends and, two years on, his doctor has agreed that there is no longer any need for the operation. It's a great pity that he, and countless other medical practitioners, did not suggest this kind of treatment first, instead of just saying “chop it off”. Surely a few days, weeks or even months, of this self treatment are infinitely better than just having it removed!? I understand that in certain cases, such as extreme paraphimosis or recurring balanitis, part, or even full, circumcision may be the only answer. But these instances are incredibly few and far between, which means a great number of these operations are not necessary at all. So the old saying of “No pain, no gain!” rings true once again and I feel proud to have saved this most wonderful piece of skin from the surgeon's knife.

I am sure you have now worked out that I am most definitely against cutting. So here are my personal, and quite sensible I hope, reasons for my particular way of thinking.

Routinely circumcising babies at birth is, in my view, a wholly barbaric and unnecessary abuse of their human rights, and I only wish that this would stop, immediately! I know the argument of not experiencing pain at that age, and less trauma with better healing, but why do it in the first place!? The greater bulk of the world (excluding religious reasons) don't do it and manage perfectly well, and have done for **millions** of years! So why do it when there is no real need to (apart from selling the removed foreskins to American pharmaceutical and cosmetic companies for product testing! – Yes, that does happen!)? So, why not cut a baby's fingers off at the same time? That way they could never get them burnt or injured. Oh, and remove the whole penis and testicles, just in case they get infections or cancer! It's a stupid argument in my view and, having delved deeply into both sides, I still cannot justify it in my mind, or in my heart. The main point is that it **can** be done later in life **if** required, despite the loss of slight healing advantages described earlier. But, and most importantly, it **cannot** be put back if the person grows up and decides that they **do** want a foreskin. Somebody else, for whatever reason, has taken that choice away from them, and that is fundamentally **wrong** in my eyes.

Ok, so a cut cock is supposed to be cleaner and more hygienic. Don't pro-cutting people ever wash their dicks then!? All it takes is a quick rinse with clean water and the body's natural cleansing mechanism will take care of it perfectly well in between times. Smegma, far from being a dirty and smelly secretion, is now recognised as being one of the cleanest and most biologically beneficial substances known to man! Its natural ability to fight off germs and many infections, whilst simultaneously moisturising and protecting the inner foreskin and sensitive glans, is second to none. The only time that it becomes a little unpleasant or objectionable is when the owner does not wash regularly, thus allowing it to build up and start to smell. So getting cut for that reason is just plain lazy if you ask me! The aforementioned glans are not supposed to be exposed to the elements in any case and they suffer major keratinisation and great loss of sensitivity as a result. The complete loss of the natural mechanics of an intact penis is another thing I could never accept. I appreciate that not every intact male experiences this sensual marvel of natural movement but, for those that do, it is truly a wonderful sensation that virtually eliminates the unpleasant 'friction' problems that both men and women suffer during sex with a cut guy. If a good reason to get cut is to deliberately reduce sensitivity and prolong your performance as a result, then shame on you! Personally, I would rather train myself to last longer, which I have done with great success, and learn how to do it more than once!

I am aware of the HIV/AIDS argument too, where the inner foreskin has been proved to increase the chances of infection, and circumcision undeniably **reduces** that risk. But using that to justify getting cut can lead to a degree of complacency, and thus, increased exposure, which ultimately raises the risk of possible infection again. It will not stop you catching HIV, and most certainly will not stop you passing it on to a sexual partner. So you still need to wear protection, which makes you no better off than a guy who is uncut!

Also, of course, there is the element of 'personal choice' and, although I cannot imagine why anyone would actually **choose** to be cut, I firmly believe that it is everyone's right to make that choice. Although I do believe that before deciding they should be fully in possession of all the 'for' and 'against' facts on both sides so that they can best make that judgement themselves.

Well that's my little story, which I assure you **did** happen, along with some of my personal views and opinions on this very emotive subject. Of course, I do not intend to offend or upset any of you 'pro-cut' readers, but I think it's good to hear opinions from 'the other side' occasionally, and I am sure that much of what I say does make sense. I trust this is of interest to the 'like-minded' readers also, and look forward to any comments from both sides of the fence. At the end of the day, I wish everyone good health and happiness, hoping you accept that this is just my personal view and respecting the fact that I have chosen to share it with you all.

*Smurf – Kent*

## A Scottish Story

I was born in Edinburgh in 1953. I would describe myself as bi-sexual but I have never had penetrative sex with a male. I have however enjoyed the company of many young men over the past half century and have enjoyed mutual masturbation with them. I view the male body as a thing of great beauty which can be improved in only one way – by circumcision.

I was not circumcised at birth but my interest in the subject began when I was about six. I was staying with my grandmother – it must have been about 1960. Her sister, my great-aunt, who lived in Canada, was visiting and many members of the extended family came to visit during her stay. One of them had recently had a son and during her visit to my grandmother's house his nappy had to be changed. My great-aunt watched and when the soiled nappy was removed, she turned to my grandmother and said: "Don't you circumcise them here?" My grandmother replied: "No – do you?" "Oh yes," replied my great-aunt. My interest was aroused.

By coincidence a near neighbour of my grandmother had her fourth child (her second son) a few weeks later. I knew the family well – I was friends with her existing family who were of a similar age to me so I was invited in to see the new baby about a week after mother and child got home from hospital. The baby was lying naked in front of the fire while his mother changed his nappy and I immediately noticed that Robert's penis was different from mine. There was no skin on his and my mind went back to the conversation between my grandmother and my great-aunt. "Was this circumcision?" I asked myself. Indeed it was and I subsequently discovered that Robert's elder brother was circumcised as well.

My first three years of education were spent at a local authority school. There was a gym but no swimming pool or showers, so I never had the opportunity to see other boys naked. I have a dim memory of a medical examination conducted by a nurse. I had to drop my pants but she only looked at my genitals – she did not touch them.

When I was eight, my parents sent me to a boys only college in Edinburgh. It was quite a culture shock for me. Pupils were addressed by surname and discipline was severe – the tawse was put to good use and teachers were addressed as "Sir". What struck me most however was the acceptance of communal nudity. I rapidly overcame my initial shyness and seized the opportunity to indulge my interest in the subject of circumcision.

On my second day we had swimming in the school PE department. After our swim we had to remove our trunks and put them through a mangle before returning to the changing area. A member of staff was on hand to ensure this rule was obeyed. Obviously no boy had any secrets when naked and I was amazed at the number of circumcised penises I saw that day. Out of a class of thirty boys, twelve were circumcised. Throughout my schooldays I would estimate that 25% to 30% of boys were circumcised.

As was usual during my school days, we were medically examined at 8, 13 and 16 years old, and after each examination two or three boys in my class would be absent for a week or reappear in the showers after the holidays minus their foreskins. I always took a careful note of such things. You may think that I am digressing from the subject but I wish to describe medical inspection procedures at the time as I believe that many boys nowadays are not examined as thoroughly.

At the appointed time I put my hand up in class and told my teacher I had an appointment with the school doctor. I left the classroom and went to the medical inspection room. I knocked on the door and, when I went in, the doctor pointed to some chairs, told me to strip and wait. As I was undressing, there was a boy getting dressed after being examined and another boy (Blair his name was) naked in front of the doctor being examined.

The room was Spartan with no screens and as I waited my turn, I watched Blair's examination. Blair was circumcised and I saw the doctor squeeze and pull his penis while pressing the area behind his scrotum. This manipulation resulted in an erection and when the doctor had finished, Blair walked towards the chairs, his face beetroot red. Then it was my turn.

My height, weight and eyesight were checked and the doctor spent a minute or so with his stethoscope checking my heart and lungs. I was then ordered to stand, legs apart, in front of the doctor. He held my testicles firmly and asked me to cough. He took hold of my penis and pushed the foreskin back, examined the glans, squeezed my penis and drew my foreskin forward again. He then pressed the area behind my scrotum two or three times, squeezed and pulled my penis again and retracted my foreskin again. While, unlike Blair, I did not get a full erection, the examination did result in tumescence of my penis. As I was getting dressed, Callum was being examined. I discovered later that the doctor was not satisfied with the retractability of his foreskin and he was circumcised during the Easter holidays.

I mention my experience of school medical examinations because, as will be apparent to the reader, in my younger days, no boy would have left school uncircumcised if he had a tight foreskin. My experience over the past twenty years leads me to believe this is no longer the case and I think this stems from a decision made by Kenneth Clarke (then Minister of Health) that school pupils would no longer be examined by a doctor but be 'checked over' by the school nurse. This was to save money. While I have met many young men (from Inverness to London) who have been examined as thoroughly as I was by school nurses, I have met many more who have been failed by school health services. Some only had to strip to the waist. In other cases, testicles were examined and the penis ignored. In a few cases the 'examination' was a fully clothed chat across a table during which the boy was asked if both testicles had descended!

There are exceptions. Six months ago I met a Welsh guy in Amsterdam. He was eighteen and he told me about his medical examination at a comprehensive school in Flint four years before. The boys had to report to the sports hall, strip and stand in a row. The doctor (not nurse) accompanied by a member of the school staff walked down the line checking testicles and foreskins. David told me that at



that inspection, four out of fourteen boys were circumcised and that to his knowledge, no boys were circumcised as a result of the inspection. Catholic colleges in Hull and Yorkshire are again (according to my informants) places where boys are examined with circumcision in mind.

When I left school, I moved to London in 1972 to work in the Civil Service (my interest in circumcision undiminished) and joined the local football team. (There is no better way to see naked men than in a communal shower.) I was again amazed at the number of circumcised penises I saw there. They were all young men (20-22) and came from all parts of the UK – from Glasgow, Liverpool, Sunderland, Inverness, Coventry. I would estimate that, as at school, about 30% of my peers were circumcised.

Until my move to London, I had never discussed circumcision with anyone. I have mentioned my bi-sexuality – I have sex with women and admire and masturbate men. London was an eye-opener for me. It was (and is) possible to meet men from all over the world and I did. I met many Americans (but only two uncut), Australians (all cut), Kiwis (50% cut), Arabs and Malaysians (100% cut), South Africans (40-50% cut) and discussed circumcision with them all. I never met any man who regretted his circumcision (despite the pain involved for Turks and Muslims who did not benefit from pain relief). Nor did I meet a woman who did not prefer her lover to have a circumcised penis. And so I decided that it was time for me and my foreskin to part company.

In October 2002 I flew to Luton from Edinburgh. I arrived at the surgery to find a fellow Scotsman in the waiting room. I went into the surgery, removed my trousers and pants and lay on the couch. The doctor injected me, cut me, stitched me, bandaged me and that was it. I was done, circumcised, cut. Pain was minimal (no worse than the dentist). But the end result was not as tight as I would have wished, so I'll need to have another operation to get more skin removed.

My interest in circumcision is undiminished. It is, I think, a procedure that should be promoted on the grounds of public health – a reduced incidence of venereal disease, AIDS, cervical cancer, penile cancer, prostate problems. In addition, the penis looks better and doesn't smell – and women love it. If I had my way, all boys would be cut at birth. But if any members are still in any doubt, my advice would be to take the plunge and get it done. You will not regret it and the pain is worth it.

*J.T.*

## The Meatus

Recently there have been a couple of comments on the state of the piss-slit (meatus). Jack (Issue 1/2003) referred to one that had pouting edges and the slit appeared to be open. I suppose that as in all other aspects of circumcision, there is as much variety in the state of the slit as in the scar and shape of the knob. It would be good to see some reference to the state of the slit and individual preferences from other members.

*D.B. – New Zealand*

## Circumcision Is Becoming Popular In Hungary

Misi (26), an outspoken young man living in a small town 20 kilometres from Budapest, Hungary says "Every male should be circumcised". He got circumcised four months ago, because his foreskin became very tight in the past two years.

Fifteen years ago, Hungary was a non-circumcising society, in which circumcision had been only performed in the small observant Jewish community or for medical reasons, as a treatment of certain penile illnesses. In the mid-sixties, only the Hungarian translations made from Dr. Spock's best-sellers, *Baby and Child Care* and *Teenagers' Book* mentioned infant circumcision as a social custom in the U.S. The translation was very much softening the (then) strong pro-circ attitude of the author. The other available sources on children's health and nursing were in favour of the conservative methods of treating a tight foreskin, such as forced retraction of the foreskin to tear the adhesions. Generally, most people knew that circumcision was something that Jews were doing with the penis of young boys, but what it was that was done was not at all clear to everybody. There was also some resistance in gentile families against doing a circumcision, even if it was medically necessary, because it was thought to be a purely Jewish custom.

Most young men and women came across circumcision for the first time when they watched a porn movie or looked at porn magazines, which were smuggled to the country from time to time. Zsolt (32), who chose to get circumcised two years ago, says: "I was at high school when I watched, together with my class-mates, a porn video that was smuggled in by the father of a friend of mine, a lorry driver, who went to the West every month. We all realised that every guy on the film had a cock that was different from ours, with a very clearly defined red glans, with no excess skin. I learnt a few years later that it was because they were all circumcised."

In a lot of families, especially in religious families, everything that has something to do with sex or the genitalia has been taboo until only very recently. Mothers and sometime even the fathers were shy about speaking with their sons about sexual life, and did not find the way to teach the boy how to clean his penis every day. Thus, they also failed to recognise if the boy had a phimosis and needed a circumcision. School physicals were also quite relaxed, and the school physicians (who are very often females) did not always pay attention to genital cleanliness of the boys. Nevertheless, a careful school physician, especially from the 'old school', would look at the boys' penises at the regular annual check-ups and teach them how to keep it clean. Ferenc (39) says he owes a lot to his school physician who taught him (and the other boys as well) how to keep his cock clean, even though he chose to get circumcised earlier this year.

From the mid-1980s, however, as more and more people could travel abroad, new ideas and information reached Hungary. More and more young men and women went to school in the West and elsewhere and young Westerners came to Hungary as tourists or to work here as language teachers, journalists or businessmen, and they brought with them their views, their ideas and their way

of living. The world wide web became available in Hungary from the mid-1990s, and you could find in no time any information you wanted.

Most probably, because of this influx of new information, thoughts and ways of life, non-religious and non-medical circumcision may have started to be more and more widely practised in the last ten odd years, as suggested by several sources of information. Nowadays, a lot of families decide to get their sons circumcised as infants or as schoolboys, and teenage boys and young men see the doctor and ask for a non-medical circumcision, very often at the suggestion or request of their girlfriend or wife.

The Hungarian language web is full of discussion threads that deal with the pros and cons of circumcision, and many young men and women give their stories or the stories of their boyfriend's circumcision. Last year two Hungarian language web-sites were opened that deal exclusively with the matter of circumcision, which both provide a lot of information on circumcision, peppered with personal stories. Viktor (25) is a young IT specialist, who volunteered to be the web-master of "Jóvágású fiúk lapja" (the page of clean cut boys, all in Hungarian, see at: [www.freeweb.hu/korulmetelve](http://www.freeweb.hu/korulmetelve)) after he got circumcised a year ago, because of a phimosis. He said he wanted to help those guys who had problems with their foreskin, like he had before, and his own main source of information was the Internet.

Usually, if the father has been circumcised as a child or, very often, as an adult, because of a tight foreskin or some other penile problem, he and his wife will appreciate the benefits of circumcision and get their own offspring circumcised, before starting at school at the latest. Klára, a mother of two boys and a grandmother of three, says: "My husband is circumcised, and we decided to get our two sons circumcised before they went to school. My mother-in-law was a nurse and she also insisted on having her grandsons circumcised. We very much agreed, as we saw enough boys suffering from a tight foreskin and an inflamed glans. The boys are grown-ups now and they are very satisfied with their circumcised organs, as are their wives. I now have three grandsons, and they all got circumcised as infants."

Zoltán (35), is married, and he decided to get circumcised four years ago. "I had no problems with my foreskin, but I wanted to get rid of it since I was 17. To keep my glans dry and clean, I have been keeping my foreskin peeled back for ten years. When I finally made the decision to get circumcised, my wife very much supported me. I was done in December 2000, and I am very satisfied with the result. It is so much better to be circumcised: better health and better sex, you know." Zoltán and his wife have a son aged 7, and they are now thinking of getting the boy cut too. "I still haven't decided it yet. Sometimes I think that he also should have the choice, as I had. On the other hand, as a father I have a duty to do my best for his health and well-being."

Hungarian women are sometimes quite ignorant about circumcision and circumcised partners, but in most cases they are very positive about it. The husband of Livia, a young Hungarian woman, had to be circumcised shortly after their wedding, because he had a severe phimosis and a frenulum breve. She had

no sexual contacts with circumcised men before and was a little bit worried about the outcome of the surgery. But after the short healing period, they now have a lot better sex, and she says she is very proud of the circumcised cock of her husband. They agreed they would get their sons circumcised before leaving the hospital.

Rita, a Hungarian girl, has very similar views: "A few years ago, my boyfriend had a very sore cock, because he had a short frenulum and every erection was a nightmare for him, so he had to be operated upon. When he finally decided to get it done, we agreed that he should ask for a full circumcision. Now he has a neatly cut cock, and I am very proud of him and his willy. When we are strolling on the nudist beach, he looks so good and masculine with his nicely circumcised cock."

Naturally, not everybody is enthusiastic about being circumcised. Imre is now in his late 20s and he had to be circumcised at six because of a phimosis. He still feels miserable about it and complains about a numb penis. Imre keeps looking for a way to get a foreskin restoration and contributes a lot to the various discussion forums on the Hungarian web where he tries to dissuade other men wanting to get circumcised.

The Hungarian medical profession is not anti-circ or particularly pro-circ, though a lot of them still would look at circumcision only as a remedy for certain penile illnesses and not as a useful preventive measure. Nevertheless, most doctors in Hungary would be ready to do a circumcision on request, without any apparent medical reason. In theory, social security pays for a circumcision only if it is medically necessary, and a voluntary circumcision would cost about 30-60,000 Forints (U.S. \$120-240). The operation is always freehand, as Plastibell and Gomcobell are not known in Hungary, under local anesthesia on an outpatient basis. Dr. Ferenc Fekete (45), a renowned urologist who runs a private clinic for male problems in Budapest, says he is very much in favour of circumcision, and does about fifty operations a year.

Hopefully, circumcised boys and men will soon be a familiar sight in gym locker rooms or pool showers and on the nudist beach in Hungary.

*Andras - Hungary*

## Has Beckham Been Circumcised?

Rebecca Loos, David Beckham's former personal assistant, has claimed to have had an affair with the England captain. Beckham has described the allegations by Ms Loos, first made in the *News of the World*, as ludicrous, and has instructed lawyers. But in an interview with *Sky Television*, for which she is understood to have received £150,000, Ms Loos said she had no reason to lie about the alleged affair. Asked if she could prove that the affair took place, Ms Loos said: "There is something I know about him, an intimate part of his body that I think only women who've been in bed with him would know." When asked if the Real Madrid midfielder had been circumcised, Ms Loos said: "I'm not talking about that. If I do ever need to talk about that, it will be in a court, not on television."

# ACORN

Issue  
N<sup>o</sup> 4 2004  
Editor  
Ivan Acorn

## Editorial

**S**elf-circumcision is not usually the subject of prime time TV. But the new Channel 4 programme, *Nip/Tuck*, broadcast on Wednesday evenings at 10.00 pm, has this topic as a running story, at least in the first three episodes. In episode 1, Matt tells his cosmetic surgeon father that he wishes to be circumcised – and is told that he has psychological problems (ring any bells, anywhere?). In episode 2, he performs a self-circumcision, and in episode 3, it is tidied up. Perhaps the interests of *Acorn Society* members are a little more main stream than we thought!

On page 8 of this issue, we give details of the next *Acorn* meeting in November. If you have never attended before, please do consider coming. The atmosphere is warm and friendly, and whether you are roundhead or cavalier, pro-foreskin or pro-circ, you will be very welcome. This issue also sees the revival of *Contact Corner*. The *Acorn Society* is a community and one of its functions is to help members to get in touch with each other. So, if any member wishes to make contact with others, perhaps in their area, via the *Acorn* mailbox, please let me know and I shall be happy to insert details in the next issue.

Ivan Acorn

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### Only foreskins need be worn!

**T**his edition will arrive as many of you are watching the Olympic Games. Imagine, however, an athlete from the first games in 776 BC propelled forward to the modern Olympiad. Little would be familiar other than the Greek landscape. Certainly he would be surprised at the athletes' shorts and singlets. He had competed in the nude. No doubt about his status!

Not that there would have been such doubt anyway since in those days the foreskin was *de rigueur* and the exposed glans was frowned upon. It was taken as an indication of sexual arousal and was therefore considered to be indecent. To ensure that the foreskin did not inadvertently retract during their exertions, the athletes bound the end of the foreskin, making retraction impossible. To prevent their genitals from flapping around and reduce risk of chafing and tearing, the athletes used a *kynodesme* (literally a 'dog leash'). This was a thin leather thong wound around the *akroposthion* (the extremity of the foreskin) that pulled the penis upward and was tied in a bow around the waist, or secured by some other means. Vase paintings and statues frequently portray nude athletes wearing the *kynodesme*. One of the most informative iconographic representations is found on an Attic red-figure calyx-krater painted by Euphronios, dating from 520-510 BC which shows a young athlete in the process of grasping the lips of his *akroposthion* with the fingers of his left hand and pulling the prepuce taut while his right hand is poised ready to loop the *kynodesme* around the neck of the *akroposthion*.

In fact, the device served a dual purpose since it was worn from early in training onwards. The idea was that it should inhibit erections and thus make intercourse or masturbation difficult if not impossible – an early and primitive form of chastity belt. Many athletes forwent sexual activity during training. Signs of sexual interest during athletics were regarded as laughable. The process of binding the foreskin thus became known by the slang term *kunodesme*, 'putting the dog on the lead'.

The practice evolved into a permanent form in Rome 200 to 400 A.D. The Romans pierced the prepuce of athletes and slaves with metal rings that they welded shut. The Romans called this device a *fibula*. Its function was to prevent erections – not for protection but to ensure the athlete didn't break training and the slaves didn't procreate. The theory that orgasm and ejaculation weakens the athlete persisted until recent times – it was an accepted part of, say, a boxer's training that he should desist from sexual activity whilst in training. This idea certainly seems to have gone out of the window of late with wives and girl friends accompanying football and cricket teams on overseas tours. Does this perhaps explain some of our poor performances on the field?

Lack of a foreskin inhibited participation in those early games, which was a barrier particularly to Jews. (At that time, Islam with its similar mandatory circumcision requirements did not exist.) This led to Jews seeking to restore their foreskins in order to cover their glans again and allow them to compete – and this

in turn led the mohelim to require a return to a more radical form of circumcision. This in turn has led to a myth that Jewish circumcision consisted originally of just a token removal of the tip of the foreskin. This in fact is unlikely if only because, if it were true, there would have been no need for anyone to undertake restoration as they would still have had a covered glans!

Furthermore, since around 20% of males are born with a short foreskin which, in adulthood at least, doesn't cover the whole glans it would have been impossible to distinguish between the circumcised and those with a short skin. Since the purpose of circumcision was to set a Jew aside from his fellow men it would have made no sense to circumcise in such a way as to be indistinguishable from a large proportion of non-Jews. It is known from Egyptian mummies that the Egyptians practised full circumcision and the Jews are likely to have copied circumcision from the Egyptians, or vice versa. Also all other tribes around the world who practise ritual circumcision ensure that the glans is entirely exposed.

All the evidence thus points to Jewish circumcision always having been aimed at a complete foreskin removal: there is no evidence to the contrary. What we do know though is that by Hellenic times the practice of circumcision had become sloppy (possibly deliberately so in some cases) so that it had become possible for many Jewish athletes to pull the remains of their foreskin forward and tie it to pretend to be uncircumcised and thus be permitted to take part in the games. Just as today we find many doctors incapable of performing a first class circumcision, but nevertheless offering their services as circumcisers, so it is likely that as the Jewish race spread outside of the original Promised Land many of their mohelim were not as skilled as they should have been. Or perhaps, since it was a father's duty to circumcise his own son, many fathers only did a half-hearted job 'just in case the boy might want to compete in the Games when he was older', or simply because of their lack of skill at the job.

Whatever the reason for it, the only evidence we have is that some Jews at that time were able to hide their true status. It was thus decreed that circumcision should henceforth be not only complete (as tradition required) but be shown to be complete and irreversible – thus the required tearing of the inner foreskin. This more radical form of Jewish circumcision persists to the present day.

If uncircumcised uniformity was the norm at those first games, that is unlikely to be the case in Greece today. It is a fair guess that the teams from the Middle East, the USA, Islamic nations in Africa and the Far East, and many other African countries will be almost exclusively circumcised, whilst those from Europe, India and China will be uncut. And no doubt the contingent from Japan will have foreskins retracted in direct opposition to that early tradition. Unfortunately, we shall be unable to monitor the exact proportions from our television couches. Nevertheless, the skin tight lycra shorts favoured by sprinters in particular leaves little to the imagination. I shall be happy to print your speculations next time!

*Ivan Acorn*

[I am grateful to Vernon for the information about Jewish circumcision.]

## Save That Foreskin!

*[In issue 6/2003, Daniel told how his fifteen year old son was keen to be circumcised because he had a rather tight foreskin. I.N. offers some advice.]*

I very much hope that Daniel does not get his 15 year old son circumcised because of his tight foreskin since I know of a remedy that works in most cases of phimosis. It is very simple and straightforward. First, anyone who has phimosis must take hold of the foreskin on both sides with the index finger and thumb of each hand and then very gently pull the tip of the foreskin out to both sides with both hands about five or six times and then with the same method pull the foreskin forward the same number of times. This must be done every day until the tightness begins to slacken and must be continued until the foreskin can be drawn back behind the corona thus uncovering the glans completely. Needless to say, erections often occur and if an erection is felt coming on then stop until the penis returns to its flaccid state. Masturbation can help but be careful depending on the tightness of the foreskin since paraphimosis can occur.

I passed this advice to a couple that I was friendly with back home in Scotland. One of their sons, 13 at the time in 1975, had reached puberty the same year and developed phimosis. The lad was the youngest of four sons and at the time his older brothers were 20, 18 and 15. It was the 20 year old that told me about his younger brother having a tight foreskin. He discovered it by accident when he had to answer a call of nature and found his younger brother trying to pull back his foreskin in the toilet. He went in there to masturbate thinking that it would help the phimosis but to no avail. Circumcision was mentioned and the 20 year old knew that I was circumcised because we used to go swimming together in the local swimming baths where we shared a changing cubicle. I was 28 so we were close in age. I went to his house with him when his parents were at home and we spoke with them about their youngest son's phimosis. The father told me that he had discussed circumcision with his wife and they were both in agreement about getting it done as soon as possible. I mentioned about the method that I have just described and both parents were very keen to try it out, the father especially because he had been circumcised due to phimosis in 1945 when he was 15. His circumcision had been very painful with a great deal of discomfort. He didn't want his youngest son to go through what he had. The 13 year old used the method and, to cut a long story short, after a period of time his phimosis disappeared.

Fortunately none of the other sons had tight foreskins. All four sons are now married and have taught their own sons the method and so far there haven't been any cases of tight foreskins amongst the couple's grandsons (seven in number). Over the years sadly I've lost contact with the family except for the youngest son who has two sons 16 and 13 and is a widower. His wife died in childbirth in 1990 when their second son was born. We are close because of what I did for him in 1975 when he was 13 and now that he is 41 he takes an interest in his own sons in case they ever get tight foreskins.



So, Daniel, please do think about what I've mentioned. At least give it a try and you may change your mind. The method doesn't work for everyone but it is worth trying. If your 15 year old son has no success then go ahead and get him circumcised. Most likely he will get teased about being done, more so these days as circumcision is a great deal less common than when I grew up in the 50's and 60's when it was common to see a circumcised male. Even then I was teased from time to time. Some of the remarks weren't nice.

Having said all of that, I am still a strong supporter of circumcision, but only on religious grounds.

*I.N. – Manchester*

## Smurf – A Response

I was disturbed to read the story *Ashley – A True Story* (issue 3/2004) which talked about Ashley, aged 17 but looking 12. I consider this to be verging on 'Kiddie Porn'. I really think the whole story is a fantasy dreamed up by 'Smurf' who is obviously into the younger person.

All this talk about retracting foreskins doesn't really have a place in a pro-circumcision magazine. I know that we have to read both sides of the story but personally I think that a non-circumcised penis is a very ugly thing compared to the beauty of a fully circumcised one. The suggestion that circumcision is the lazy man's way of curing objectionable smells caused by smegma is complete balderdash! Before I was circumcised, I washed my penis, and still do, several times a day but the objectionable smell soon returned. Since circumcision I have not had this problem re-occur.

I do not consider intercourse with an intact penis to be "truly a wonderful sensation". I do however consider that intercourse with a circumcised penis is truly a wonderful sensation! I should know having been circumcised at the age of 40 at my own choice and having experienced both sides of the coin so to speak. I do not think that 'Smurf' being uncircumcised is in a position to comment on the difference between a circumcised and an uncircumcised penis. How can he know if he has only experienced the latter?

All I can say is since my circumcision, which I consider in some ways was the best thing that ever happened to me, everything has been a million times better than with that wretched foreskin!

*Neville – Northolt*  
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## Liberal Upbringing

There are two schools of thought about sex instruction and children. Firstly there are those who insist that kids should at an early age be given explicit lessons to enable them to avoid pregnancy and disease and those who take the old-fashioned view that children should be protected from sexual knowledge until near maturity. I was lucky enough to come in the first category and am grateful for not having to face the awful inhibitions suffered by those kids whose sexuality is repressed or warped and who so often as a result suffer from neuroses for the rest of their lives.

I was brought up in a sexually-charged atmosphere. My mother walked out on my father in my infancy and we went to live with an old school friend of hers, 'Auntie' Mabel, a bawdy, fun-loving lady who seemed to be obsessed with sex and was utterly without inhibition. Happy-go-lucky boyfriends were constantly coming and going and there were parties, some of them developing into sexual orgies and although I was not allowed to be present, I was always eavesdropping or peeping and saw more than was good for me on many occasions.

At school too, I was privileged to have a circle of friends of both sexes who were committed to the investigation of sexual knowledge. One of my earliest sexual recollections was, at the age of six, being the centre of attention when a young lady called Angela decided to perform her party piece and show off her expertise in the subject of the male anatomy, in particular how to provoke an erection – she had apparently been practising on her two brothers. She took matters into her own hands, literally, by getting it out and showing the others how holding it between finger and thumb and sliding the foreskin to and fro would inevitably lead to a spectacular increase in size and stiffness, making it even more satisfying to handle. To show off her superior knowledge, she induced the other girls in the group to have a go, instructing them in the art of drawing the foreskin right back to reveal the knob and then pulling it forward to its normal position in front of it. I found all this handling terribly exciting and felt all trembly as a succession of soft female fingers handled and rubbed my small but fiercely erect penis. Genital handling became a regular occurrence and certainly destroyed any inhibitions I might have had with the other sex. In later years Angela proved to be a very knowledgeable young lady because she was able to instruct us in the other penile variation, circumcision, explaining how some boys had the skin cut back to uncover the knob, to our disbelief since none of us had heard of such a thing.

Meanwhile back home, I picked up further information about sex when being bathed, since we all took a bath together. I never ceased to find it stimulating to see mature females nude and always developed an erection – Mabel laughed at it and made embarrassing comments about what a fine big dicky I had and how I would make some girl happy one day. Mother just laughed and went on sponging me down, but when it came to my dangly bits, there was always a bit of a production, with Mabel insisting against my mother's wishes, that she should draw my skin back to ensure I hadn't got a tight foreskin. Mother was of the opinion that foreskins should be left alone – they'd come back of their own accord

when ready, but under Mabel's insistence she sometimes did draw my skin right back to show my blood-red tip, immediately pulling it forward again while Mabel chuckled her approval. On several occasions Mabel sat on the loo and took a noisy pee, grinning coyly while mother ignored her. I didn't though.

A couple of years later at the age of 13 when getting undressed for bed, I decided to show off my knowledge and asked Mabel what circumcision was. She was curious to know that it was a girlfriend who had raised the matter ('Saucy minx!') but pulling my pyjama pants down, she indicated with her finger nail round where the rim of the glans bulged out under the foreskin, as the site where the cut was made. I asked her why it was done and she said these days it was only for religious reasons. When I said it must look funny to have your knob exposed all the time she made me pull my foreskin right back to show me what it would look like and laughed when I developed a hard-on. She asked me if I ever played with my willy to make it stiff. I said yes and told her what the girls at school had done. She giggled and told me it was not so much fun to play with if you didn't have a long skin to rub up and down. She then said a funny thing – "In the games lovers play, your foreskin is your best friend and don't you forget it!" I didn't.

At about this time, Mabel took it on herself to ensure that I received proper sex lessons since they were not provided at school. She explained one day in the kitchen, as she peeled the potatoes, how the sex act took place and warned of the necessity of safe sex. I was intensely curious about female anatomy and although I had seen both mother and Mabel nude on so many occasions, was only conscious of the long split in the bulge of flesh between a female's legs, knowing nothing about what it hid. Mabel being the lady she was didn't hesitate. She pulled her knickers down and gave me a demonstration, separating her vulva and giving me a Cook's tour of all the bits. I noticed her clitoris was like my penis and, as she pointed out, was fully hooded by a foreskin like mine. In my dismal ignorance, I then asked her if she peed through it. She laughed and pointed out the vent just underneath it, asking me if I'd never seen girls at school take a pee. When I said no, she hesitated, said, "Oh well – why not?", swore me to silence and then laid on an impressive exhibition, releasing a powerful cascade into a bucket! My reaction was like your contributor Steve's, in *Acorn* 2/99 – I was flabbergasted and horrified!

This was all exiting stuff and I was sexually aroused as never before by her total lack of inhibition. However it is important to state that I only experienced what a boy in one of the less prudish nudist environments would be exposed to – never once did Mabel allow me to touch her private parts and she never touched mine. It was, as she said, purely a matter of instruction and in later years I was grateful for it.

As I reached maturity, I came across the novelty of circumcision when I dated a Jewish girl for several months. She told me her family would have strongly disapproved if they'd known she was having it off with an uncircumcised gentile, but made it clear that when she married she would stick to the faith, so there was no question of a permanent relationship. From her point of view, she wanted to know what sex was like with a foreskin before being married to a circumcised man. She never stated a preference, but her ardent response and clear enjoyment

were enough for me. We talked for a long time about circumcision and she made it clear that she had nothing personally against foreskins. They were just incompatible with her all-important religion. There were times when I regretted that I was not circumcised myself to enter this world that was closed to me. It was never a serious proposition though – I was too conscious of the pleasure embodied in my skin pullover – and I now understood what Mabel meant.

After careful thought I have come to the theory that circumcision is probably allied to sexual repression. Although I admire the commitment of Muslims and have absolutely no criticism of the religion itself, all the Islamic countries, where circumcision is universal, strictly ban all forms of pornography and sexual licence, especially as far as Muslim women are concerned. Nudity is treated with revulsion and both men and women are required to be fully covered at all times – no shorts or T shirts. The US as usual is a baffling mixture with the bible belt and deep south embracing circumcision whilst banning pornography and any manifestation of sexuality, whilst in California and New York, where the majority of boy babies are now allowed to remain intact, they permit virtually anything. Meanwhile in uncircumcised Europe, Britain excepted, anything goes. You can buy hard core pornography virtually anywhere and prostitution, whilst often officially prohibited, thrives as battalions of young women ply their trade, including many from the old soviet empire, desperate to give their sexuality free reign and make a few bob into the bargain. In Britain of course, things have to be different – they always have been. Although routine infant circumcision is now never performed, the stifling prudery of the early part of the century when circumcision was at its zenith here, still lingers on – as Steve said in 2/99 – while Jack Straw betrays his liberal conscience and panders to Mary Whitehouse and her doomy acolytes by cracking down on porn. However anyone who watches Channel 4 and 5 will know that things are changing. Programmes like *Ibiza Uncovered* and *Sex and Shopping*, with a continual diet of up-front mixed-sex nudity, are a clear indication that, not only are foreskins virtually universal, but the shackles imposed by the old women of both sexes in our society should be treated with contempt.

*J.O. – Herts.*

## Acorn Meeting

A Meeting of the *Acorn Society* will take place on the afternoon of Saturday 13<sup>th</sup> November. We have taken an option on a number of twin bed and single bed rooms for the nights of Friday 12<sup>th</sup> and Saturday 13<sup>th</sup> November. The charges are: Shared room £47.00 per person per night, Single room £51 per night.

Further information and booking of accommodation via Douglas 07788 126706. Evenings and weekend are best times to call.

Members may be relieved, or even disappointed, to know that there will be no need to present accounts at this meeting.

*Douglas*

## Zsolt's Story

When I was younger, I did not understand why those men whom I saw in porn films did not show their foreskins. I liked it, though I did not know what it was. Later, at school we spoke about these types of films and I learnt that those guys were all circumcised. Then the whole matter was forgotten. After I had completed my military service in 1991, I started to go to the nudist lakes around Budapest with my then girl friend. These lakes are actually gravel pits, filled with cool, clear water, on which the first nudist beaches were formed in Hungary. Once, we saw a family where the father and his teen-age sons were all foreskin-less. My girlfriend became very excited at the sight of the uncovered glans, and asked me to keep my glans bare, with the foreskin always pulled back. To tell the truth, I liked it too, so I fulfilled her wishes and pulled the skin back, but it soon slipped forward. Then I kept on pulling it back until it stayed that way. Of course, it was not that easy, since when I put on my boxers, it stayed retracted at first, but then rolled back to cover my glans and trapped my pubic hair with it, which was not very pleasurable! Then I found out that if I pulled back my foreskin, as I used to do it, and then rolled it back to the groove behind the glans, the rim would keep it back and I would also look circumcised. In turn, I had to be more careful about keeping it clean.

I lived for eight years with my foreskin always pulled back, and after a while I realised that my foreskin had become a lot shorter. Years ago it had overhung the glans; now it was covering less than half of it.

After having kept my foreskin always pulled back for eight years, I started to gather all possible information about circumcision, how it was done, what the results were and whether or not it was done for adults. I mulled over what to do for a year; I read everything I found on the Internet; I thought about all the stuff that was written in the discussion forums and asked the e-mail Doctor on one of the Hungarian medical advisory sites. He responded very quickly and gave a name and a phone number. After a few days of further chewing it over, I called the doctor, named Dr Ferenc Fekete, who gave me a date. I raised the issue of getting circumcised with my girl friend (this was a new one), and she assured me she would support the idea. I went to see the doctor and after 30 minutes we agreed that I would call if I made up my mind. This was in early February 2000, and after twelve days, I called the Doc to say that I wanted the thing. He gave me a new date, the next Tuesday morning, when I had to go to the Urology Department at the Medical University in Budapest, and explained to me how I could get there. I had a very simple digital camera, and I decided to take shots of my dick before and after. I made a few pix of my uncut dick and waited for the next Tuesday to come.

So Tuesday morning, 29<sup>th</sup> February 2000, arrived. TOP SECRET. Nobody knew about the whole thing. I took my back-pack and I left home as if I were going to work. The closer I got to the hospital the more troubled I became. The Doc had told me in advance not to eat but to drink more than usual. That I did. I arrived and at the check-in counter some nice-looking girls, 10 years younger than me,

were sitting. "This won't be easy," I thought, but then the Doc arrived and said that I had come to see him. He asked me if I still wanted the operation. Then he took me to the 2<sup>nd</sup> floor where a young nurse of my age (28) took my data; then a young doctor arrived and asked if I were nervous. I said yes, naturally, then he gave me some pills, which I took, and told me to walk around, until I felt the result. In about 20 minutes I became very relaxed and calm, and I only remember that I called the doctor by his first name.

Then Dr Fekete arrived and took me to his office, where he examined my dick and asked how much skin he should cut off. I told him he should cut off the whole foreskin, as I came for a full circumcision and not for just a correction. "OK", he agreed. In a few minutes, another guy arrived who guided me to the surgery room. When I was undressing I thought there was no way back, but the doctor once again asked if I really wanted the operation. Of course I answered yes, and lay down on the operation table. The surgery assistant, a young chap, put a strap on my limbs, to fix me to the table. I asked him to tell me what was what, just to keep me busy, though by then I was not worried at all, as the pill I had taken had made me sort of euphoric. Then a kind elderly lady came and cleaned my prick with a dark red liquid, and then they pulled up the sheet in front of me, so that I saw nothing. There were already four of them occupied with me. The doctor told me that he would inform me of every step they made and that he would then start the operation. I got 3-4 jabs below my glans, but that was the most unpleasant part of the whole surgery, and after it I felt nothing at all. After a few minutes I put my hands behind my head and lay on the table as if I were on the beach, sunbathing, and listened to their chit-chatting. When one of them said something funny, we all laughed. After about 20-25 minutes, we were ready, and they put a bandage on my dick and left. The surgery assistant guy led me back to the place where I started the whole process about half an hour before. Dr Fekete arrived and gave me a few suggestions about the next few days. Then I paid the bill (as I was there on a private basis) and left and went home on foot.



I took the underground, then the train, etc. At home, I was prepared for the worst, that it would hurt like hell. But nothing happened. I called the doc to ask what I should expect, and he assured me that it could not be worse than a slight tooth-ache. "A slight tooth-ache ...", I repeated, but I was not convinced at all. I thought that as the surgery was painless, all the worst things would come after.

But nothing. It was unbelievable, I had no pain, whatsoever. After a few days I went to see the Doctor once more, and I told him that it had not hurt so far, so what should I expect in the following days. He said if it had not hurt in the first 2-3 days, there should be no pain at all. Oh Christ, I thought, I had not had the cut done before because I was scared of the pain. The sutures fell out by themselves and I had to dip my cock into camomile tea to avoid any infection.

After about three weeks my girlfriend could enjoy my newly trimmed cock, and it was so wonderful to be and to make love without a foreskin.

In the years since I have been quite often with my girlfriend to the nudist lakes, and quite a few older women (in their 40s) have asked me about my circumcision. In Hungary not too many men are circumcised, but it is becoming more popular among young men. I do recommend everybody to get circumcised as I feel a lot healthier since I had it done.



*Zsolt – Hungary*

## Dissimilar Siblings

**I**n issue 6/2003, the issue was raised as to whether, if one brother in a family needed a medical circumcision, any other brothers should also be circumcised. This question was posed in the 'Dear Dr Cath' column in the Sunday Mirror in late February under the title: 'Not to be snipped at'.

**Q:** Our son has to be circumcised due to a very tight foreskin. Our other boy is fine but we're worried they will notice how different they are. Should we have him circumcised too?

**A:** This used to be a common operation in young boys but now fewer than one in ten teenagers have had it done.

Circumcision is a painful operation and unless he's a small baby, your son will need a general anaesthetic. It's an extremely safe and routine operation, but all anaesthesia carries a risk and nobody should have an operation without good reason. There is no medical advantage here, so your second son should not have it done.

I know the boys will spot the difference, but you could take this as an opportunity to discuss with them how everybody is individual and that differences are a normal part of life. Your second son will only think he's odd within your family – with most of his friends he'll be quite normal.

## Celebrity Status – Damien Hurst

**D**amien Hurst, the controversial artist, famous for sharks in formaldehyde and cut-up cows, is uncircumcised – and we have the photograph to prove it. The revelation came from the fashion photographer, David Bailey, who is himself circumcised. The two held a joint show, *Stations of the Cross*, at the Gagosian Gallery in London during May. The show uses the traditional stages of Christ's Passion as the starting point for thirteen huge photographs.

One image is of Simon helping Jesus, with David Bailey as Simon and Damien Hurst as Jesus. Simon is kneeling before a full-frontally naked Jesus. The picture is revealing, with Damien sporting rather a long foreskin. As David says: "He gets the starring part, and I'm just Simple Simon. And I'm circumcised – he's not."

So, after the controversy in recent issues of *Acorn* about Michelangelo's *David* depicting an uncircumcised Jew, we now get a totally inauthentic Jesus. But at least we now know the truth about Damien Hurst!



*Ivan Acorn*

## Religious Circumcision and the NHS

*[The following exchange of letters appeared last autumn in an electronic magazine for GPs.]*

### Why do health authorities fund religious circumcision?

I was alarmed to read that some NHS health authorities are offering circumcisions to religious minorities (Clinical, October 13). While this may reduce the health risks associated with private procedures, that is no reason for them to get state funding. The state would be unwilling to fund female genital mutilation on the grounds that it is child abuse, so why should it fund what amounts to male child abuse?

In 1989 the United Nations Convention on Human Rights of the Child stated that ritualistic circumcision violated a child's right to bodily integrity. Your article implies that Muslims automatically and unquestioningly circumcise their male children. In fact, many Muslim authorities have great difficulty reconciling this



procedure with the child's right to bodily integrity. Jews are also increasingly questioning the wisdom of circumcision.

Circumcision of healthy children amounts to criminal assault since valid consent cannot be obtained from the child and parents have no legal right to consent to non-therapeutic procedures on their child's behalf. It is time we ended the hypocrisy of allowing circumcision while at the same time condemning female genital mutilation.

Further information can be found at [www.norm-uk.org](http://www.norm-uk.org)

*Dr Simon Fisher, Newcastle upon Tyne*

### Why Muslims opt for circumcision

In his condemnation of routine infant male circumcision, Dr Simon Fisher says those of the Muslim and Jewish faith are beginning to question the wisdom of the procedure. I perform many routine (male) circumcisions and it is my experience that true followers of both these faiths request the operation on their sons for an entirely valid reason – it is part of their cultural heritage.

There is no medical reason why a Jew or Muslim should not, for example, eat pork, but for us to attempt to rationalise this on scientific grounds would be both insensitive and inappropriate.

Dr Fisher refers to an anti-circumcision website. Perhaps I can suggest [www.circinfo.com](http://www.circinfo.com) as a site that provides sound and reasoned advice.

*Dr M Barrie, Kingston upon Thames*

I must take issue with Dr Simon Fisher when he states that many Muslim authorities are questioning circumcision. As a member of a Mosque committee who attends national meetings, I am not aware of any such questions. To be a Muslim a man has to be circumcised. This is usually done at an early age and healing is quicker in younger age groups. Not having a son circumcised is a restriction on religious practice, which is also a fundamental right.

Dr Fisher should provide details of his source of information.

*Dr Zahid Ghufoor, Streatham*

## Contact Corner

**M**idland based member, circumcised, feeling isolated, would like to meet with other members in the region to talk about circumcision. Contact via the *Acorn* mailbox or by email.

*John – West Midlands  
jmb1925@hotmail.com*

## The Marie Stopes Clinic

Several times I have read mention of the Marie Stopes clinic in London and a Dr Hussain. This is where I had my circumcision done a good few years ago. I had originally intended using my local private hospital but they required a letter of referral from my GP, something I was none too keen to try for as he had already thought it necessary to try to stop me being gay!! That same year a friend had been circumcised locally with what I considered an excellent result. It was quite tight with a low cut, the only sign of which was an extremely fine white line close to the rim of his glans. This looked very natural. To my eye, many adult circumcisions with a high cut don't look natural enough. This problem rarely seems to arise with child circumcisions, probably because of growth and time factors.

Anyway, back to the clinic. I arrived and after being asked why I wanted to be circumcised, the job was done without further discussion. Times were different then; the doctor knew best and you were not involved in the process as these days. So I just let him go ahead. There was no discussion about aftercare other than to take the prescribed medication and remove the bandage in a couple of days. The result was a fairly high and uneven cut with suture marks, albeit nice and tight. Quite severe pain went on for several weeks and I had to request a repeat prescription. So I would not recommend the Marie Stopes clinic. But as I said, times have changed.

My friend and I, having experienced as adults both cut and uncut states, are strong advocates of circumcision. We would not want to go back, except in my case I would have gone about it differently. We both feel our parents should have had us circumcised. I think mine considered it but never discussed it with me – there was no medical need but there was the opportunity.

I agree with what J.T. (issue 3/2004) says about medicals. Having worked in schools, the lack of medical examinations is apparent. Parents are not well informed and almost everyone in the current climate is scared witless about going near boys' cocks, let alone examining them. Whilst this situation may be understandable, it can only be to the detriment of some boys.

*C.H.A. – North Kent*

## To Lube Or Not To Lube

I was most surprised to read Jack's remark (issue 2/2003) that, "Like most well circumcised men I can only jack off with lubrication". This has not been my experience. None of the 15 cut guys I've been with have had any problem wanking dry, nor have I since I had mine cut. For myself, and for my circumcised partners, wanking with lubricant is simply a delightful optional extra made easier and better by the absence of a foreskin, but not necessitated by it.

*S.M.*

## Penis Pain

In *The Times* each Saturday, the honorary consultant paediatrician at Great Ormond Street hospital answers parents' queries. The following exchange took place in August.

**Q:** Our oldest son is  $8\frac{1}{2}$  years old. We have been encouraging him to start pulling back his foreskin but he says it hurts, and some of the foreskin seems to be stuck to the top of his penis. Should the skin just peel away over time or is it more serious?

**A:** Some boys still have a tight foreskin at the age of eight, but in most cases it is beginning to show signs of retracting of its own accord by then. If the problem isn't treated, there won't be any immediate problem but your son could experience difficulties later in life.

It would be a good idea to see your GP, who may suggest referring him to a surgeon who would be able to review the situation. If he does need treatment, there are several options. A simple circumcision is one. The foreskin can also be stretched under general anaesthetic. If there is a particular desire to preserve the foreskin, a procedure known as preputioplasty, which involves making an incision in the foreskin, is a third option.

## The Economics of Circumcision

Our cash strapped NHS probably de-listed 'Circumcision on Demand' as much on grounds of cost as anything else. Thus the managers and accounts administrators are as blameable as the anti-circ proselytisers for virtually eliminating the procedure as a prophylactic. This smacks of economic as well as medical short sightedness.

Consider the official NHS figure of 30,000 necessary circumcisions per annum. That's the figure banded around in recent times and the nearest estimate which will serve for a little illustration. At a very conservative estimate this is going to rack up a figure of thousands of pounds per circ. If that sounds excessive, let's set out a typical cost scenario for a boy who develops a foreskin problem which results in one of those 30,000 circs.

- 1 Mother takes son for several visits to GP with foreskin problem before losses are cut (so to speak!) and patient is eventually referred for circumcision. It certainly is rarely suggested the first time a patient presents. GP's professional time per hour – say 15 mins per consultation plus admin staff and running expenses of doctor's premises. You are probably looking at £50 per visit if fully costed. Average situation requires a probable total of 4 visits, say £200 in all.
- 2 Cost to NHS of medication; creams, antibiotics etc, subsidised for adults, free to children. Guess at £200.
- 3 Add cost of referral for initial consultation with specialist/surgeon prior to procedure. Not cheap! £250.

4 The event; Surgical day case at hospital: Overheads of light, heat, building maintenance, insurance, admin appointment costs, surgeon and anaesthetist's fees, nursing costs, plus medication and disposables used for each procedure. Perhaps £1,000 all in.

5 Follow up appointment at hospital or doctor's surgery £50

TOTAL for above around £1500 to £2000.

CONTRAST with cost of RIC:

Almost all the costs are already being borne by the maternity unit – the baby is there anyway. So are the staff. A RIC could be included as part of the OB's or midwife's skills – at 'run-on' rate. You could, if necessary, (and a good idea in my humble opinion), train nurse practitioners to carry out circumcision. (They do at Bradford Royal Infirmary.) For infants it is a simple procedure lasting only a few minutes. None of the formidable list of costly provisions for an older child or an adult day case apply. Yes, there might be a slight addition for the training mentioned, insurance, dressings, disposables etc but these would be small in comparison.

Not costed into any of the above are the spin-off savings in respect of recent research findings. Less cervical cancer, and vaginal infections of partners and no time off work for adult patients.

With NHS current policy of only circumcising when it really is medically necessary, we're looking at £1500 x 30,000 circs = £45m, maybe more?

The nanny government and doctors are always exhorting us to lead healthy lifestyles. We are bombarded with advice: Don't smoke, don't drink or eat too much, avoid unhealthy foods. Do attend screening programmes, have cervical smears, and mammograms and have check-ups at 'well person' clinics. Watch your weight, watch your cholesterol, check your blood sugar, check your blood pressure. Do everything you can to avoid illness and accidents. Think of the savings on NHS budgets, resources and ultimately your taxes. Oh, and DO get your children immunised. BUT DON'T CIRCUMCISE THEM!

Does it stack up?

G.D.

## Disclaimer

Opinions expressed in the magazine are those of the individual authors and do not necessarily represent the views of *The Acorn Society* or its other members.

# ACORN

Issue  
N<sup>o</sup> 5 2004  
Editor  
Ivan Acorn

## Editorial

Circumcision as a subject is rarely absent from the media. Often there are questions to 'the doctor' from worried men experiencing foreskin problems or perhaps parents with sons suffering from phimosis. Usually such articles are reasonably balanced, even if they reflect the conservative attitude to circumcision adopted by the UK medical profession. But at the end of September, a quite astonishingly biased article appeared in *The Independent*. This in effect advocated a total ban on male circumcision. Parents would no longer be able to elect to have their sons circumcised whether for social or religious reasons. It was recognised that the religious ban might meet resistance, but if female circumcision has been outlawed, why not male? As for circumcision for medical reasons – that is unnecessary.

*Acorn* tries to steer a middle course between roundhead and cavalier and normally such an article would have passed without comment. But this seems a bridge too far, and it is worrying to see the more extreme propaganda of *Norm-UK* being reprinted by a respected broadsheet.

Meanwhile, a new Yahoo internet group, circuk, has arrived – a UK based pro-circumcision group, for all those in

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
editor@acornsoc.org.uk

favour of circumcision, or those considering it for themselves or their sons. Whilst such information groups are welcome, isn't this yet another case of the pro-circ lobby preaching exclusively to the converted? It could be that, if they don't get out there and start proselytising about circumcision, they will find that *Norm-UK* has won the day!

Ivan Acorn

## Editor's Interview

### Military Cuts

**R**umours abound about the attitude of the military to circumcision, and how far it is encouraged/required especially for personnel serving overseas. IDK has contributed previously to *Acorn* and he kindly agreed to be interviewed about his circumcision observations during service in World War II.

*Q: Given your age, I am assuming that you saw military service during World War II?*

A: A correct assumption! I had nearly six years including France 1940, 8<sup>th</sup> army, Egypt, Libya and later Palestine.

*Q: I know that you were circumcised as a very young boy. What proportion of the men that you served with do you estimate were also cut?*

A: 25%-30%, I was surprised to see so many cut. But there were variations and in one unit it was 40%-50%. I have two photos, each of a group of six including me. In one, four were cut; in the other, only one. Broadly speaking, units I served in had many volunteers comprising young qualified professionals (i.e. at least 21 years) with average age 23-27 and several skilled tradesmen of similar age – and each group had equal proportions cut.

*Q: I have heard that circumcision was often prescribed for servicemen overseas in Africa or the Far East. Did you ever come across this?*

A: I only came across one soldier who had been sent for circumcision prior to a Middle East posting. I noted his circular bright red scar just back of the ridge and he told me about it (noting my cut as we were bathing, as was the custom, nude). Before a unit went overseas, it was mobilised – all stores, equipment, vehicles checked. At the same time, the men's health, teeth and inoculations were all checked and brought up-to-date etc. 'Short arm inspections' or FFI (Free from infection) inspections were routine. But it was unusual for foreign service to automatically require circumcision. I have heard that it was the custom for the East India company to recommend that all new personnel be 'cut'. My younger brother went to Burma and never had any suggestion that he should be cut.

After the war, in our prefabs, my next door neighbour had served in the Navy, mostly Mediterranean. He was in a motor torpedo boat based at Alexandria with sorties to various Greek Islands where they would hide and rush out on raids. This gave much spare time for sun and sea bathing, as ever, nude. Of the eight or

nine crew on his boat, all had been circumcised (including himself) except one – and on returning to Alexandria, he duly went into hospital to be cut. From this my neighbour took it for granted (erroneously) that to be A1 and serve overseas in the Navy, you *had* to be circumcised. He was generalising from one instance. My brother-in-law was Navy, uncut, A1 and served all round the world!

I can only recall one other case of a man needing circumcision. This was the transport corporal, by his own account a womaniser, 'very active' with his girlfriend. We were mobilised and were going overseas and there was a strong suspicion once we were en route to the Middle East that the girlfriend was pregnant. He even looked into the question of marriage by proxy and all the way out to Cape Town he was worried and agitated. Somehow during our four days there he got word that all was clear and that he was not going to be a father. We duly landed in Egypt and he left the unit to go into hospital to be circumcised. For what reason we knew not – but it could not have been a tight foreskin!

*Q: I've also heard that circumcision was routine for anyone treated for VD. Did you come across this happening?*

A: There may be some confusion here since often foreskin and genital problems were dealt with in the VD unit. For instance – consider these cases. There was a Batman who, though married, was a bit of a womaniser. Word came through that he was to be released and sent home, being a skilled shipyard worker. He was uncut and found to have some foreskin irritation – so he was sent to the VD department of Aldershot hospital where it was quickly cleared and he was pronounced OK. Another uncut and respectable married man had similar irritation and we all regarded him as honest and decent. The army did not supply sheets or pyjamas – you slept in your shirt – and his problem was caused by blankets! In the Middle East we had mosquito nets etc but rarely used them and we would sleep naked in bed. My great pal (uncut) was asleep, his loose foreskin retracted and a mosquito 'got' him on his glans. He went for necessary treatment *at the one and only centre* i.e. the VD wing of the hospital.

One young soldier in a unit in the desert requested circumcision and was told it could be done. He was exceedingly modest and bashful. His doctor realised this and told him not to worry – he would be treated in the VD ward because there the orderlies/nurses were all male and there would be no embarrassment!

Although propaganda and statistics up the desert gave very long odds against being killed, the most likely causes of being sent back to the base hospital were burns (petrol) and dysentery. But there was a strong belief that some men achieved base by rubbing sand into their glans and foreskin. Common in the desert were desert sores – any slight cut or abrasion could 'go wrong' and one had to report sick even though the incident was slight. Imagine how quickly a sandy balanitis got one sent down to base! It was said that the hospital at Alexandria had one ward devoted exclusively to doing circumcisions.

So I can't confirm circumcision being a treatment for VD. I suppose only a visit to public records at Kew could give figures and data on circumcisions up the desert.

Interestingly the Health Museum in Cairo had one small room where the walls were 'decorated' with wax(?) models of penises in various states of disease/VD/decay etc – there must have been at least 100 models and all were circumcised.

The army system anti VD was the ET packet – ET being 'early treatment' – these were available in the guard room and anyone going out for an evening's fun was required to collect and as necessary use the contents. These were: cotton wool, soft soap and a tube of mercuric oxide(?), a strong germicide. Before sex, the instructions were to liberally smear "the knob, the ring and the bridle string with mercury ointment and inject some 'up the pipe' before indulging". Just what the female was supposed to do whilst this performance went on beggars belief. Afterwards the organ was to be washed. Condoms, then called French Letters, were not supplied and were seen as good for birth control rather than disease prevention. Interestingly, though, French letters were supplied to both German and Italian troops and we often found them. One war time tale was that among wrecked ships in Tobrook harbour was one containing bodies of prostitutes sent out for the Italian soldiers' comfort.

There was a tale that there was a sadistic NCO orderly at the VD Centre and his delight was to do treatment with an 'umbrella' catheter. This was inserted, opened and excruciatingly pulled out, preferably with a spiral action. The unhappy patient then visited the urinal for relief but the pain was so great that the flush pipes which they gripped were bent and distorted! Obviously fairy tales, but clever propaganda to keep the lads pure!

*Q: Did you ever come across any regiments where circumcision was the tradition?*

A: At Tobrook in early 1943 I did come across a unit where they all were circumcised. But the reason was that we did recruit and take into the army Jewish and Arab boys/youths and this unit was an Artisan Company (probably similar to the Pioneer Corps) and was Jewish – hence lack of foreskins. But I did find elsewhere a Jewish boy – saved from Vienna just prior to the war – and he had NOT been circumcised. Apparently there are strict rules about the health of the infant and if they are not well they cannot be circumcised on the 8<sup>th</sup> day – obviously he was a sickly infant and was subsequently overlooked.

*Q: Thanks very much for your full answers. Just one last question. Do you think that being circumcised was an advantage to you in the places that you served – and, bearing in mind the current war in Iraq, do you think that there would be advantages in any soldiers due for posting to the Middle East to be circumcised before they go as part of mobilisation?*

A: This is a tricky one. I must say Yes to being circumcised being an advantage for me; but I had little experience of foreskins being a disadvantage to those soldiers who still had them. This may have been due to the fact that I was in the RAMC and all service was in Field Hygiene Sections, so knowledge of the sick was virtually nil apart from unit contacts.

As circumcision is not as widely practised as it once was, I have no doubt that it would not be practicable to include it when mobilising troops for Iraq. Further, there would be some who would be strongly opposed to losing their foreskin.



Additionally, it is unlikely that such action would be endorsed by the medical profession – so I'm afraid that circumcising troops en route for Iraq is just a pipe dream.

## Through Female Eyes

**M**any members are interested in the female viewpoint about circumcision. Andras, our Hungarian member, has provided the following translations from a Hungarian language web site of the thoughts of girlfriends, wives and mothers on circumcision.

### *From a young mother*

My good husband is circumcised – he had a tight foreskin, so he was done for medical reasons. Now we must decide whether or not we should get our little boy circumcised. The paediatrician is absolutely for it, so is my husband, and I just cannot decide. They say that a phimosis might develop later, so a boy is not necessarily born with it. (When my husband was operated upon, an old chap in his 70s was also there, and he felt so ashamed to be undergoing circumcision. He said he had never had any problems with it before.)

I have to fight with our son every evening when I want to pull back his skin. Whether it hurts him or he just hates it, I don't know. Anyhow, we still wait a bit.

### *Anna*

In Hungary circumcision is done, unfortunately, only when it is already unavoidable, while in other parts of the world, this little surgery has a prophylactic role. I think a circumcised penis is so different, it is so much more 'masculine' and 'aesthetic' than the other form. This is just my personal opinion, but I am very much for it. I realize that it is becoming popular in Hungary, and not only among neonates and kids, but more and more young men decide to get rid of the foreskin, very often on the advice of their girlfriends or wives.

### *Nelli*

My husband had a short frenulum problem, but no tight foreskin. Nevertheless, the specialist suggested that the whole foreskin be removed, not just a cut through the frenulum. We had our son circumcised at four. His foreskin was stuck to the glans and so tight that he could hardly pee, but we did not try to force it back. Fortunately, he had no serious irritation, just the end of it was a little red. The paediatrician referred us to a doctor at the Children's Hospital in Budapest. Our boy was done on an outpatient basis. He received a general anaesthetic, and we were able to go home the same day. So we had both 'done', and I am very proud of their willies. I think it is just a matter of decision, takes some courage, but once you are over it, then it is fine.

## *A wife and mother*

My husband realised that he had a problem with his equipment only when we started to sleep together. He admitted that he had a tight foreskin when he was a boy. He could hardly pull it back – he could only uncover about one third of the glans.

The specialist offered the simplest solutions: a dorsal slit, cutting through the frenulum, or a partial removal, but he added that if we wanted a complete removal, that would also be very simple and deliver the best results. Naturally, we chose a full circumcision.

We had our two sons fully circumcised at ages of 4 and 5.5 without any hesitation, even though only one of them had a tight foreskin. They have never had any problem with their circumcised organ, nor have they been teased by the others. Moreover, the kindergarten teacher said she was very much in favour of circumcision, when we talked to her about what had happened to our boys.

## *Livia*

When we started dating, three years ago, I realised that my (now) husband had a very serious phimosis. He could hardly pull back the foreskin and it was also difficult to keep it clean. We tried to use lubes and to 'exercise' it, but with very little success. Then after about a year, a friend of ours referred him to a specialist, who suggested a circumcision without delay. He was very helpful and explained the surgery in detail, and offered a choice for the style, whether loose or tight, or high or low. Finally we opted for a tight and high circumcision, with the inner foreskin tightly pulled over the penis shaft.

The operation was done under local anaesthetic and it took about 45 minutes. After a week the sutures were removed and we could try it out a month after the circumcision. The end result: when the penis is flaccid, the skin has some movement, but it is absolutely stretched when he becomes erect; the colour changes at about 4 centimetres below the glans and reveals proudly that he is circumcised. My husband suffered a bit because of the sensitive glans touching his briefs directly, and he very often got an erection, but after about a few weeks, the glans became coarser and all discomfort was gone.

I have never had a circumcised man before, and I can surely say that our sex life has improved so much. First, because we can freely enjoy our bodies; second, because of the circumcision, my husband lasts longer and making love is a lot stronger sensation for me too. On top of all this, a fully circumcised penis looks unbelievably erotic for me. I am very proud of the circumcised prick of my husband.

I fully support the full circumcision of men, and I am sure I can say so on behalf of most women. I have agreed with my husband that we will have our future sons circumcised before we leave the hospital.

## *Meli*

My husband is Nigerian and he got circumcised as a baby. They do the operation because they want to save the child from infections which may evolve under the

foreskin, if it remains uncleaned for a few days, and we all know that a lot of boys and men tend to forget to clean themselves down there. If a man is circumcised, then no special care is needed, as it gets clean anyhow at every bathing or showering.

We are expecting a baby now, and if it is a boy, we will get him circumcised before leaving the hospital, and won't wait until he grows up. It will not be painful at all, as it is just a tiny piece of skin, and he won't remember it, like my husband. So anyone who has a son born should do it immediately, but if the kid is older and has not been done yet, it is never too late.

*His girlfriend wanted him circumcised*

I got circumcised at 20. My then girlfriend (who is now my wife) persuaded me to get it done, and I am still grateful for it. The operation was done at the Urology Department of a Medical School in South Hungary. I had to sign a form, stating that it was solely on my wish and at my risk, etc. They must have been doing a lot of voluntary circumcisions because they had a printed consent form for it. The operation itself lasted for about 45 minutes, and I had no problems whatsoever with it.

*A girl*

Unfortunately, circumcision is not customary in Hungary, but I am very much for it. I had my first and so far only cut boyfriend in England, and it was so wonderful. Now I do envy the Jewish girls.

I was au pair at a family where they had their two sons circumcised at 4, even though they were both healthy (meaning that they had no problems with their wee-wees). It was very interesting, as I had not seen such a thing before.

## The Cruellest Cut Of All

**An article by Jerome Burne from *The Independent***

Every day for the past six months, John has been wearing two 6oz metal ball-bearings attached by straps to the end of his penis. He's not a fetishist; he's on a course of DIY plastic surgery to correct what was, in his view, a terrible wrong inflicted on him when he was a baby. John was circumcised and he wants his foreskin back.

Your first reaction might be that John is the sort of chap who could have featured in one of Graham Norton's trawls through the wackier shores of the web. But the organisation he belongs to, known as *Norm-UK*, boasts the art critic Brian Sewell as its patron and features a number of doctors on its board. Largely unnoticed by the wider public, the once uncontroversial topic of male circumcision has become hot. One campaigner claims that it violates at least seven human rights.

Forty or 50 years ago, circumcision was unremarkable – as many as half of newborn male babies in the UK were circumcised on the grounds that it was

more hygienic and could protect them against conditions such as penile and prostate cancer as well as urinary tract infections. Such claims proved to be unfounded, and the number of circumcisions has plunged to between four and six per cent, most of which are said to be done for therapeutic reasons. (Figures are hard to come by, as records are based on medical, not religious, circumcisions.) Recent guidelines issued by Canadian surgeons declare that “circumcision performed on a healthy infant is now considered a non-therapeutic and medically unnecessary intervention”, and UK doctors’ associations agree.

The change is a triumph for evidence-based medicine, but it raises some tricky questions. If circumcision is medically unnecessary, is it right to subject small babies to it? At the moment, parents who want to have their child circumcised on the grounds of personal choice only need to find a doctor who is willing to do it privately. The aim of *Norm-UK* – which takes its name from the American *National Organisation for Restoring Men* – is to make this unacceptable.

A particularly delicate area of this debate is the issue of religious circumcision. Official bodies usually defend it on the grounds of religious freedom and cultural toleration, but some of the more hardline *Norm* members point out that such sensibilities have not prevented governments outlawing so-called female circumcision. “Circumcision is one of the very few non-therapeutic operations that can be done without the consent of the person being operated on”, says David Smith, the manager of *Norm-UK*. “It’s a scandal that young boys are mutilated unnecessarily.”

But if most of the operations are done to cure a medical condition, what is wrong with that? The main reason for a therapeutic circumcision is to treat a condition called phimosis – a tight foreskin that won’t retract. “Parents get worried and want something done even if it is not causing any problem”, says Dr John Warren, a consultant physician at Princess Alexandra Hospital in Harlow, and founder of *Norm-UK*. “But research published as long ago as 1968 found that 90 per cent of tight foreskins resolved themselves by the age of four and 99 per cent were normal by 17.” The charity also claims it is possible to treat most cases non-surgically.

Last month, *Norm-UK* delivered a letter to the British Association of Paediatric Surgeons (BAPS) declaring that “most therapeutic circumcisions performed by the NHS are unnecessary” and backed it up with 109 journal references. BAPS 2001 guidelines say: “...there is rarely a clinical indication for circumcision... Doctors should be aware of this and reassure parents accordingly.”

The official position of the British Medical Association – “It is unethical to circumcise if research shows that less invasive techniques are available” – is equally general. It is dismissed as “meaningless” by Smith. “If you take your child to the GP and say you are worried about his non-retracting foreskin, the only solution you are likely to be offered is circumcision.”

But debates about individual rights and medical judgements miss what is for many the central objection to circumcision – that it is an assault on male sexuality. The operation removes the prepuce that covers and protects the head, or glans, of

the penis, which is made up of an outer skin and an inner mucosa. “Until the mid-Nineties, it was possible to claim that the foreskin was just a flap of skin”, says Smith. “But then research showed that the inner mucosa contains up to 40,000 nerve endings that make a man more sensitive during sex.”

For many circumcised men this is not a problem. Some even claim decreased sensitivity is a bonus because it allows them to ‘keep going’ for longer. But *Norm-UK* claims that men experience a variety of negative feelings as a result of losing their foreskins, including “low self-esteem over body image”, “a sense of betrayal by parents, especially the mother” and “anger and hostility towards doctors”.

The process of restoration can help resolve these problems. Although you can’t re-create those lost nerve endings, you can recover the uncircumcised look and provide a covering for your glans which, ideally, responds by becoming thinner-skinned and more sensitive. All it takes is some straps, tapes and weights, and about three years.

There is no shortage of devices for sale on the internet with names like Pul-Man, TLC Tugger, Foreballs and Tug Ahoy. Foreballs, for instance, is a stainless steel barbell weighing up to 12oz and costing \$130 (£72). You attach it with tape and let it hang. “Some men have got their foreskin back in six months”, says Wayne Griffiths, founder of the American *Norm*. “But usually you have to wear something for two years.”

One happy restorer is the *Norm-UK* member Alan Wood. “After years of dedicated stretching, taping and tugging”, he exults, “I am finally released from the shackles of inhibition.” His glans, he reports, is more moist and much more sensitive, while masturbating has new dimensions.

Sewell is listed as the patron of *Norm-UK*, but he is not the most wholehearted of supporters nor, he says, is he in need of restoration. Where Sewell does show solidarity with the organisation is on the human rights issue. “I do think it is something that people should be allowed to choose”, he agrees. “Doctors are very lazy about such matters and far too likely to take a thoughtless snip.”

### Foreskins: The Facts

Doctors began to promote circumcision in the 1850s as a cure for masturbation, then seen as a cause of insanity, epilepsy, hysteria, tuberculosis, short-sightedness and death.

In Finland, where no one is circumcised at birth, only one man in 16,667 has it done subsequently.

Foreskins removed from babies are in great demand by biomedical companies who use them in the manufacture of insulin and for producing artificial skin. A single foreskin is said to be able to grow 250,000 square feet of skin.

Last year, during the ‘circumcision season’ in South Africa, when manhood rituals take place, there were five penis amputations and 12 deaths due to botched ceremonies.

In May this year David Reimer committed suicide aged 38. He first became famous as living proof that gender is decided socially. He was castrated very young after a circumcision went wrong and destroyed his penis. He was given hormone treatment and 'successfully' bought up as a girl, Brenda. Later he rebelled and insisted on recovering his male identity.

There are websites devoted to what is known as 'recreational or fetish circumcision'. These contain erotic fantasies about forcefully circumcising a man and collecting foreskins. Members 'share stories and pictures of circumcision'. A woman who is only sexually aroused by circumcised males is called an 'acuculophile'.

Freelance circumciser Omunnakwe Amechi was charged last year in a London court with wounding two boys aged 14 and 19 months when he operated on them in their front rooms. The boys had to go to hospital and needed transfusions and corrective surgery. Amechi declared that he had been circumcising since 1995. He was acquitted.

## New Video Available

A 50 minute long video showing ritual Indonesian Muslim, and Israeli Jewish circumcisions, with two UK Plastibell circumcisions, is now for sale at £15 (inclusive of post and packing to UK addresses) from: The Gilgal Society, PO Box 21675, London SW16 4WY, UK quoting reference RCV-PAL.

Payment can be made by cash or cheque (no credit cards). For orders from outside the UK, payment will only be accepted in **cash** for €27 or US \$27 inclusive of postage and packing.

Please allow 14 days for delivery.

The video is in VHS PAL format only. Note that these cannot be played on most US or Canadian VCR equipment.

## Helmets

Many years ago, while living in the USA, I bought a paperback book entitled *Man's Body* in which a small paragraph was devoted to circumcision and a much larger article on the sizes and shapes of helmets. There were three line drawings showing basic helmet shapes i.e. bottle, bulbous and prow (pointed) shaped, together with some statistics on the most common types. I believe that bulbous was followed by bottle and prow.

Is any *Acorn* member aware of any such grading appearing in any other articles? I submitted a letter on this topic to *Acorn* many years ago and I sent the three line drawings with the letter, not keeping a copy. The letter was never published.

The publisher is Bantam Books ISBN 0-553-10928-6, published 1977.

*Mark - Worcester*

## Mission Accomplished

I was fascinated by circumcised penises from my earliest memories. I remember playing with the boy next door at about 3 years old and we played with each other's cocks. He was like all the local boys, neatly cut, although in his case radically circumcised. I seemed to be the only boy who was different and I hated my cock with its knob covered by a sleeve of skin. I kept wondering why I was different. When I was five I went to school and discovered there were a few boys like me. How ugly they looked compared to those with exposed knobs. Then one day one boy had to go to hospital and when he came back I discovered he had a rather sore willy but that he had somehow lost that loose skin. On questioning him, he explained that he hadn't been able to pull the skin back (as I could) and so they had cut it off. He said it was called circumcision. All was now clear to me.

As I grew older and changed schools, I kept a careful survey of the status of boys when we were in the changing rooms. Around half the boys were like me and the others all had bare knobs. Some I noticed had skin bunched against the knob and a couple of boys had skin covering half the knob – a very slack cut. But the majority had a beautifully exposed knob, and a smooth shaft with no wrinkles at all. One particular friend and I often examined each other minutely and I remember him saying he was glad he didn't have all the loose skin that was on my cock. He had been radically cut and inner skin seemed to cover the whole of his shaft with no trace of a scar. I was absolutely green with envy and vowed that one day I would have a cock like his.



When I was eighteen I had my first girlfriend and eventually my first sexual encounter which wasn't a great success.

She had never seen a foreskin before as a previous boyfriend and her brother had been cut but on seeing me she was not over impressed. This made me even more determined to get rid of that horrid foreskin. All through my school days I had tried to keep the skin back using rubber bands, tape, glue – all to no avail. The trouble was the knob was so sensitive that I would get randier and randier until I would have to have a wank, and then I would have to rehood the knob to cool down. The longest I ever went bare was three days.

I went to the doctor and said that I was having trouble with my foreskin but of course he could find nothing wrong and, to my embarrassment, sent me away. In

the 1950's there were no clinics and I could not return to the doctor so I had to cut off the skin myself. I decided as a start only to remove half the skin and to do the job in stages. One day I was feeling exceptionally randy, and got scissors and bandages and savlon cream and pulled on the foreskin and snipped towards the corona. I was so excited by what I was doing that I was oblivious to any pain and I cut almost up to the corona before cutting right and left. I then ended with a huge bunch of skin hanging from the frenum which I did find painful to remove. Inadvertently I had taken off more skin than I had intended and had achieved a slack circumcision. Very little bleeding occurred and I pushed back the remaining inner skin to join the severed outer, then smeared savlon over a gauze bandage and wrapped up my bruised cock, now feeling drained and exhausted. Healing was rapid, and I had a wank four days later and left off the bandage after a fortnight. Those first days of bareness were incredible – I kept thinking the thing had come out of my pants. I just couldn't believe it – I was circumcised. After all those years of longing, I was now one of the others – circumcised.

It was quite amazing what a boost it was to my confidence to be cut like my friends. It had always seemed that the cut boys were the successful ones in class and sport, and in the changing rooms always strutted around proudly showing off their circumcised status for all to see, unlike the uncut ones who tended to be retiring and covered themselves up in the changing rooms.

Girl friends always enjoyed touching me unlike that first occasion and sex was wonderful. However, after a year or two, I started to wish I didn't have the spare skin bunched behind the glans. So one day I decided to have another go to tighten it up. This time it was easy as I decided to leave the ventral side alone and cut away about one inch of inner skin from the top and sides. Again I felt very little pain and there was no bleeding to speak of. The cutting only took about a minute and then I wrapped a thin gauze with savlon on it around the cut area. As before, I didn't attempt to use



stitches (much too painful) so as there was effectively no slackness in the shaft skin now I stuck lengthways along the shaft strips of tape to the glans pulling the shaft skin down to ensure there was no tension on the cut. This again worked very successfully although healing took a bit longer. When it was fully healed, I had achieved my ultimate ambition – I was radically circumcised with virtually no scar. In hindsight I would have preferred to have removed shaft skin instead of inner skin and also there is a bit more tissue on the ventral side around the frenulum than I would ideally like. However, I am delighted with what I have achieved and still get a thrill when I see my beautiful circumcised cock.

Some years later, a friend of long standing commented on my change and asked me where it had been done. I told him it was a DIY job and he was most impressed.



A day or two later he asked me if I could do the same for him as he had long wanted to be circumcised. He told me that he knew about an anaesthetising cream to deaden the pain so we discussed how he wanted it done: maximum inner skin left. We arranged a day and I got to work using the same technique I had used on myself. I am glad to say the result was excellent and I was a trifle jealous that it was better than my own job. Sadly, work took him away and I haven't seen him now for some while.

R.W. – Wiltshire

## Penny Drops For Private Insurer

Readers may remember my article in issue 4/2004 *The Economics of Circumcision*, pointing out the false economy of NHS thinking on Routine Infant Circumcision.

Recently, whilst surfing the web on a US parenting site, I found a thread where expectant moms were discussing the merits of circumcision, and who had or was going to circumcise their sons. RIC is a hot topic on many of these maternity message boards these days.

I quote from one enlightened mother:

“While I do agree it is very personal decision. I have circumcised both my boys and I am very happy that I did for numerous reasons. But I did get a very interesting piece of information the other day. When I got my insurance benefits information from my obstetrician's office, it said they had contacted my insurance and the following was the amounts they would cover: listed in that was circumcision.

I got very curious because it is a ‘cosmetic’ surgery and in this day it seems like you have to fight for coverage. I called my insurance company and they said they started covering circumcision last year because they were finding more people would circumcise if covered and they were having a major increase in circumcisions in older children where they then had to pay for the circumcision, general anaesthesia, and other expenses associated with surgery. They found by covering infant circumcisions it was reducing the medically needed expensive circumcisions later.” (Chelsea)

Now I've frequently read of US opponents of circumcision crowing about US insurance companies' dropping of this cover and thus proving it is ‘unnecessary cosmetic surgery’. When you remember that insurance companies employ people who do nothing else but pore over figures all day, to calculate premiums and cover, so they don't lose out, this has to be a pretty significant piece of news!

Foreskin problems are not rare at all. Most men will experience some trouble at some stage in their lives. Not all will end in circumcision, but enough obviously do to persuade this insurance company to change its rules.

I'm not sure what view the UK Health Insurers take of elective circumcision, but I know they used to cover it. We had friends who circumcised their son when

father changed jobs and acquired private health insurance as part of his package. The son didn't need circumcising but mother wanted him done to match father who was cut shortly after their wedding. From her side of the conversation it was clear she was very pro circumcision.

Last time I looked, BUPA seemed to be covering circumcision in their maternity package. Perhaps others with PHI can check on their cover and report? Considering how the cost escalates as a child grows older, and reaches £1000+ by adulthood, it seems the actuaries of the insurance companies are canny enough to appreciate what the blinkered bean counters of the NHS can't.

G.D.

## Acorn Meeting

[This notice about the next *Acorn* meeting appeared in the last edition. Unfortunately, publication coincided with a time when Douglas was away from home so members may have had difficulty in contacting him. There are still places available for the November meeting.]

A meeting of the *Acorn Society* will take place on the afternoon of Saturday 13<sup>th</sup> November. We have taken an option on a number of twin bed and single bed rooms for the nights of Friday 12<sup>th</sup> and Saturday 13<sup>th</sup> November. The charges are: Shared room £47.00 per person per night, Single room £51 per night.

Further information and booking of accommodation via Douglas 07788 126706. Evenings and weekend are best times to call.

Members may be relieved, or even disappointed, to know that there will be no need to present accounts at this meeting.

Douglas

## Marlon Brando RIP

Marlon Brando died on 2<sup>nd</sup> July this year. In his autobiography *Songs my mother taught me*, he recounts his interest in meditation and how he used it for pain control – even to the point of seeking to be circumcised without anaesthetic.

“The more I have meditated, the more I have been able to control not only stress in my life, but pain. If I have a headache or stub my toe, I'm often able to locate the pain in my mind and will it away. So confident am I of this ability that when I decided a few years ago to be circumcised, I asked the doctor to do it without a pain-killer. I assured him that I could eliminate the pain using mind control during the operation. He was sceptical but said it would be an interesting medical experience and he scheduled the operation. But when I arrived at the hospital, what seemed like its entire medical staff was waiting to witness the event. The prospect of seeing a movie star circumcised without anaesthesia must have been a hot topic of discussion in the doctors' lounge. I didn't welcome the presence of uninvited guests, and since I go by instinct, I went home.

“Later a different doctor agreed to do the operation without pain-killers, but he became frightened and an anaesthetist was waiting for me when I kept my appointment. He said that because of medical ethics he couldn’t circumcise me without using a pain-killer. Disappointed and angry but tired of the delays, I let the anaesthetist give me a shot in the back. To this day, I’m sure that if they hadn’t given me the shot, I would have felt no pain.”

## Beckham – The Truth At Last

**T**he *Sunday Mirror* for 10<sup>th</sup> October contains an interview with Danielle Heath, the beauty therapist who is the latest to claim a liaison with David Beckham. And this is what she has to say about his equipment:

“I played with him a bit but was surprised to find he had no hair on his balls. His willy is big though – a good eight inches. And for the record, he is not circumcised.”

So now we know ... don't we?

## Muslim Circumcision

**I** am a very strong supporter of circumcision and always have been. However, in my opinion, circumcision should only be carried out on religious grounds. The only exception is in cases of paraphimosis where the foreskin is unable to be made loose by pulling and stretching as I described in my article *Save that foreskin* (issue 4/2004). It is a great deal easier to treat cases of phimosis where virtually almost all cases can be cured. This I know to be true after reading a book that mentioned a doctor in France who over several years worked with and treated a large number of boys who had tight foreskins and not once did he send any of the boys to get circumcised. He also encouraged all of the boys to masturbate as masturbation helps to keep the foreskin in its loose, natural state. From an Islamic point of view, masturbation is neither approved or disapproved. It is better than having sexual intercourse outside marriage but it is expected that self control will be put into practice at all times.

I am a convert to Islam but being circumcised had absolutely nothing to do with my conversion. That took place in 1965 at the age of 18 but I was circumcised when I was a year old. This was on medical grounds – I had paraphimosis which caused me a great deal of pain and discomfort especially during urination. This is what my parents told me; personally I can’t remember any of it or being circumcised.

Circumcision is part of Islam. It isn’t mentioned anywhere in the Quran but it is Sunnah (Way of the Prophet P.B.U.H.) Muslims believe that the Prophet (P.B.U.H.) was born circumcised and that he was the only perfect human being to have lived. After he died he left the Quran and the Sunnah as a guide to follow and also his Haddith (sayings of the Prophet P.B.U.H.), and it is compulsory for all males born in Islam to undergo circumcision. As in Judaism, the glans should be completely uncovered. Most circumcisions on Muslim boys are carried out in

hospitals with the remainder taking place in mosques and elsewhere. The age is normally under one year, but amongst the Turkish community it is older, between the ages of three and seven or eight.

With regard to male converts there are two schools of thought. One says that male converts must be circumcised, the other says that they need not be. The older and more conservative generation describe a male born as a Muslim who remains uncircumcised as being in a state of filth. This description applies only to Muslims who are uncircumcised. I wrote a letter about this to *Acorn* in 1994 or thereabouts after I read a letter about a Muslim member who like myself was a member of *Acorn*. My letter I felt was grossly misunderstood by a number of members who wrote in stating that they weren't in "a state of filth" having a foreskin. My comments weren't a personal attack on any of the uncircumcised non-Muslim members. I was merely encouraging the Muslim brother to get circumcised and also his young sons who were also uncircumcised. I hope this time that there won't be any misunderstanding.

I am part Turkish through my great grandmother who was of Scottish and Turkish descent and like me was born and bred in Scotland. One of my Turkish Muslim brothers who lives in London is a medically qualified circumciser and various Mosques and Muslim families contact him to circumcise their sons and also male converts. We are very close friends as well as being Brothers in Islam. During the conflicts in Bosnia and Kosovo, many of the refugees came to London and some of them were placed in a Turkish Mosque. It was discovered that some of the teenage boys and young men were still uncircumcised. (The Communist regime in the former Yugoslavia tried to ban circumcision completely.) My friend was sent for by the Mosque and he circumcised all the teenage boys and most of the young men in their twenties. Whenever I go to London, I always go to that Mosque. It is in North London near the Turkish area. I was with him in the Mosque and he showed me his circumcision medical instruments and later on he went into one of the rooms to start circumcising. By that time all of the teenage boys had been circumcised thus leaving the young men. I spoke to five or six of the Kosovans and that day they weren't ready to be circumcised, but they were done at a later date again at the Mosque. When I spoke to them a few days afterwards, they were all pleased to be circumcised although a few were still in a state of being tender and a bit uncomfortable.

I very much enjoy being a member of *Acorn* and the newsletters are far better and more interesting with photos of circumcised and uncircumcised penises. I would however like to see more of our uncircumcised brothers-in-Humanity joining and becoming members of *Acorn*.

A number of times I have read letters written by fellow circumcised members describing the uncircumcised penis as boyish. I find that offensive as only a man can father children and not boys. Personally I find the foreskin on an uncircumcised man very manly and adult looking and not boyish at all. In fact, the longer the foreskin, the better it is. I would like to write to any uncircumcised member of *Acorn* who like myself is open minded. I would also like to read more letters about masturbation in future newsletters.

*I.N. – Manchester*

# ACORN

Issue  
N<sup>o</sup> 6 2004  
Editor  
Ivan Acorn

## Editorial

**C**hristmastide again! There are small (or perhaps not so small) presents for you all on page 10 – but I leave it to each of you to decide how you wish to unwrap the packages!

And now to my list of exhortations:

First: enclosed with this edition is the annual renewal notice. Please make the lives of the Treasurer and myself easier by returning it **now** with your subscription, rather than waiting for a reminder.

Second: details are also enclosed of the next *Acorn* meeting in April. A plea from the organiser, Douglas, that you book by the deadline – otherwise this time he really will cancel if enough people have not registered by the due date.

Third: in that quiet period after Christmas when there is little to do but watch old films or videos, why not get out your pen and write something, however short, for the *Acorn* magazine. As I have said before, the worst an editor can suffer is silence – and there's been a fairly deathly hush from most of you of late.

We shall be back in the New Year with more tales of foreskins and (in some cases) their removal. Happy Hogmanay!

*Ivan Acorn*

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## Correspondence

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
editor@acornsoc.org.uk

### The Solitary Vice

**M**asturbation. Eighty per cent of men admit to the practice. The other twenty per cent lie – or so it is said.

Masturbation had a bad press in Victorian times. Described as the solitary vice, it was seen as laying the foundations for multiple ailments including epilepsy, consumption, paralysis and heart disease. It weakened the memory, or caused a boy to be careless, negligent, listless or even to lose his mind. Victims when grown to adulthood sometimes committed suicide!

If masturbation was the problem, what was the solution? Chastity belts were certainly one possibility – covering the organs with some form of cage to prevent access from wandering hands. Infibulation was also tried – closing the foreskin opening with some form of piercing, to prevent both access and erections. But by far the most popular solution was circumcision. This had a perfect logic. Masturbation was carried out by drawing the foreskin forwards and back over the glans to provide stimulation and eventual orgasm and ejaculation. If the foreskin was removed by circumcising the boy, preferably as tightly as possible to allow no slack in the skin, the means of stimulating the glans was removed and the hateful practice thus prevented.

Dr. E. J. Spratling, who promoted this surgery in the 1890's, advised that "to obtain the best results one must cut away enough skin and mucous membrane to rather put it on the stretch when erections come later. There must be no play in the skin after the wound has thoroughly healed, but it must fit tightly over the penis, for should there be any play the patient will be found to readily resume his practice not begrudging the time and extra energy required to produce the orgasm... We may not be sure that we have done away with the possibility of masturbation, but we may feel confident that we have limited it to within the danger lines."

There was also a secondary way in which circumcision promoted a cure. Inattention to personal hygiene in the uncircumcised could cause irritation, and the relief of the irritation by rubbing or scratching could lead on to the dreaded masturbation. Remove the prepuce, no irritation, no temptation.

In order that circumcision should be a salutary experience for the boy, it was sometimes performed without anaesthetic. In his 1877 book, *Plain facts for old and young*, Kellogg, the inventor of the cornflake and a campaigner against the evils of masturbation, wrote: "The operation should be performed by a surgeon without administering an anaesthetic, as the brief pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment, as it may well be in some cases."

The discomfort caused by the operation was also an advantage in Kellogg's eyes: "The soreness which continues for several weeks interrupts the practice, and if it had not previously become too firmly fixed, it may be forgotten."

Circumcision was not just a cure for masturbation – it had a curative effect in a wide range of illnesses. For instance, to quote Kellogg again: “In another case, in which phimosis also existed, there was paralysis of a few of the muscles of the leg, which produced club-foot. Circumcision was also performed in this case, and the child returned in a few weeks completely cured, without any other application, though it had previously been treated in a great variety of ways without success, all the usual remedies for club-foot proving ineffectual.”

That circumcision was widely practised to counter masturbation can be inferred from the article in this edition: *A poetic cut*. In about 1873, A. E. Housman, the poet, was circumcised at the age of 14 together with his four younger brothers. The reason for this was a mystery to his sister who recorded the event in her diary. But the age of Housman may be a giveaway. Caught in the act of, or confessing to, masturbation brought application of the best remedy known – and at the same time preventative action was taken in respect of the younger brothers who had not yet reached puberty.

But it is a mystery why circumcision as a cure for masturbation survived more than one generation. An uncircumcised father, faced with a masturbating son, might well agree to the cure of circumcision. But when that son himself became a (circumcised) father, surely he would know that the cure had been ineffective. (Can we really believe that circumcision stopped Victorian boys masturbating?) So why did he agree to the circumcision of his sons, and they in turn to the circumcision of their sons down the generations. Perhaps shame or hypocrisy played their parts. For circumcised fathers to state that circumcision was ineffective as a cure for masturbation would be to confess that they were still self polluters. One suspects that the solitary vice in Victorian times was practised covertly and never confessed. Thus the ineffective cure of circumcision could be promoted from generation to generation, with no-one willing to bear witness to its ineffectiveness.

Adult men contemplating circumcision often worry about whether they will still be able to jack off. In fact, research shows that, if anything, circumcised men masturbate more frequently than their uncircumcised counterparts. Why this should be one can only conjecture. The permanent exposure of the glans brought about by circumcision could be one cause. Of course, immediately after circumcision, the newly exposed glans is very sensitive and contact with underclothes etc can be an exquisite form of torture. But even when the glans has settled down (which for RICs is at a few days old!), it is still far more open to stimulation from the movements of everyday life than the glans of the uncut penis, protected as it is by the foreskin. This awareness may well encourage additional stimulation on a more regular basis than where the stimulation is more muted or non existent. It would be ironic indeed if circumcision had the exact contrary effect to that desired by the Victorian moralists.

So how do cut men masturbate? In many and varied ways! The point of course is that masturbation involves stimulation of the glans. For the uncut guy, the foreskin is at hand (literally!) to perform this service. Lack of a foreskin does not prevent stimulation of the glans, it just takes a little more imagination. The mistake

that uncut guys often make in trying to masturbate a circumcised partner is to masturbate him as if he were uncut i.e. to try to stimulate the glans by drawing shaft skin up over the glans as if it were a foreskin. If the guy has a very loose cut, this may work. But where the cut is tight and there is no spare skin on the erect shaft, only soreness is likely to result! The answer of course is to use the hand as a surrogate foreskin to stimulate the glans, and many and varied are the grips employed. For a whole website dedicated to pleasuring yourself, go to [www.jackinworld.com](http://www.jackinworld.com)

But perhaps an exploration of masturbation techniques is a little too off-topic for the *Acorn* magazine? Why not let me know what you think – and at the same time, let me know about your favourite technique – unless you are one of the 20% who lie!

*Ivan Acorn*

## An Irish Odyssey

I am an only son with four sisters, one of them younger than myself. As there was very little difference between our ages and as it was just after the last war, economy was the order of the day. So all five of us slept in the same room in two beds. We were young and innocent.

I first became aware of my foreskin as a five year old, and was curious about what was inside. After many painful attempts, I was able to pull it back. I was really delighted with my new discovery. I decided to show off my little red knob to my four sisters. Three of them really liked the look of the glans of my penis. The other thought my penis with the foreskin pulled back looked 'horrible'.

Strangely, the sisters who liked me skinned back have all had their sons circumcised, but the one who thought it looked horrible with the skin back had three sons and they were left intact. I never discussed the subject of circumcision with any of them. I got circumcised about 25 years ago – more about that later. Some years ago, we were all assembled at our parents' house. As always, doors were never locked – our house was like a naturist club! Whilst I was drying myself after a bath, one of my sisters came in and saw me naked – the first time in many years. She just passed

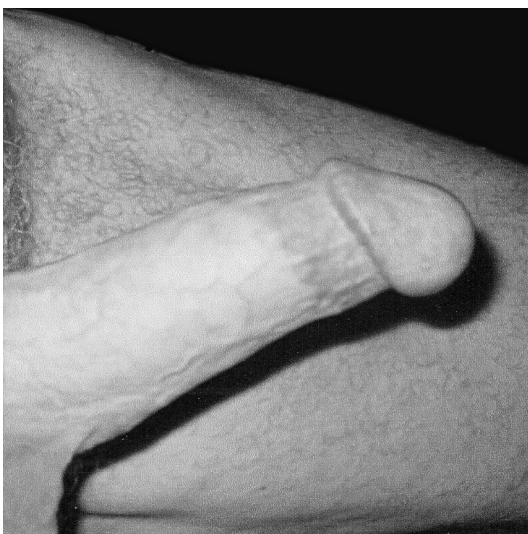




a comment about how much nicer I looked circumcised. She must have told the others as when I entered the room where they were, they all gave me a little smile.

I never knew anything about circumcision one way or the other until I went to London in the 60's. There used to be a Turkish baths just off the Edgware Road. Out of curiosity I ventured in and enjoyed the experience. In my innocence, I knew nothing about the gay community. They all seemed straight to me. Anyway, that is where I discovered that there was a difference between penises, and that the ones that looked different to mine were more attractive looking. I got some sex educational books and learnt about circumcision. So I set off on a mission that was to last for more than a decade, going to doctors up and down the length and breadth of England and Ireland. I tried anything and everything to keep my foreskin back – tapes, glue, super-glue – all to no avail. Finally, I developed an incurable rash on my foreskin – there was no cure!!! So I was booked into the local hospital to be circumcised. It was a very wonderful experience. My wife brought me to the hospital and whilst I was getting ready for bed, my wife and the nurse were discussing the procedure and the nurse told my wife that it was a sensible thing to do and that it would be the end of my problems.

So I got the full treatment, going to the theatre for a general anaesthetic. I was prepared the first night. The nurses wanted to bath me. When I informed them that I had had a bath before I left home, they still insisted as I had to be shaved. And the following morning before I went down, a younger nurse was sent in to prepare me again, and she was armed with a razor. Thinking back, when the senior nurses saw how embarrassed I was, they set out to embarrass both the



younger nurse and myself. As you can imagine, I ended up with a good hard-on, and that, I thought, was the last I was going to see of my foreskin. But that was where I was wrong. After a few days at home, with the swelling gone down and the dressing removed, I discovered that only half of my foreskin had been removed – only a 50% success rate.

After a couple of years, through a lady by the name of Doris Milward (she used to write for a naturist magazine) I was put in touch with a surgeon in Harley Street in London. I was in and out in less than an hour, and it cost less than £50 plus the cost of travel. There were just two injections into my groin, I lay down on his couch, he marked a line around where he was going to cut. There was no pain at all except from the two injections. He also gave me female hormone pills to stop me from getting erections so that there would be no strain on the stitches.

Finally, as I have learnt about the different styles and cuts, I don't quite know what style I have. Sometimes there is a lot of bunching of skin behind the rim and there are times when the skin covers more than half my glans. My penis is shown in the photographs. It varies in length when soft between 3 inches and 4.5 inches and goes to 6.25 inches when erect. I hope that, from the photos, someone can tell me what style of circumcision I have and advise me if I can afford to get any more skin removed to prevent the bunching and the skin covering the glans. If I can get some shaft skin removed, what would the results look like and what should I ask the doctor to do?

*E.D. – Ireland*

## Life Living With My Aunt

**M**y mother departed this earth when I was only 11 years old and I was brought up by my auntie Winnie. Auntie Win was always there for me and always gave me my bath from a very early age. In those days it was the old tin bath in front of the kitchen fire. She would give me my bath and then I had to stand up in the bath for her to pull my foreskin back and give my bare knob a good soaping. She would pull my foreskin right back as far as she could and while holding the skin back with one hand she would soap my knob well with the other hand. Sometimes it would sting a bit if the old Lifebuoy soap got into my pee hole. Also my bare knob was very sensitive at that time and was quite tender to touch. My willie would start to get a bit hard, which she seemed to like seeing and said that it was quite normal to get hard when a lady touched your willie.

She always wanted to make sure that my foreskin was not too tight and this happened every time I had a bath. Auntie Win was a nurse by trade so I thought she knew what she was doing and, looking back, I suppose that she did.

In the evening when it was just her and me, she did not like me wearing pants and trousers – the less clothes the better. She liked me to have a bare bum and willie and she always said that I should keep my foreskin pulled back all of the time when at home. If the skin came forward, she would either come up to me and pull it back herself or just say to me to pull your skin back.

When I asked her what being circumcised meant, she did explain to me and showed me where the skin would be cut off and why some boys had to be circumcised. She also carried on to say that I did not need circumcising because my foreskin was not too tight. But I would like to have been circumcised at an early age while I was with my aunt. She was only about 25 years old and had a very beautiful body. and she loved having me around. She too would get around the house with just a silk negligee on which was always open down the front showing all she had including a nice shaven pubes which showed her lovely crease.

This was all a matter of course – nakedness was the thing in the house and was very enjoyable. Neither of us bothered to hide anything and we had a carefree life together. I could not have wished for a better lady to look after me. This all went on for some years until I was about 15 years old. By this time when she pulled my foreskin right back I would get quite a hard on, but she said it was quite normal for me to get this way.

Later in life I did decide to be circumcised and have never regretted it. I can fully recommend it to anyone of any age – go for it, I had no pain and no problems. I just wish I could have it done all over again. The feeling was great to see that piece of skin being thrown onto the dish on the operating table.

I have had many experiences with many girls in my time and the majority of them liked the fact that I was circumcised, especially those which liked sucking my penis. Also I am fully shaven down there which saves them getting a mouthful of hair. This does make a lot of difference. This is a true record of my life as a youngster. I hope that you like it.

I would love to hear from anybody with their experiences via the *Acorn* mailbox.

*C.P. – Wiltshire*

## Next Meeting of the Acorn Society

**A**t the meeting of the Society in Leicester on 13<sup>th</sup> November, members proposed that the Society should meet again on **Saturday 2<sup>nd</sup> April 2005** with an option of accommodation on the night of 1<sup>st</sup> April for those that want it. Details of costs and methods of booking are on the booking form enclosed with this edition.

Four members present at the last meeting have already told me that they are not free to attend the proposed April meeting. If it is necessary I shall need to cancel the provisional booking with the hotel by 31<sup>st</sup> December.

Please let me know as soon as possible, and certainly no later than **20<sup>th</sup> December** if it is your intention to attend the meeting and you require accommodation. Call Douglas on 07788 126706, evening and weekends, send an email to [treasurer@acornsoc.org.uk](mailto:treasurer@acornsoc.org.uk), or complete and return the booking slip.

*Douglas*

## Poetic Cut

The poetry of A E (Alfred) Housman has proved a rich source of inspiration to English composers. Ralph Vaughan Williams, Arthur Somerville, George Butterworth, Ivor Gurney, John Ireland, Ernest John Moeran, all have set his verse to music, *The Shropshire Lad* particularly receiving multiple settings. Housman's poetry, written from the late 19<sup>th</sup> century onwards, reflects on the transitory nature of youth and mourns the early death of young men, particularly in war, thus pre-echoing the slaughter of the first World War.

East and west on fields forgotten  
Bleach the bones of comrades slain  
Lovely lads and dead and rotten;  
None that go return again.

A biography of Housman records his traumatic teenage experiences with respect to sexual matters. A recently appointed governess disgusted him by her immoral behaviour, behaviour which she had managed to conceal from his father. This unpleasant episode made Arthur think of sex between men and women as something rather repulsive, an impression which was confirmed by the guidance on sexual matters which was given to him at about this time by his father, who appears to have concentrated on warning him about the dangers of giving way to sexual desires.

Not long after this, at a time when Alfred was at least fourteen, Edward (his father) took it into his head to have all the boys in the family circumcised. Alfred's sister Kate later commented:

"I do not think it was to fulfil a scriptural rite that he sought, for there was no Abrahamic tradition in our family; but on sanitary mosaic lines. I think he considered it would contribute to their physical salvation – as perhaps it did. He ought to have thought of it in their babyhood. It was severe treatment, mentally and physically, for well-grown boys, and a great mystery at the time to the younger ones who made open complaint, with a mixture of importance and resentment, of the ill-treatment which had befallen them while my sister and I were staying in Lyme Regis."

Kate may have been mystified as to the reasons for the circumcisions, although the phrase "their physical salvation" gives a clue. Certainly it is not hard for us to conjecture the purpose. Alfred's father was concerned about him giving way to sexual desires. Such sexual desires must have included masturbation. And the recommended cure for masturbation at that time was... circumcision. And since, once the younger brothers reached puberty, they would be open to the same temptations, it must have seemed sensible to have them circumcised at the same time.

All this took place in 1873 or 1874 in Worcestershire, which shows that the popularity of circumcision had penetrated deep into the rural counties by that time.

Ivan Acorn

## She Wants Me Circumcised!

[The following question and answer appeared in a *Daily Mail* advice column in December 2003.]

### Question:

**I** have been dating an American girl for a few months. Everything is excellent apart from her constant request that I have a circumcision. The thought is not a very welcome one and I have refused. This seems to be affecting our sex life now.

Can you advise me as to how I can talk her out of her request/demand?

### Response:

Circumcision is more popular in America so it is possible that she believes you need to have it done because it is more 'normal' to her. It is important to ask her why she wants you to do this. My guess is that she will say it is because it is cleaner and more satisfying for sex. Neither of these arguments is true. As long as you wash under the foreskin daily your penis will be as clean as a circumcised one. And sexual satisfaction is no different in an uncircumcised man to a circumcised one.

There are some risks to having a circumcision performed in later life (as with any operation that involves an anaesthetic). You may find the operation causes numbness and soreness for some time. In addition, some men find the whole thing so emotionally traumatising it prevents them from enjoying sex afterwards.

My suggestion is that you explain all this to her and say that if she wants you then she gets a full foreskin as part of the deal! Your relationship is still very new and there is plenty of time to make an informed decision at some point in the future if you really want to. For now, concentrate on building a relationship that is not determined by how your penis looks but by how compatible you are in other ways

## A Circumcised World – Courtesy Dubya

**B**ecause President Bush and Democratic presidential candidate Senator John Kerry were deemed too divisive for the annual Alfred E. Smith political dinner, the crowd heard from former President Bush and former New York Governor Hugh Carey instead.

But without the presidential candidates, George H.W. Bush had to come up with new material. Bush saved some barbs for his son – and in particular his famed malapropisms.

Bush said, “He wrote a paper when he was in fifth grade in which he said ‘in 1519 Ferdinand Magellan circumcised the world’”.

## Four Foreskins For Christmas

**J**ust to show that there is no bias against the cavalier tendency, here are four photos of the uncut variety for your delectation. And for those of you who favour the roundhead look, you can just fantasise about exactly the style cut you would give them if they found themselves on your operating table!



## My Six Circumcisions – Part 1

On the subject of circumcision, I can claim to be somewhat of an expert, because, as an experiment instituted voluntarily by myself, I have been circumcised six times, each operation being done two years after the previous one. I had myself circumcised, progressively, one inch at a time of my redundant foreskin.

Before my first circumcision I had ten inches of loose shaft skin between the base of my penis and the rim of my penis head, a distance of four inches, leaving six full inches of redundant skin in a double layer, folded over the glans of my penis. Now I have just four inches of smooth, taut skin covering the same distance of my flaccid penis.

From a very young age, after noticing the very attractive penises of many of my circumcised little friends, I had longed to be circumcised and always felt neglected by my parents in my having to endure a foreskin. I tried my best to train my foreskin to stay retracted, with no luck. The best I could do was to wrap a piece of rubber tube around the shaft, just behind the rim of the glans, so the foreskin had to fold over it, and I would appear at least partly circumcised in group showers and changing rooms.

Before my first circumcision, I masturbated almost every day from the age of thirteen, and I nearly always drew the foreskin fully over my glans with each back and forth slide of it, with my hand. So highly sensitive was my glans that orgasm would occur after only a few seconds of this method. I tried masturbating by sliding the loose foreskin back and forth only over the shaft and not over the glans. Doing this latter method it did take a much longer time to reach orgasm but I always felt I was missing half of the sensations of both the sliding of the foreskin and the eventual orgasm. By this experience I learned that, if I were to go ahead with my long time deep desire and have myself circumcised, there would be some sacrifice of sensation in exchange for a much longer overall experience of great pleasure during sex.

I decided to get circumcised the moment I reached the age of eighteen and I had a consultation with my college doctor, told him that my orgasms came too quickly and that I couldn't bear the thought of going through life with a foreskin. He said he fully understood and agreed to circumcise me the next week at the college infirmary. I was thrilled as never before or since, and was in a state of constant excitement and anticipation for that entire long week. The evening before I was to undergo my first circumcision, I decided to masturbate one last time by sliding the full extra redundant six inches of intact foreskin, back and forth over the whole erect shaft and head of my penis, slowly and purposefully until reaching orgasm. Using one hand to slide the foreskin back and forth, and with a pen in the other hand, I wrote as best I could in the circumstances: "As the skin slides back and forth over my glans, tremendous tickling sensations are overcoming me - I'm coming - ohhh!"

This, my first circumcision, was a very exciting experience, but somewhat disappointing to me when I soon found that the doctor had removed only a one inch wide band of the foreskin around the tip of my penis, leaving just the very end of my pink and tender glans exposed; the rest was still covered by foreskin. No change of a sexual nature occurred at all. Greater cleanliness was partly achieved in that urine could no longer catch under the foreskin, but smegma still formed under the rim of the glans and on the area still covered by the foreskin. The remaining foreskin developed a habit of sliding back by itself quite often and catching pubic hairs under it as it rolled forward again, pulling them painfully. The mobility of the skin became greater and led me to masturbate more often, and I still reached orgasm too quickly. I soon concluded that circumcision which exposes only the tip of the glans is very unsatisfactory for anyone.

By this time I realised that I would never be happy nor satisfied until I had been circumcised so totally that there wouldn't be the slightest bit of loose skin on the shaft of my penis, whatever the permanent outcome. It was then that I thought of the long range experiment of having five more spaced-out circumcisions, each removing another inch wide band of foreskin until I was rid of the entire six inches of hated redundant foreskin. I would record my reactions and would be able to share this knowledge as now I am.

I knew this was possible as the scar of my first operation was an inch and a half behind the rim of the glans, and thus each successive circumcision would leap over the previous, up to the corona. Therefore I was very happy when, two years later, I had my second circumcision, removing another one inch band of the loose fold of the foreskin, which still covered half of my glans. This now meant that a total of two inches of redundant foreskin had been removed from my penis, leaving four inches of the extra, loose, wrinkled skin, folded just over the rim of my glans, leaving the rest of the head permanently exposed. The surface of the glans soon lost much of its sensitivity, as had the tip after its exposure after my first circumcision.

However, the rim of the glans and the depression just behind it, still covered by a fold of skin, kept their extreme sensitivity, all feeling now being concentrated in those areas and in the nerves of the frenum beneath the tip of the glans.

After this second circumcision, I was continually stretching the remaining fold of my foreskin forward over the corona rim as far as possible during masturbation, by rolling it forward beneath a tight grip of my hand, and then loosening my grip and sliding the foreskin back over the corona until it pulled taut away from the rim, towards my body at the base of the penis. These were fast, short, strokes, producing intense feeling in a band right behind the corona's rim, and masturbation was irresistible because of the great ease of it, and the pleasant sensations produced were much longer lasting before reaching orgasm. Probably now, after two circumcisions, almost fully exposing the glans, there was actually less overall feeling than that which was produced by my long, slow strokes, sliding my full foreskin, or when only the tip of the foreskin had been removed, giving only the slightly shortened motion, and the slightly lessened sensitivity.



Anyway, the drive to play with my penis, to pluck at the remaining bit of glans-covering foreskin, and to come to orgasm became much greater than ever before. This was probably because this shorter amount of foreskin was now so mobile that it would move back and forth over the rim of the glans with the ordinary movements of my body, within clothing or against bedding, and set off my desires again and again. For this reason, I had an orgasm in bed every time I chanced or chose to roll onto my penis and set this still four inches of redundant skin into motion. One shouldn't complain of this situation.

But this excessive amount of masturbation, plus nocturnal emissions every night, was a bit wearing and convinced me that this manner of circumcision, which leaves enough foreskin to loosely cover the rim of the glans, is not a complete enough circumcision. And the deciding factor against leaving this much foreskin is one of personal hygiene. Smegma could still collect quickly behind the rim of my glans beneath the end folds of the remaining loose foreskin as if I had never been circumcised at all.

And so, after two years in this state of partial circumcision, I requested my third circumcision.

*D.L. - USA*

[Part 2 of DL's story will appear in the next edition.]

## Death

It is with regret that I have to report the death of I.D.K. of Southampton. Ian was a regular correspondent and contributor to the magazine. His last input was to the Editor's interview in issue 5/2004 where I explored with him his experiences of circumcision in the military. He will be missed.

*Ivan Acorn*

## The Purpose of the Glans

The November 2003 issue of *Unzipped* magazine had an interesting article on just why penises have a glans penis. Seemingly, the larger and more flared the head of the penis, the more effective it is in 'scooping out' rival males' semen from the vagina; all done on the back-stroke. Apparently, flared heads win out on the pointier parts as they remove 90% of other men's ejaculate! An interesting evolutionary fact... Effectively, the longer the penis and the bigger the helmet, the better for the job.

*K.G. - London*

## Suffering In Silence

**M**y mother-in-law has always been a keen advocate of circumcision and just around the time we were married, discreetly enquired of her daughter as to my status. Quite what she proposed to do about it if I hadn't been remains an interesting question! :-)

When our boys were born, she put strong pressure on my wife to have them circumcised – not that we needed any – she should have reserved her energy for haranguing our doctors, who were adamantly against it. In passing, she mentioned that she knew 'someone else' who needed circumcising. I didn't enquire further but assumed she was alluding to father-in-law.

Now father-in-law was an extremely old-fashioned, shy man, who was very reticent about discussing any problem in the underpants department. He was the sort of guy who didn't like going to the lavatory if there was anyone else around. Fortunately he never ailed anything to cause his admission to hospital until a stroke ended his long life. Then we learned that the nurse had to catheterise him when he was in a coma. It is perhaps a blessing he never recovered to find that a mere female had placed that pipe in his plumbing or he would have died of shock! I shouldn't joke like this, but he had a pretty good, happy, life – except for one detail which he disclosed shortly before he passed away.

We often went out for a beer and a chat and one time we were talking about the local hospital and how it had changed from a charitable Victorian institution to a state of the art facility today packed with hi-tec kit. Although pretty fit, I went on to count the times I'd been to hospital. My score was a spell in childhood with scarlet fever (isolation ward then) and pneumonia, plus circumcision at eight and one or two visits to A&E to stitch wounds; from falling off my bike as a boy, to dog bites and a small DIY mishap as an adult.

Father-in-law by contrast had come through life ahead of me, quite unscathed, having never even been a day patient! But, when I mentioned my circumcision, he made a sad disclosure.

It must have been the beer that freed his inhibition, because normally the topic would have been unmentionable. Lowering his voice, loaded with embarrassment, he confessed that he had long ago needed a circumcision because his foreskin was far too tight to retract properly. Although he had fathered four children, sex had been very infrequent and always painful. This problem had not been picked up earlier by his parents who were equally uncommunicative about anything to do with sex organs. As an adult he told me he had never been able to overcome his embarrassment at the prospect of an intimate examination, so never consulted a doctor about his difficulty. He just soldiered on through life – sex being an occasional 'duty of marriage' – much to the frustration of my mother-in-law, it seems.

It was sad to realise he had waited all his life to confide this to someone, and I take it as a compliment that I was the one in the confessional. Even sadder is the fact that he had missed out so much on the free pleasure that life might have

offered. If he had simply been routinely circumcised as a baby, like many in his generation were, then everything would have been fine.

We all know one or two people who have had to undergo circumcision later in life – as a child or an adult. It has often to be done for different reasons, at different ages, right through to the twilight of life. These are the ones who fortunately do receive the fix they need, albeit later when it is more painful and they have inevitably missed out and suffered first.

I venture that those of whom we hear must only be representative of a larger minority who, like father-in-law, suffer in silence. Routine infant circumcision, properly and expertly done, eliminates this actual and potential misfortune. It saves medical resources and money and ensures trouble-free penises for all concerned.

G.D.

## The History Boys

[*The History Boys*, a play by Alan Bennett, is currently in repertory at the National Theatre in London. The following is an exchange during a General Studies lesson. Irwin is the teacher; the others are sixth formers.]

**Irwin** At the time of the Reformation there were fourteen foreskins of Christ preserved, but it was thought that the church of St John Lateran in Rome had the authentic prepuce.

**Dakin** Don't think that we're shocked by your mention of the word 'foreskin', sir.

**Crowther** No, sir. Some of us even have them.

**Lockwood** Not Posner, though, sir. Posner's like, you know, Jewish, sir.

It's one of several things Posner doesn't have.

*Posner mouths "Fuck off".*

**Lockwood** That's not racist, though, sir.

**Crowther** Isn't it?

**Lockwood** It's race-related but not racist.

**Akthar** Actually I've not got one either. Muslims don't.

*Another pause whilst Irwin regards the class.*

**Irwin** Has anyone been to Rome?

No? Well, you will be competing against boys and girls who have. And they will have been to Rome and Venice, Florence and Perugia, and they will have doubtless done courses on what they have seen there. So they will know that

when they come to do an essay like this on the Church on the eve of the Reformation that some silly nonsense on the foreskins of Christ will come in handy so that their essays, unlike yours, will not be dull.

Think bored examiners.

Think sixty, think a hundred and sixty papers even more competent than the last so that the fourteen foreskins of Christ will come as a real ray of sunshine.

Come the fourteen foreskins of Christ and they'll think they've won the pools.

## **Analgesia Underused for Management of Circumcision Pain**

**R**esults of a retrospective study of neonatal circumcisions performed at a large academic medical centre suggest that most procedures are performed without periprocedural or postprocedural analgesia, according to Praveen Kumar, MD, an associate professor of paediatrics at North Western University Memorial Hospital and Children's Memorial Hospital in Chicago, Illinois.

Dr. Kumar reported his findings at the American Academy of Paediatrics 2004 National Conference & Exhibition. Dr. Kumar had reviewed medical charts together with pharmacy and nursing records for 191 male infants. Of these 107 (56%) had undergone circumcision and in only about a third of the cases had analgesia been used. This is contrary to the Academy's recommendation that adequate analgesia should be provided if neonatal circumcision is performed.

All circumcisions had been performed by obstetricians and there was no indication that circumcision pain management had been discussed with parents. Dr. Kumar commented that this was an issue of culture and tradition so the results from a single institution were limited. However, his centre was a large tertiary medical centre in a large urban area, which gave some weight to the findings.

To counteract this point, Myles B. Abbott, chair of the AAP scientific program committee and in practice in Berkeley, California, stated that at his hospital they had about 7,500 deliveries a year and he thought that analgesia was used in almost all male infant circumcisions.

Dr. Kumar himself believes that all circumcisions should be done with analgesia and he suggested that both the AAP and the American College of Obstetricians and Gynaecologists should issue forceful guidelines. The AAP's position on circumcision itself is equivocal – the AAP's 1999 statement concludes that 'existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision.'

*Ivan Acorn*

# ACORN

Issue  
N<sup>o</sup> 1 2005  
Editor  
Ivan Acorn

## Editorial

**T**hat circumcision is out of favour in the UK is usually taken as an established fact. But is this the case? My editorial column this time takes an objective look at the statistical evidence and comes to perhaps surprising conclusions. What does seem to be true is that the incidence of circumcision is geographically clustered and two other articles support this. One suggests that, in certain parts of London, the uncircumcised can find themselves in a small minority; whilst a GP from Northamptonshire claims that over a period of thirty years, until the last six months, he had never seen an infant boy who had undergone routine circumcision. If anyone else has data, anecdotal or otherwise, on this topic I would be pleased to hear.

One member recently commented to me that he was disappointed at the lack of reaction from members to an article he had written. This is a pity. The Society exists partly to facilitate exchanges between members, so why not drop a note (via the mailbox) to one or more of the contributors to this edition. Who knows, it could start an on-going correspondence more direct and personal than any that can be carried out through the newsletter.

*Ivan Acorn*

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### UK Circumcision Rates

**D**oes the man on the Clapham omnibus have a foreskin? This man is of course an imaginary person who is supposed to be typical of the ordinary British person. The answer to the question will partly depend on where the omnibus is travelling. If it is through some rural countryside, the proportion of uncircumcised males is likely to be very high. If it is journeying through the part of London where I live – cosmopolitan with a rich ethnic mix – the circumcised may well outnumber their uncut fellow passengers, if the locker room of the gym I attend is typical of the area.

So just what is the average circumcision rate in the UK. I have attempted to reach a figure first by looking at some of the data published by the Office for National Statistics. The UK population in 2003 was 59.6 million, say 29m males. From the 2001 census, we know that there were 800,000 Muslim males and 130,000 Jewish males all of whom would almost certainly have been circumcised. There were about 160,000 black African males – say 50% circumcised giving 80,000. White African males numbered 130,000. If 80% were circumcised, 104,000 join the cut tally. About 160,000 males came from North America or Australasia. A cut rate of 80% would make 128,000 of them roundheads. So far therefore we are totalling 1,242,000 circumcised males. This leaves us with about 26 million males to consider. About 20% of these are over 60, born at a time when RIC was still popular. Say that 50% of this group are circumcised (2.6m). Of the remainder, let us say that 5% have required circumcision for medical reasons (1.04m). This then gives us a total circumcised population of 4,882,000 or 16.8%. Of course, these are very broad brush figures. I have tried to avoid any double counting but estimates of circumcision rates for the various groups may be in error. But at least my assumptions are stated, and members can recalculate the figures themselves if they wish using their own estimates.

Is there any independent verification of such estimates? As it happens, there is. A letter published last year in the *Journal of Sexually Transmitted Infections* reports on findings on male circumcision in Britain from a national probability sample. The researchers used data from the 2000 *British National Survey of Sexual Attitudes and Lifestyles (Natsal 2000)* – a large scale, stratified, probability sample survey – to estimate the prevalence of male circumcision in Britain and investigate its association with key demographic characteristics, sexual behaviours, and reported STI diagnosis. All data were weighted to be representative of the British population.

They found 15.8% of British men reported being circumcised in *Natsal 2000*. 19.6% of men aged 40-44 years were circumcised compared to 11.7% of those aged 16-19 years. With the exception of black Caribbeans, men from all ethnic minority backgrounds were significantly more likely to report being circumcised compared to men who described their ethnicity as white. In addition, men born abroad instead of in Britain were significantly more likely to be circumcised.

Significant variations in the prevalence of circumcision were also observed across the major religious groups, with prevalence being greatest among Jewish men (98.7%) and lowest among Hindus, Sikhs, and Buddhists (9.8%). Allowing for sampling error, the researchers conclude that the true rate of circumcision in Britain lies in the range 14.7% to 17.1%. It is interesting that my own figure of 16.8%, calculated from totally different data, lies in this range.

So what does this mean for the Clapham omnibus? Suppose you were travelling on a double decker bus carrying 130 people who formed a perfect random sample from the population in terms of gender, age, ethnicity, religion etc. There would be 65 males of whom ten or eleven would be circumcised. Thus, on average, each double decker in Britain is carrying almost a dozen cut men. Next time you are on a bus, see whether you can spot them!

Ivan Acorn

## Genital Mutilation

[The following letter from Dr John Fitton of Kettering was published in the on-line journal *Pulse-1*]

**T**his week I reported a doctor to the GMC for misconduct. I have never done this before. I have earned my living as a doctor over the space of three continents and time of three decades. I have come across a tiny number of doubtful characters but I have never, until now, known of a doctor who has deliberately harmed one of my patients.

At a routine six-week check I examined a rather miserable baby. It had a grazed glans penis, chafing on its nappy. The reason was that it no longer had any protection. Someone had amputated its foreskin. The Ghanaian mother handed me a note. I asked her what religion advised such a painful and unnecessary procedure. She said she did not know, but it was 'part of our culture'. I gave her a '*Care of the Foreskin*' leaflet in the hope that any further baby boys might be able to remain with the planet's vast majority of intact men.

It is distressing that genital mutilation seems to be on the increase in the civilised shire counties of England. This is the second case I have seen recently, having seen none for nearly 30 years.

Nowadays, children have rights that are legally protected. The European Convention on Human Rights has been incorporated into the Human Rights Act. It would appear that this doctor has not only done harm (*primum non nocere*) but has engaged in a trade that is illegal.

At great human cost we have made remarkable progress over the last century or two. Things that were considered normal like slavery, corporal punishment, no votes for women, etc, have been consigned to history. It will take a long time to consign non-therapeutic amputation of the foreskin (usually referred to by the unthinking euphemism of 'circumcision') to history, but it will eventually happen.

There are many enlightened members of the groups that still perform this rite who seek change. They look to bodies like the GMC for leadership.

Some years ago I wrote to say how little respect the GMC has among its members. Its gaudy homilies and the machinery allowing struck-off doctors positions of power made me ashamed to be a coerced member. Respect does not come free. It has to be earned. I have no respect for any organisation that countenances such a barbaric procedure. So this is a challenge to the GMC. Do not sweep this under the carpet.

## Not Such A Minority

**T**he mistaken perception that there is a low incidence of circumcised boys in the UK may deter parents from having their sons done because they worry they might be in a 'teased' minority. Shame, as this keeps the incidence lower than it would be. The mirror of this is seen in the USA, where circumcision of baby boys is routine. This pushes the incidence up because parents believe their sons may be in a 'teased' minority if they are NOT cut. I guess many US parents have it done even against their inclinations not to; 'because everyone does'.

With the proviso that it depends where you live, I think many UK parents would be surprised to find their uncircumcised sons will be in a minority in many schools.

Take a look around London boroughs and many other big cities in Britain and you will see the schoolyard population is a rich ethnic mix. Many of the recent generations of immigrants who produced these children are from male-circumcising cultures and they are continuing to circumcise their sons.

My wife is a nursery nurse and for some eight years worked in an inner city first school reception class. The intake was Turkish, Bangladeshi, Pakistani, Nigerian, occasionally Jewish and about 10-20% white Anglo Saxon indigenous.

It's a fact of life that many of these first attenders are very young and not always fully toilet trained. Lots of them had 'accidents' and had to be changed by my wife as part of her daily duties. She therefore had opportunity to observe and she reported that nearly all the ethnic boys she saw were circumcised or had it done a year or two further on in the school. On top of that, there were usually one or two white boys who had had, or had to have, a circumcision for medical reasons. My wife's opinion was that by the time they reached the end of this phase in their education at that school, uncircumcised boys would be in a small minority. Some would go on to schools where the immigrant incidence of circumcised boys would be even higher.

We have the growing immigrant population to thank for the fact that circumcision is alive and well in the UK today. Because of fear of offending Muslim sensitivities (and perhaps, Jewish ones too?), no one is going to mount an effective campaign to have male circumcision made illegal, as (rightly) was FGM – Female Genital Mutilation. (I'm glad most sensible people no longer equate the two by dropping the word 'circumcision' from the latter.)



Authorities too are guarded in condemning male circumcision as some regional Primary Care Trusts might otherwise be inclined to. It is indeed quite the reverse in some areas, like Bradford, where Muslim community pressure has made infant circumcision available on the NHS for a reasonable fee, which ensures the anti-circ taxpayer doesn't bear the burden!

As someone recently pointed out, availability of circumcision has reached a wider population than hitherto. This is going to grow as choice in medical matters is highlighted by both the private and state funded sectors. All we need to do now is change the mindset of the medical profession, so they begin to appreciate the benefits of circumcision and start referring and recommending.

*[From the internet]*

## My Six Circumcisions – Part 2

*[In issue 6/2004, DL told of how he decided to have his long foreskin gradually ablated through six circumcision operations. Part 1 told of his first two circumcisions. The story continues.]*

My second circumcision left me with four inches of loose skin folded just over the rim of my glans. After two years, I requested my third circumcision, this time not only to remove another one inch band of the foreskin, leaving just three inches of redundant skin, but also to remove the frenulum, that extremely sensitive, pleasure producing, vertical nerve cord just under the tip of the glans, by simply snipping it away. This was in the hopes of reducing somewhat more the overall sensitivity of my penis, and thus cutting down my sexual desire a little, a goal which it achieved. Also, the last three inches of my foreskin could now lie permanently behind the rim of my glans, unrestricted by that tight nerve cord, and I would at last have complete cleanliness. I can remember well the pleasurable sensations the frenulum used to produce when tweaked or rubbed but truthfully I have never missed them since. With the foreskin now staying retracted, it was no longer stimulating the rim of the glans when totally uncalled for but could be pulled over the rim for a little extra sensation when wanted. At last I now felt that I was the master of my penis and its sexual activity, instead of letting it dominate me. This state of circumcision is a very satisfactory one for anyone to be in or to aspire to. There is just the right degree of highly pleasurable sensitivity all around the rim of the glans where the remaining bit of the former nerve-laden foreskin inner lining is turned back to meet the circumcision scar for the remaining sliding foreskin to tickle and produce a star studded climax.

Still fascinated by circumcision, I kept to my plan and had a fourth circumcision to remove one more inch of what still seemed to be an excess amount of mobile skin, now leaving just two inches of the previous six inches of redundant foreskin. This left the shaft of my penis covered with a fairly smooth skin, from its base to the rim of my glans, but with a two inch movement of it possible, by using a firm grip, even during erection when this skin was drawn quite taut. The remaining half inch band of former inner foreskin, now lying permanently exposed behind

the rim of my glans, provided pleasing sensations from the motions of intercourse. There were similarly pleasing sensations during masturbation from loose encirclement by a hand, much enhanced by lubrication with Vaseline, to achieve orgasm, rather than by attempting to slide the now taut skin covering of the penis shaft. I found that, in this degree of circumcision, sex was now refined for me to the very highest experience of pleasure possible. As an unexpected bonus, I found tremendous pride in the improved appearance of my penis and the extra self-confidence that gave me. There was no longer any question of sex being, for me, a purely animal activity. My penis was now totally altered by man into a refined instrument, giving total satisfaction. I was totally circumcised and in a constant serene state of mind, knowing that my penis was always clean and attractive, with its bold head standing forth permanently, and with smooth skin covering its shaft.

However, after two years, I knew that I had to take my research one step further, even if it should result in losing some sensitivity and response. I had to find out what it would be like to be circumcised tightly with no loose foreskin. To stay with my original plan, I would have two more circumcisions, first to remove the next to last inch of foreskin, and then the last one to remove the very last inch, to leave me with a taut, non-sliding, shaft skin. Doing some research beforehand, I found a puzzling statement by a surgeon in a medical book in which he said: "A tight circumcision is a permanent positive discredit to the surgeon and a permanent negative discomfort for the patient." This seemed like a riddle to me, as I couldn't imagine what a negative discomfort could be. So I went ahead determinedly and got my fifth circumcision, having another one inch wide band of foreskin removed from just under one quarter inch behind the rim of my glans, putting the new scar line there, and taking away nearly all the last sensitive nerves of the former underside of the foreskin. Then it dawned on me what the doctor meant by "negative discomfort". He obviously meant the lack of sexual comfort, or pleasure, that could have been enjoyed by the stimulation of nerves thereby removed. Now I knew, but I had asked for it, and I still had one last mobile inch of my old foreskin that could still be slid up behind the rim of the glans to tickle that last quarter inch of super-sensitive nerves.

Having gone through five circumcisions to gain and record for others what information I could, through personal experience, I felt I must complete the research according to my original plan, and complete the total alteration of my penis from its original form and appearance. I went ahead and had a sixth circumcision to remove the last one inch band of the former six inches of my original foreskin. This circumcision left just four inches of taut skin on the shaft of my penis from its base to the rim of my glans, a distance of just four inches. The scar had to be just one eighth of an inch behind the rim, leaving just a sprinkling of sensitive nerves in that tiny space, and, anyway, there wasn't a bit of loose skin that could be drawn up to tickle them. There were now no wrinkles at all on my shaft skin, even with my penis flaccid, and, when my penis is erect, its tautness tugs skin out away from its base, providing a very pleasurable sensation from its glans to its base. By using Vaseline as a lubricant for my extremely tightly circumcised penis, I always experience an orgasm so powerful, so terrific, so star studded as

to be indescribable. It is the absolute ultimate in fantastic experiences, and I am compensated one hundred times over for any lack of sensation during foreplay and the extra effort involved in reaching orgasm.

I take great satisfaction in that I have had the total of all six inches of redundant foreskin covering the glans of my penis circumcised away. I am now among a true brotherhood of similarly circumcised men, who must be the happiest and most sexually satisfied men on earth. I live totally contented and at peace with that most valued part of myself, my totally circumcised penis, and I would not wish back even one inch of foreskin.

In retrospect, I offer the opinion that there is no question of whether one should be circumcised or not; the answer, derived from my experience, is most certainly 'Yes'. Any choice is merely the question of the degree one should or would like to be circumcised. If one is like me and has always been almost dominated by all thoughts of circumcision, and particularly wishes the excitement, the permanent, tightly stretched feeling and sense of total well-being which results from the removal of the entire amount of redundant foreskin covering the penis, and the frenulum nerve cord under the tip of the glans, at the cost of trading some sensitivity for all that, plus superb climaxes, then do ask for and insist that you want a total circumcision, with removal of every bit of slack skin.

Otherwise, if a man wishes to play a safe middle ground, he should request that about two thirds of the redundant foreskin be removed, leaving about one third as mobile shaft skin, but with his glans permanently and fully exposed and his frenulum removed for comfort and control, similar to my description in the account herein of my fourth circumcision.

*D.L. - U.S.A.*

## **Penile Status – An Addition**

**I**t's always been a black and white affair, hasn't it? One either possesses a foreskin of variable length or one has had some or all of it surgically excised – classically uncircumcised or circumcised! In commonly used Civil War terminology, each male is either Cavalier or Roundhead, proven by the absence or presence of that circumferential scar around the shaft of the penis.

Though the foreskin can be naturally shortened by assimilation over the years, or kept retracted by design, the deception fails in the absence of a man-made surgical scar. Conversely a mild Plastibell circumcision in infancy could lead to the generous cuff of skin remaining bulking so that the penis would appear uncircumcised. In this confusion of appearance with the roundheaded cavalier and the cavalier roundhead, some clarification is required and an additional status is needed.

In an age when restoring techniques and commercially produced devices are available, there is the instance of the circumcised penis where the glans has been covered by the process of skin expansion. In this case of an artificial foreskin, the

inner layer consists mainly of expanded shaft skin folded on itself. The appearance is cavalier, yet within lies that permanent circumcision scar, only revealed during erection. Missing is that vastly increased concentration of 1000 nerve endings in the natural inner foreskin mucosa, greater than anywhere else on the penis, and the connected frenulum.

If the foreskin which is present is not congenital, cavalier is a misnomer, and roundhead fails to describe the appearance! The man is neither cavalier nor roundhead, so I suggest a third category of penile status – ‘cavalike’ for one successfully restored. After all, circumcision removes a foreskin, and restoration replaces glans cover over a period of years.

There is now a trio of terms which might gain common usage:

Cavalier – natural foreskin (uncut)

Cavalike – restored foreskin (but with circumcision scar)

Roundhead – surgically excised foreskin and scar.

To that often embarrassing question eternally posed: “Are you a roundhead or a cavalier?”, there could be the occasional reply: “Actually, I’m cavalike!”

Where natural bulking after Plastibell circumcising leads to glans cover, perhaps ‘natural cavalike’ would suffice, bearing in mind the presence of the surgical scar line. Do other *Acorn* members concur? Let me know! Appearances can be deceptive, but truth will out, eventually.

Anthony

## Thinking Of Resigning

Although I am 54 and presently uncut without problems. I have been thinking very carefully over the last few years of becoming circumcised. However, I have seen a vast range of results ranging from very neat to disgraceful. I am particularly interested in establishing the best technique to be used (freehand or clamp, in which case which one?) and also to positively establish the identity of a suitably skilled practitioner. My present researches would indicate that a Mogen clamp might give me the neat high and fairly tight style which I am seeking (see ‘perfect op’ on the German *Circlist* site). Freehand methods seem to be too variable, with a definite risk of asymmetry, and some of the alternative clamps which operate below the glans (e.g. Gomco, Taraklamp etc.) tend to remove too much inner foreskin. Luckily, I have a small frenulum, so no intervention here is necessary.

It’s worth bearing in mind that, neglecting the odd ritual circumcision, most of the fairly numerous poor results which I have seen out there have been carried out by qualified practitioners. Stitch tunnels, skin bridges, scar tissue and a bent erect penis are all too common. It’s also a sobering thought that, from a cursory reading of the Newsletter, revision of an adult circumcision seems to be a fairly frequent occurrence, suggesting poor techniques.

I don’t want to sound negative about the whole business – far from it – but it is obviously well worth going to the trouble of getting it right first time. I’m looking

forward to achieving, eventually, a fairly high circumcision with a small amount of free movement when erect to facilitate masturbation, but with the glans remaining substantially exposed when flaccid, in all but the most 'diminutive' circumstances. I'm hoping this acorn will grow a bit as a result!

I joined the Society last year in the hope of finding some objective information, both for and against this (one way) procedure. The newsletters have been a fascinating read, but I'm not entirely sure that they have provided the type of information I'm seeking. I would say that, on the basis of the last year's issues, *Acorn* is undoubtedly pro-circ, which rather clouds the issues for someone such as myself. The Internet is dominated by sites such as *Circlist*, which suffer from a more extreme form of the same problem. I am not by any means anti-circ; masturbating a man with a tight, non retracting foreskin is not rewarding for either party, and I would certainly advocate circumcision in these cases.

On a light hearted personal note, I've been experimenting with some success with keeping my fairly short, fully mobile foreskin right back, using a closely fitting plastic ring placed under the glans. Erections need to be avoided with this! One of my hobbies is horse riding, for which I wear a Bike jockstrap with a fairly open mesh pouch, and cotton jodhpurs. We have had some cold weather recently, and it has struck me just how cold the unprotected glans becomes, to the point of some discomfort. I wonder if this would be the case after a tight circumcision – my feelings are that it might.

I may not renew my subscription although you are, of course, welcome to try to convince me otherwise...

*L.C. – Surrey*

[Editor's note: I hope that some members will respond to LC's challenge and offer some advice as to the advantages/disadvantages of getting circumcised/remaining uncut. Why not list what you have found to be the benefits of being circumcised/remaining hooded and either send them to me for publication or write direct to LC via the mailbox.]

## Subscriptions – Final Reminder

**I** am very grateful to those of you (over half the members) who heeded my plea in the last issue and renewed your subscription without waiting for a reminder. This still leaves a substantial minority from whom I have not heard. For you, a final reminder is enclosed. Please do renew now, otherwise I am afraid that your name will be suspended from the mailing list. I will have taken account of any renewals which arrive in the mailbox up to 16<sup>th</sup> February, so if you receive a final reminder but feel that you have already renewed before that date, please do let me know and I will check the records.

*Ivan Acorn*

## Foreskins OK Here

A friend of mine, some time ago, gave me some copies of a gay magazine called *Manzone* published by the Clone Zone group of shops. Such a magazine would have been unheard of at one time. Indeed, my eyes boggled a bit when I turned the pages.

It is full of photos of men revealing their genitalia, often in full erection. Foreskins are most noticeable by their absence or, at least, are well hidden. Even if the penis is not circumcised, the foreskin is usually drawn well back to reveal the bare glans.

The magazine runs a monthly competition whereby readers are invited to send in photos of their own genitalia which are then published. Readers are asked to vote on which they consider the most attractive, the winner being shown again the following month. Again among the entries, in the majority, if they are not circumcised, the foreskin is pulled back. It is interesting to note that in one month the winner was one of the uncut variety with the foreskin in its natural (rightful?) place fully covering the head.

It would seem that the foreskin is in no way out of favour with the readers of that magazine.

*E.S. - Lancs.*

## Let Acorn Flourish!

I was so pleased when the *Acorn* newsletter arrived just before Christmas. So many times it has seemed that the *Acorn Society* has ground to a halt but still it keeps going. This must show that members want it to continue and therefore are putting energy into keeping it afloat. For new members, and to remind more long standing ones, we have had:

- 1 A two day meeting that only lasted one day.
- 2 A meeting that started in an hotel in Bournemouth and finished at a private house in Wimborne.
- 3 A treasurer who ran off with the money.
- 4 A constitution that was simplified out of existence.
- 5 A member who regularly disrupted meetings for no reason that he or anyone else could fathom.
- 6 Months without newsletters, even though members claimed to have submitted articles.
- 7 A chairman who disappeared without trace.
- 8 A meeting fixed a year in advance cancelled.
- 9 A PO box that ceased to function for no explicable reason.

After all that, we still continue, which suggests or endorses the fact that people want it to go on. I think that this is because it fulfils a need and also brings pleasure to members, probably in all sorts of different ways.

It seems to me that various points can be drawn from my above notes. One is that if there could be a committee then there would always be someone to fill any gaps and therefore complete the plans of the group. Running the Society might be less onerous for those who do it at present. Another is much more difficult, as has been proven before, and that is to discover what people really want from *Acorn*, coupled with what are we willing to put into it. Which means achieving some sort of feedback.

Perhaps the picture becomes clearer as the Society continues. People want to be able to talk about circumcision, their feelings and ideas, experiences and preferences. To find somebody who feels the same.

At school, aged 11, when showers were introduced, I found that I was the only one in the form who was circumcised. Nobody noticed except me, but I noticed a lot and have done so ever since. Within a couple of years and changes in form members, there were four of us and it would have been good to have talked to the other three about it – but I didn't, like you don't at that age. They were not interested, didn't care, didn't even notice. How could they not.

I was interested, in fact fascinated, and still am, and therefore keen that *Acorn* should continue to exist. Other members have explained to me that they found themselves in a similar position at school, except they were part of a minority of non-circumcised blokes, and became fascinated that way. One way or another, if you are interested in circumcision, then *Acorn* is the only organised forum for discussion, ideas and actually meeting others, if you can get to meetings.

*P.R. – Dorset*

## Priorities

**I**n evidence submitted to the House of Commons Select Committee on Public Accounts for its meeting on 14<sup>th</sup> January 2002, Byron Walmsley FRCS, Consultant Urologist at St Mary's Hospital, Portsmouth wrote the following:

“There is absolutely no doubt that successive government initiatives have distorted clinical priorities. Over the years there has been great pressure to expand day surgery, not only because it is efficient, but also because with simple and short procedures large numbers of patients can be rapidly removed from the waiting list. The result is that patients with more complex problems have to wait considerably longer for their treatment as there are less in-patient places on the operating list, which are more expensive than day cases.

“For example: if you have an inconvenient ganglion on your wrist you will wait for three to six months, but if you cannot walk properly because of a defective hip, you will have to wait for one to two years. In my department, if you have an irritable penis which requires circumcision, the average wait is four months, but if you are over 65 and cannot get a night's sleep because you have to get up four or five times, you will have to wait an average of 14 months for your prostate operation. It is not difficult to assess which of these deserves more rapid treatment.”

## Is Masturbation Off Topic?

In issue 6/2004, the editor asked whether the subjects of masturbation and masturbation techniques were off-topic for the *Acorn* newsletter. I certainly don't consider this is the case for three good reasons:

- 1 Masturbation is getting an ever-improving press as a healthy and normal practice.
- 2 With *Acorn* membership representing both sides of the 'fence', there must be a full spread of knowledge, experience and techniques.
- 3 The adage that 80% masturbate and 20% lie is doubtless true so virtually everyone has a view or experience – the only barriers to sharing it being the unjustified taboo of the subject, and the lack of a suitable forum for discussing it. *Acorn* can certainly provide the latter and hopefully help reduce the former.

*E.F.S. – Derbyshire*

## Sand Balanitis – Two Views

Do uncircumcised soldiers serving in Iraq suffer with their foreskins?

**The official view (Commons written answer 19<sup>th</sup> June 1991)**

**Mr. Redmond:** To ask the Secretary of State for Defence how many service personnel suffered from balanitis during Operation Desert Storm; and how many had circumcision operations.

**Mr. Archie Hamilton:** The incidence of balanitis was no higher than would normally be expected. No circumcisions for sand balanitis were performed or are now required.

**The unofficial view (from the internet)**

A relative who just returned from Iraq said just about all men in his unit, including himself, were circumcised. Given the unsanitary conditions in the country, especially the dust storms, he knew that infections under the foreskin were common among uncut soldiers. Many men got circumcised by choice. Army doctors were happy to oblige. A close friend who had not been cut as a baby went into the hospital to have it done just for that reason. Apparently there were many others, the doctor told him.

## Photo Gallery

In the last issue, there were photos of four foreskinned specimens. To balance things up, this issue I have chosen four of the dehooded variety. In future, you will get a mixture each issue.





## A Memo From Douglas

Members at the meeting of the *Acorn Society* in November expressed an interest in meeting twice in a year and the date of the next meeting was to be 1<sup>st</sup>/2<sup>nd</sup> April. Members agreed that they would take the initiative and would contact me about their accommodation needs rather than wait for me to 'whip them in'. Details of the dates and costs of accommodation were publicized in the December edition of the magazine. I extended the deadline for booking from the 20<sup>th</sup> December to the 2<sup>nd</sup> January; by this date we had three members staying two nights, three members staying one night, one member 'may stay one night but may be a day visitor' and one definite day visitor. Four members of the group contacted me to let me know that they would be unable to attend. It is possible that if I were to take up my whip I could add two or three names to the list, even so, the total number would not, in my opinion, justify the charge of £300 for the rental of the meeting room. Members with long memories will understand that meeting without a room dedicated for our sole use is not an option. (Remember Watford?)

I have cancelled the April meeting and have made a provisional booking for a meeting to take place at the same venue on the 4<sup>th</sup>/5<sup>th</sup> November. I expect the room rates to be unchanged but I have not yet seen the Contract. No doubt there will be publicity in the magazine about this proposed event.

### Postscript

I have, post Christmas, had a small catastrophic wave on my computer, not quite a tsunami, but I have lost my email address book. If your name was in that book or you would like it to be there please send me a brief email that I may add your details to my list.

Douglas

Telephone 07788 126706

Email [douglas.bt@tiscali.co.uk](mailto:douglas.bt@tiscali.co.uk)

## Circumcision and Condom Use Reduce Risk of Penile HPV

Circumcision protects against the acquisition of penile human papillomavirus (HPV), a study at an STD clinic in Arizona has found. Dr. Susie Baldwin reports her findings in the October 2004 issue of the *Journal of Sexually Transmitted Diseases*.

HPV is the main cause of cervical and anal cancer but few studies have looked at risk factors for penile HPV infection in men. To investigate, the researchers administered a risk-factor questionnaire and tested for penile HPV DNA in 393 men who attended the clinic between July 2000 and January 2001.

The frequency of sexual intercourse and the presence of genital warts were both risk factors with respect to HPV. Engaging in sexual intercourse more than

30 times per month for the last 3 months raised the risk of HPV detection by 3.65-fold compared with no more than 5 intercourse episodes per month. The presence of genital warts increased the risk by 2.48.

Once these risk factors had been allowed for, it was found that circumcision and regular condom use seemed to protect against penile HPV. Circumcision reduced the risk of infection with both oncogenic and non-oncogenic HPV types, whereas regular condom use only appeared to protect against the former type.

## Circumcision To Be Stressed In Anti-AIDS War

[From the South African *Sunday Observer*]

**S**outhern African Development Community (SADC) member countries will soon launch a major campaign on circumcision among sexually active men, as one of the key intervention steps against HIV and AIDS.

Speaking to PST in Mbabane last week on the sidelines of *Journalists and Religious Workshop on HIV and AIDS*, the Director of Swaziland's National Aids Commission, Derek von Wissel, said the campaign follows recent research findings to be published soon.

"This discovery indicates that uncircumcised men are much more in danger of contracting HIV than the circumcised," said Wissel, who also closed the workshop which was organized by the Churches United Against HIV and AIDS in Southern Africa (CUAHA).

He said the research on circumcision was sponsored by UNAIDS and USAID and conducted in Kenya, Zambia and Ethiopia, whose early indication showed that the uncircumcised were more prone to contracting the virus. "In Kenya it showed that the uncircumcised are ten times more in danger, in Zambia they are eight times, while in Ethiopia they are seven times", he noted.

He said SADC countries would soon commit major resources towards a vigorous campaign on circumcision hence another great back up in the war against HIV and AIDS. The campaign among SADC countries would be riding on the achievement of the research, whereby the advantage of childhood removal of foreskin over 'manhood' and later age circumcision would be emphasized.

"Of course the campaign will definitely be met with stiff criticism, but in any case, we will have to enlighten the public against this ugly side of the foreskin in as far as HIV and AIDS is concerned", he noted.

Explaining the HIV and AIDS situation on the ground in Swaziland, Wissel said, out of every two sexually active people in the tiny south African country with a population of 1.3m, one was HIV positive.

## The Best Medicine

[Extract from article by Will Buckley in *The Observer*, May 2003]

It's been 25 years since I visited a doctor. Looking back, my quarter-of-a-century streak had been down to luck and cowardice. For once, the cowardliness had some justification. My last visit to a doctor had been as a pre-pubescent about to move from one elitist school to a larger yet even more exclusive school. To make this transition I was required, rather like a professional footballer, to pass a medical. Except I doubt that David Beckham et al are asked to drop their pants and cough while a man far too happy in his work to think about taking up his pension does his stuff.

If the medical was fretful, the ramifications were harrowing. Within a fortnight I was lying in an operating theatre on the receiving end of an emergency circumcision. A dismal state of affairs. Which continued well into my first term, as surrounded by hearties I snivelled and sniffed in order to try and con them that I was 'Off Games' (never popular) because of a stubborn cold rather than for some darker reason.

Reticent about asking too many questions, I never fathomed the reasoning behind this one-off operation. Perhaps a quota needed to be filled. Perhaps a kinky cabal had hijacked the admissions committee. Perhaps it was all just a misunderstanding. Whatever the reason, the result was to leave me suitably wary about approaching doctors for their opinion. Once circumcised, twice as circumspect.

## Paxman In Circumcision Row

Jeremy Paxman, BBC *Newsnight* and *University Challenge* presenter, withdrew from a guest appearance on Radio 4's *Woman's Hour* because the producers would not allow him to run a feature on male circumcision. This was reported in the *Sunday Times* on 9<sup>th</sup> January. Paxman was invited to present a one-off men's edition of *Woman's Hour* and wished to examine the childhood procedure from the point of view of men who had been left feeling mentally and physically scarred by the operation. He had intended to involve the anti-circumcision lobby in the item.

But all was vetoed by the editorial team who thought male circumcision was inappropriate listening for the holiday period – the show was due to go out on New Year's Eve – when more than the usual number of children were likely to be listening. Paxman complained that he had fallen victim to the feminist tendency – *Woman's Hour* had often included items on the horrors of female circumcision in Africa, but male circumcision was judged to be not relevant.

Paxman was replaced by Jon Snow who obliged the producers by including such riveting items as living in a female household, Sven-Goran Eriksson's emotional side and a recipe for roast partridge!

I.G. – London

# ACORN

Issue  
N<sup>o</sup> 2 2005  
Editor  
Ivan Acorn

## Editorial

**A**corn is moving. At the bottom of this page you will find a new box number and address for the Society which is now up and running. The old post box will remain open for a few months but we would much prefer members to use the new box immediately.

Why the move? Members may recall that last year, for some inexplicable reason, the box providers suddenly decided that the box was no longer current (even though we were fully paid up) and started to return mail. Now there have been further problems. We have become aware that the renewal subscriptions of at least eight members have failed to arrive, for reasons we cannot determine. But it is clearly unacceptable for such losses to occur. Members would quickly lose confidence if sensitive mail went astray on a regular basis – you would cease to communicate and the newsletter and the Society would just die. So we have bitten the bullet and moved.

Because the renewal process has been disrupted, I am sending a reminder with this issue to all members whose renewal I have not received. If you receive a reminder but have already sent in your subscription, I regret that it must have gone astray. I would be grateful if you could issue a new cheque

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
editor@acornsoc.org.uk

– and accept my apologies for the inconvenience.

All these problems have taken time which should have been devoted to editing the newsletter – hence the rather late arrival of this issue. Again apologies – I will catch up time over the coming editions so that you will still receive the full quota of six issues during 2005.

*Ivan Acorn*

## Editor's Column

### Circumcision – The Right Decision?

**I**n issue 1/2005, LC complained that, as someone considering circumcision, there had been little in previous issues which had objectively addressed the topics which were of interest to him. I have taken this to heart and over the coming issues I hope to discuss matters such as styles of cut, operating techniques, levels of pain and discomfort, recovery times etc.

But, important though these matters are, in some ways they are secondary. The most important question is: “Will circumcision prove to be the right decision for me?” Circumcision is irreversible. There is of course always the restoration path, but as Anthony's article in this newsletter demonstrates, this is long and arduous, and results at best in a simulated foreskin, not the original actuality. If the decision to get circumcised proves to have been wrong, there is no way back. Post-op regret has no remedy.

The would-be circumcisee has a number of fears and it may be helpful to explore these. First, will the operation be botched? Circumcision is a surgical process and there can be mishaps in any such procedures, whether due to natural causes or surgeon incompetence. The recent TV programmes devoted to cosmetic operations which have gone wrong and left the patient disfigured testify to what can happen. And certainly there are cases of ineptly performed circumcisions which remove too much skin, or which attach the shaft skin to the glans or leave skin bridges or tunnels.

So what can we say to reassure the fearful? Well, circumcision is probably the most frequently performed surgical operation – just consider how many males throughout the world have had their foreskins removed and how few of them have suffered trauma. Circumcision is not just the most popular operation, it is one of the safest. This is partly because it is only skin deep. This is not to belittle the skill of the surgeon, but the fact that the operation is primarily on the surface must reduce the potential for serious mishaps. But the skill of the surgeon is important, and anybody contemplating circumcision would certainly be advised to seek out a surgeon experienced in adult circumcision and with a good reputation. This is research well worth undertaking. Put yourself in the hands of a competent, experienced surgeon and the probability of a totally satisfactory outcome is almost 100%.

Second fear – will it be painful? I will discuss these issues more fully in a later newsletter, but most adult circumcisees are amazed at how little pain is involved. Many report no need of any painkiller in the post-op or recovery period. In the first days, the dressings can be inconvenient, especially if they obscure the meatus and urine gets onto the bandages. Erections can be uncomfortable, caused by the skin pulling on the sutures. But usually the problem is quelled by passing urine. The newly exposed glans can be over-sensitive until it gets used to living without its protective covering. And of course sexual abstinence is necessary, although not always for as long as the surgeon might consider ideal! So the days after the operation have to be lived through but the amount of distress is no more than is caused by, say, a cold or a strained muscle and most men, except those undertaking manual or very active work, need take little sick leave.

Third fear – will sex be as good as before? Here research shows that there is no difference in sensitivity between circumcised and uncircumcised men. An article in the journal *Urology* as recently as April 2005 reports on a study into the effect of neonatal circumcision on penile neurological sensation. 125 patients were evaluated, 62 uncircumcised men and 63 neonatally circumcised men. The study demonstrated that circumcision status does not significantly alter the quantitative somatosensory testing results at the glans penis. This confirms results as far back as *Masters and Johnson* that circumcision does not affect sensitivity. Of course, masturbation techniques may need to change. Most uncircumcised men use their foreskins to stimulate their glans. This option is no longer available to the circumcised – but equally satisfactory procedures can be evolved as all circumcised men will testify!

Fourth fear – will I just not like being circumcised? There are two broad categories of men who get circumcised – those with medical problems and those getting cut for aesthetic or psychological reasons. Those with medical problems are just happy to have a cure. Even if they preferred to be uncircumcised, the loss of foreskin is a small price to pay for permanent relief from the difficulties of phimosis or the discomfort of balanitis.

And what of those who have no medical requirement to be cut – they just have a deep seated desire, often bordering on the obsessional, to be circumcised. The origin of the wish may sometimes be traced back to childhood when minority status as a Cavalier, resulting perhaps in teasing about this, led to a hatred of the foreskin which was seen as the cause of the taunting. More frequently, no conscious reason can be deduced, there is just this compulsive want which will not go away. The fear must be that they submit to the knife – only to find that circumcision was not the answer to whatever was troubling them and that they subsequently regret their irrevocable act.

The good news is that this almost certainly will not happen. The vast majority of men with a compulsive desire to be circumcised feel an overwhelming sense of relief when the deed is done. Indeed, the most common cry is not “Why on earth did I have myself circumcised?” but “Why on earth did I not have this done years ago?” The only regret seems to be the wasted years as a Cavalier. This does not mean that interest in circumcision matters will be diminished – usually the level

of interest remains the same. But now at least the focus is far less on one's own anatomy, far more on the topic in general and the circumcisional status of others.

Let us be clear – the above arguments are concerned only with those predisposed to have a circumcision. If the Government were to pass a law requiring universal male circumcision, it is certain that there would be many very unhappy men – those who value their foreskins and would be extremely loathe to lose them.

But for those who have a positive distaste for their foreskin, or who prefer the skinned appearance, or whose foreskin is causing problems, they can undergo circumcision confident in the knowledge that their justifiable fears will in fact prove to have been totally groundless.

*Ivan Acorn*

## Don't Resign – Just Talk!

**F**irstly, LC, don't resign! (Issue 1/2005 – Thinking Of Resigning) Why should you? Although some would have a different opinion, Acorn is not a pro-circumcision group, but an association of men who have no fear of discussing what has to be the most fascinating and interesting part of our bodies. We are a





mixture of gay and straight, cut and intact, and it would be good if we can maintain a balance.

Secondly, be aware that those who have been through the ritual tend to shout louder than those who have perhaps been more timid. I fell into just this trap a few years ago, having decided to go under the knife to satisfy a long-standing fetish.

I have to admit that I also became involved with *Circlist*, that on-line group of fanatical Roundheads, who carried me along with their totally one-sided advice: "You'll never regret it!"; "Sex is a million times better!"; "Go for it!"; etc. And I did. And I have regrets, not bitter regrets, but there is a down-side to it.

The principal disappointment for me is the loss of sensation that used to arise from the stretching of the foreskin at the onset of and during an erection. I remember this well, with its incredible tingling, telling me that things were happening. Now, that has gone. Sometimes I have to actually get hold of my penis to see if it is flaccid or hard. I also find it more difficult to maintain an erection, probably because those stretched foreskin signals are no longer present.

Having said that, the rest is fairly positive. I am proud of the appearance, it no longer has any unpleasant smell, orgasms are just as good and they still come very easily.

I am sure that the result of circumcision is different for each person. It depends on the relative shape and size of all of the components. Some men undoubtedly gain, but some lose. So, LC, be cautious, and don't resign, just communicate with us all. I would be delighted to tell you more, if you wish.

*D.B. – Notts.*

## A Clean-cut Young Sailor – Part 1

**I**t was the first day at my new school and the first question put to me by one of my new classmates was "Are you a Cavalier or a Roundhead?" I didn't understand what he was talking about. "Have you been circumcised yet?" I didn't know what he meant. "Roundheads have had all the skin cut off their cocks. It's hygienic and it stops you wetting your bed. Everyone has to have it done sooner or later. Cavaliers haven't been done yet," he explained. "Come to the bog and let's have a look. See, I'm a Roundhead," he said, as he showed me his purple headed cock. My cock was quite different from his. "You're a Cavalier," he explained, pointing at the sheath of skin covering my cock. "When they circumcise you, they will cut all that skin off, like peeling an orange, and your cock will then look like mine."

The first, and only other time, I had seen another boy's cock was when I was about four years old. A cousin, about the same age, came to stay with us when his parents went away for a few days. We shared the same bath. I noticed that his cock was like my new friend's, whereas mine was pointed. I didn't know he had been circumcised. I assumed that different people had different cocks and that he had been born like that. We didn't talk about it, anyway.

When I was six years old the Second World War began. I was taken away from my mother and sent to stay with a doctor's family in the country. The doctor's wife threatened to cut off my cock and hang it round my neck if she ever found me playing with it. I was terrified. In the first week or so I wet my bed several times. The doctor examined my cock and said he might have to remove the cause of the irritation to stop the bed wetting. It never occurred to me that he was going to make my cock like my cousin's. Anyway, I had no more problems with bed wetting and the doctor never referred to his proposed treatment again.

I was eight years old when I went to this new school. It was a boarding school and a kind of high class orphanage for boys who had lost one or both parents. I was to remain there for ten years in both the junior and senior schools. The house matrons reported any tell-tale stains on the bed sheets to the house masters, who reported the miscreants to the doctor. Two boys were circumcised in the first week. Usually, the doctor wrote to the boy's family doctor recommending circumcision, which was done during the school holidays. There were always several newly circumcised boys proudly showing off their purple bullet headed cocks in the showers at the beginning of each term. I wanted very much to be circumcised. I had fantasies about a Red Indian Brave circumcising me with a red hot blade.

Us Cavaliers were repeatedly told to retract our foreskins and wash our knobs. I was about ten when I first tried this – not in the showers, but in the privacy of my bath. I had to get my cock hard so that I could exert enough force to wrench the foreskin back. At first it would not budge, and then it suddenly came back over the glans and I stretched it right back. For the first time I saw and smelt the revolting smegma. I did not realise how sensitive the glans was until I wiped it with my flannel. It was excruciatingly painful. The narrow opening of the foreskin was halfway down my cock. It was bleeding from several small cracks caused by the stretching. It constricted my cock so that it got harder and harder. I could not pull the foreskin forward. I was very frightened indeed. I got dressed, and the clothes rubbing on my raw glans kept me hard until I went to bed. The following morning my cock was back to normal. I continued washing my knob this way. After a while it became very pleasurable and I had my first ejaculation. The ecstatic spasms and seeing and feeling my pearly spunk squirt out for the first time made me an immediate and permanent *wankoholic*.

When I was about twelve and going up to the senior school, my family doctor told me that the school doctor had recommended that I should be circumcised. He was Jewish. I told him I wanted to be circumcised and asked why he had not done it to me when I was born. He said that he was against routine circumcision and that I didn't need to have it done, then or now.

Half of my generation were circumcised in infancy; most of the rest during school days; and the remainder during National Service. Later on we were told that circumcision was necessary to disable us from the wicked vice of masturbation. Wanking would stunt our moral, mental and physical development. Our *clean-cut* knobs would look and feel good. *Mens Sana in Corpore Sano* – A Sound Mind in a Sound Body, was the ideal of the school. A clean-cut cock was the badge of a

clean-cut young man. Debilitating masturbation was inhibited and the corresponding dirty thoughts could not arise. The mutilation was cruel to be kind. The chaplain endorsed circumcision in the flesh. Although it is not obligatory for Christians, he explained that it should be done to ensure physical cleanliness and mental and spiritual purity. It would enable us to identify more closely with Jesus, who was himself circumcised. If not done earlier, it should preferably be done before Confirmation.

Eventually my foreskin loosened up sufficiently so that I could pull it back without an erection. It was very long and would not stay retracted. By then the knob had lost some of its extreme sensitivity. Homosexuality was widespread. We formed little secret exclusive clubs. There were seven of us in mine – two Cavaliers and five Roundheads. There was mutual envy between the Roundheads and the Cavaliers. The Roundheads envied my long mobile foreskin and tried to pull it over their naked knobs. I envied the sculptured look and feel of the flared corona and sleek immobile skin of the circumcised cock. As well as simple wanking, we were into cock-sucking and tickling tits and frenulums. I always came quite quickly, but it took me ages to bring the Roundheads off. “Please make me come, oh, please make me come,” they pleaded. In fact I was completely unsuccessful with one of them, and my fellow Cavalier as well.

I was still uncircumcised when I left that school aged eighteen.

F.E.

[Part 2 of F.E.'s story will appear in the next issue.]

## Confidence Restored

There are those who envy the circumcised penis, eager to embrace the shorn status by seeking a surgeon. Most already circumcised accept it with nonchalance, even satisfaction. Some are delighted by the decision made for them, but there are others for whom their baby job is disfiguring, even mutilating. For the resentful ones, which included me for 50 years, I can give the assurance that DIY non-surgical restoration is a reality! Circumcision need not be for life!

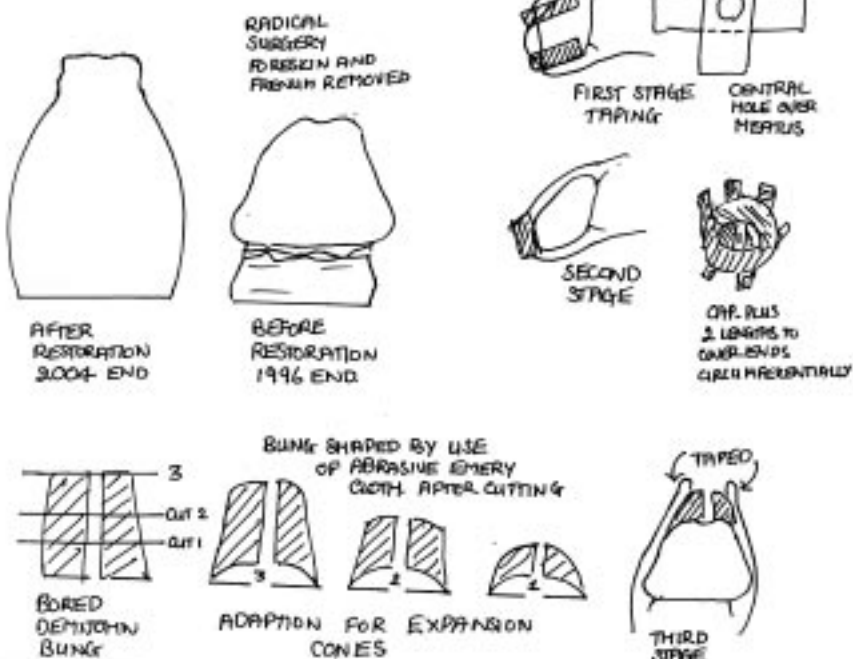
In 1992, Dr Jim Bigelow's book *The Joy of Uncircumcising* was published in America, detailing methods of foreskin restoration. (Hourglass Publishing, PO Box 171, Aptos CA 95001.) There are three chapters on the stages of non-surgical restoration by skin expansion, using:

1. *The tape strap* With shaft skin stretched over the glans, it is secured in position with a strap (or straps) of zinc oxide tape, or similar. Weights optional!
2. *The tape ring* Secures stretched skin in front of the glans. (Improvised a cap instead as progress was slow.)
3. *Expansion device* such as the commercially available TUGAHOY or PULMAN. (I tried modified rubber bungs, then resorted to tugging instead.)

For me restoration has been a dedicated journey of over eight years, slowly acquiring what was once mine – full genital integrity. From the ultimate enforced nudity of a radical free-hand circumcision in infancy with an ugly uneven scar, restoration was difficult at first with no skin to grasp at the scar line, producing much frustration.

On 9 December 1996, with Dr Bigelow's book before me like the Bethlehem Star, I started my journey with the first stage of taping with  $\frac{1}{2}$  inch strips, clumsily at first. By the time I was completing the second stage in the sixth year, I had become expert! (For those more gently circumcised, the remaining cuff of foreskin would reduce my  $5\frac{1}{2}$  years taping to a matter of months, even weeks!) Whilst wearing tape, overnight erections increased tension in the skin held forward, assisting in skin expansion, as did slow gentle masturbation, therapeutic of course! From the humiliating ground zero of a complete glans and part sulcus exposure, expanded skin crept meatus-ward a millimetre at a time, month by month. It took years before the coronal ridge and most of the glans was covered, leaving only the  $\frac{1}{4}$  inch or so of the tip. At last I had secured enough forward tissue to embark on the final third stage, that of expansion.

# NON-SURGICAL RESTORATION BY SKIN EXPANSION.



Since appliances cost over £100, I took myself in hand! Tugging proved painful so I limited it to a few cycles at first. In a matter of days my improvised technique had been refined to maximise the applied tension. (With the left-hand forefinger pressing down the glans, the foreskin is stretched forward using the right hand thumb and forefinger over the left hand finger and securing it. Seated in a rocking chair, the legs are thrust forward with hand-held foreskin, then returned to the original positions.)

I started tugging on 6 August 2002, averaging seven tugs per day for the first week, increasing through 57 tugs per day on the ninth week to over 2000 tugs per day by the end of 2004. In 128 weeks, I averaged 1108 tugs per day. That Christmas I was able to sport not only full glans coverage but a luxurious half inch of overhang, the best present ever. And a pleasant tickling sensation urinating through it.

### Observations

- 1 Though most of the expanded tissue was of outer shaft skin origin, there has been an increase in the area of inner mucosa. On the erect penis, the circumcision scar is now 8mm further down the shaft, an area increase of 44%.
- 2 Confinement has reduced the coronal flare, increasing circumferentially on erection by 17%. Before restoration it was 22%. What I termed the 'heart-break ridge' is no longer visible through underwear or swimming costume under preputial cover.
- 3 The glans surface has become smooth, membranous, moist and sensitive, with a colour change to a light greyish pink. I can enjoy sensations never felt before, especially the exquisite tingle when the skin curls back over the glans, and cool air blows on a moist surface.
- 4 Compared with a possible 15 square inches for the adult foreskin unfolded, I measured 11.5 square inches of skin expansion in a year of tugging (not including that created in extra 76 tug weeks to completion).

My one regret is that I will never have the erotic potential of those 1,000 nerve endings lost when circumcised! A tragic confiscation.

Now after feeling self-conscious and mutilated for decades, my restoration has left me bodily complete, able to radiate confidence rather than despair. A final note is that if things had gone wrong, I would have had the choice to revert to roundhead – perish the thought. Cavalike is liked! As the comparison between circumcised and restored in the table overleaf clearly shows:

What's lost long ago can in eight years renew  
I did it myself and know well it is true.  
With taping and stretching, then tugging with zeal  
I gave my spoilt manhood great intact appeal.

*Anthony*

	<b>Circumcised</b>	<b>Restored</b>
1	Glans roughened	Glans smooth and moist
2	Thick, insensitive surface	Surface membrane-like, thin and very sensitive
3	Ragged scar visible constantly	Scar concealed within foreskin and when erect part hidden in folds of mobile skin near sulcus.
4	Shaft surface uncomfortably tight when erect	Mobile skin under all conditions
5	Stumpy 'angry' appearance	Sleek when flaccid, less flared when erect
6	Uncomfortable in cold	Insulated glans permitting winter sea swims
7	Masturbation - need of lubricant and much force necessary	No lubricant needed. Mobile skin rides over glans with no need to touch it. Gentle touch sufficient.
8	Ease of urination	Identical after retraction; pleasurable warm tickling sensations without, but use of toilet paper to remove dampness. Well worth it
9	Embarrassment impairing confidence	Flaccid appearance of full genital integrity. New found confidence.
10	Condition resented (over 50 years)	Condition acclaimed.

[Should further information be required, please contact me via the *Acorn* mailbox or refer to *The Joy of Uncircumcising* or *NORM-UK* website or PO Box 71, Stone, Staffs, ST15 0SF.]

## Limerick

A plucky young fellow called Paul  
Tried juggling with knives, I recall.  
Well, at risk of his life  
Took his eye off the knife  
Lost his foreskin and even one ball!

## Nature's Penile R&D

(Please note: what follows is a strongly held, pro-circumcision, personal view. I mean no disrespect to those *Acorn* members who are happily intact and believe foreskins are a 'must have' accessory. Some of my best friends are uncut and share your opinion.)

**M**ay I thank KG of London (Issue 6/04) for forwarding the thesis from *Unzipped* magazine, suggesting that the penis glans rim serves to scoop out from the vagina the semen of your partner's previous lover. It sounds very interesting, but I suggest it is flawed. It won't work that way unless the last-comer (aha, a pun!) has been circumcised.

Nature can't have planned it like that, because circumcision is interference with the natural process. Let me explain: Foreskin enthusiasts are fond of pointing out how we, who are cut, are missing out on the subtleties of prepuce manipulation during all stages of sexual intercourse. In their perfect world, the guy has a long foreskin, and approaches his female with it forward, in the normal place. As he starts to insert his penis, her vaginal lips engage with his foreskin and ease it back gently, ensuring their secretions mingle to facilitate what they call 'The Gliding Mechanism'. In this, the foreskin is pushed back on the in-stroke and then re-hoods the glans on the outstroke. Proponents claim this provides exquisite sensations for the female and stimulates the man with his own foreskin. These quick intervals of covering the hypersensitive glans forestall premature ejaculation. We are told it's all a natural, gentle, experience when compared to the vigorous thrusting 'needed' by the circumcised male to stimulate his denuded dry glans. Even worse, his 'unfortunate' female has to provide ALL the necessary lubrication, poor girl.

Having discussed this, in some detail, with a divorcee lady friend who has had some considerable experience of both sorts of penis, I found her preference for the circumcised variety and reasoning somewhat reassuring.

First, she asserts that circumcision greatly facilitates hygiene and health; not just of the male, but also the vaginal wellbeing of his partner(s). That alone would make her mandate that all boys be cut. She doesn't buy into the argument that a fastidious penile washing routine is just as good as being circumcised. It doesn't, she points out, last very long between 'services' before odour arises. She was for some years married to a particularly clean intact man and that's her verdict once she compared him with her subsequent circumcised boyfriends.

She goes on to claim that in matters of sensation and pleasure for a female, the uncircumcised penis does not perform as advertised by its proponents. All 'The Gliding Mechanism' does for her, is give the impression that the man is merely moving in and out of his foreskin, stimulating himself, but not her. This is because the foreskin shields and smooths out the stimulating ridge of the glans, which is likely to be less flared if it has lived inside a tight 'jacket' for most of its life.

My wife and I have never experienced uncircumcised sex, but we have found exquisite coital satisfaction, despite what an uncircumcised friend mischievously

calls my 'mutilated dick'. Through experiment we have discovered positions to maximise the more prominent contour of my bare glans. One good effect can be achieved in the missionary position by the man raising himself up on his arms whilst bearing up with his coronal ridge behind the pubic bone. Done gently with guidance and co-operation you can stimulate the G-spot with the coronal rim. Beware though, when you really hit the button, it can trigger the mother of all orgasms and her crushing reflex, once experienced, will convince you that sexually, the female is the more powerful of our species.

Of course circumcised men do need to be more gentle in consideration of their women. The permanently exposed glans is hardly as hypersensitive as the habitually foreskinned one. But, being cut does give a staying power advantage. It is really not necessary to suddenly thrust hard into your partner or you WILL hurt her. A 'natural' guy has a frenulum and a degree of sensitivity to give him a painful reminder not to engage in this practice. We circumcisees do not. If you sense that your partner is wearying of prolonged intercourse, pull out, dry off your glans. Then ask her to play with you. Suggest she pull down tightly on any loose shaft skin with one hand whilst teasing your glans with her fingertip of the other, moving it slowly around in tiny circles, barely brushing the surface. Ask her to move down and run her fingertip around the glans rim, teasing and rocking it with light pressure. Mutual satisfaction is also attained if you are giving her similar clitoral stimulation under guidance.

Reading and researching over the years I have found interesting theories. One was testimony of a woman who failed to conceive to her foreskinned husband. Tests showed he had a good sperm count and she was OK too. Following a hunch, the doctor suggested her DH be circumcised. With some reluctance he accepted and underwent the procedure. Almost straight away, after the healing abstinence, hubby fertilised her and they became happy parents. Puzzled, they didn't complain but pressed the doctor to disclose his theory. His surmise was that the guy had a long foreskin which was closing on and containing most of his ejaculate on withdrawal. None of this hypothesis is provable, but it is an interesting coincidence. Maybe some ancient tribes observed a similar ability to impregnate was demonstrated by circumcised males and adopted it as a cultural or religious custom for that reason.

Another researcher claimed that at the moment of orgasmic spasm, the cervix or neck of the womb opens and dips to catch any sperm that may conveniently shoot in its direction. If it hits just the right spot, the sperm are fast-tracked to fertilisation. Theory had it that a circumcised glans without a frenulum will tend to be tip tilted slightly upward and direct its emission more to the target. By contrast the uncircumcised glans will be pulled by the frenulum and tend to direct the load downwards and away from it. All very fanciful of course, but again some observed incidence of success might have persuaded some communities that circumcised males were better at impregnating females. Quite important for survival of the tribe.

Related to this theory is the interesting point that we are the only species that copulate face to face (missionary position). Anthropologists suspect this is a 'recent'



adaptation, and time was when man always entered his woman from behind, as other mammals do. That being so, the thesis in the earlier paragraph is reversed.

There is little doubt that the glans in all its variations is aesthetically more pleasing to most women. It terminates the organ in a bold rounded shape instead of the natural frilly flesh resembling a drawstring bag. Note also that the glans 'cleft' mimics two other rounded shapes which are sexually attractive components of the human body: the bosom and the bottom.

Surely nature intends the exposed glans to send a signal to the female that the male is ready for coitus. It seems a reasonable assumption that women are programmed to respond positively to it. Men who discovered they could attract women more easily when exposed than when hooded, were probably encouraged to make this mode permanent, i.e. circumcised. This might eventually have caused the enthusiastic adoption of circumcision as a tribal identity as others got in on the novelty. Many modern women today admit that they prefer the appearance of the circumcised penis to its curtained alternative.

Maybe nature has another straightforward reason for defining the glans from the shaft with a prominent rim. That is to provide a 'locking catch' to hold back the foreskin during intercourse. Although this negates 'The Gliding Mechanism', it could be an evolutionary mutation to test a new model. Some couples, where the man is intact, report either one of them holding back the man's foreskin during intercourse to gain maximum glans rim friction. Others say their foreskin does stay back behind the rim during coital activity. In a few, the unwanted result can be paraphimosis. It all depends on the size of the glans, the depth of the rim and the amount and thickness of the foreskin as to whether it works or not. Then again every now and then a baby boy is born with a very short foreskin or even without any foreskin at all – a condition known as aposthia.

Given a few more millennia, who knows what might have evolved? I say 'might' because the 'interfering' practice of circumcision adopted by civilisation (which seems likely to continue) will have stopped nature's experimentation with the penis or at least skewed its results.

It is a pity that we can't order a penis like ordering a car. Given that prospect I would certainly delete the foreskin feature on the original model. Instead I would have the up rated larger glans fitted with the flared rim for better performance and to impress the ladies.

Unfortunately the production line at the manufacturers can't cope with these customised variations. At present they still have to be carried out by the dealer, either on delivery, or as a later 'in service' modification. Occasionally it has been done by a DIY enthusiast but this should be strongly discouraged as it can have damaging consequences which cannot be repaired under warranty.

*G.D.*

## Circumcision Debate: It Is Not Our Job To Discriminate

In the last edition, an extract from the on-line newsletter for GPs, *pulse-i*, was published. In it, a GP, Dr Fitton, told how he had reported a colleague to the General Medical Council for undertaking an infant circumcision. The following editions of *pulse-i* contained responses to Dr Fitton and these are reprinted below.

### From Dr Michael Barrie

As doctors, we are privileged to treat patients from a plethora of racial and cultural backgrounds. Part of our remit is to be sensitive to the religious and customary practices of such individuals, and not to discriminate against those whose racial origin or faith requires observance of some or other practice. Circumcision is one such observance. The removal of the foreskin is an absolute prerequisite for Jews and Muslims and is culturally important to countless others – for example South Africans and Americans.

Dr Fitton states that a doctor who performs a circumcision “has engaged in a trade that is illegal” and challenges the GMC “not to sweep this under the carpet”. Indeed, Dr Fitton says he has already reported one doctor to the GMC for circumcising one of his patients. Does Dr Fitton instruct his Jewish and Muslim patients to eat pork on the basis that there is no medical reason why they should not? Likewise meat for the devout Hindus on his list? Should a Catholic doctor refuse to help a woman requesting a termination on the grounds that his (or her) religion forbids abortion?

Surely the GMC position here is absolutely clear: a doctor should not allow his own religious or personal beliefs to impact on the care of the patient. I perform circumcisions on those baby boys whose parents request the procedure. I am neither for nor against the operation. However, I do believe that we should respect the cultural and religious backgrounds of our patients. Not to refer parents requesting circumcision of their newborn son to a competent operator – someone who will circumcise the baby competently, under aseptic conditions, and using adequate anaesthesia – is tantamount to neglect. The parents will have in effect been fobbed off and may well seek a circumcision from an untrained and dangerous ‘backstreet’ operator. Surely the child deserves better?

### From Dr R Willcourt

Dr John Fitton and his fellow travellers in the anti-circumcision brigade forcefully impose on the public their unscientific and emotional opinions disguised as facts. The characterisation that the baby was “rather miserable” due to “a grazed glans penis, chafing on its nappy”, is simply speculation. In fact, this child will have the benefits of a markedly lowered incidence of urinary infections leading to lowered rates of severe renal disease and virtually no chance of ever getting cancer of the penis which has a lifetime incidence of up to one in a 1,000 for an uncircumcised man. In addition, he will never have phimosis which occurs to some degree in up to 10 per cent of adult men, no painful and frightening tearing of the frenulum during sexual activity, nor any foreskin-related infections. Indeed, he will have no penile maintenance to contend with at all.

Perhaps Dr Fitton should himself be reported to the GMC for patient harassment and improper counselling. One can only hope that the unfortunate lady in this story has the ability to change to a physician with more professionalism and respect. Readers who would prefer factually-based material to the tripe dished out by anti-circumcision proponents should visit [www.circs.org/index.html](http://www.circs.org/index.html)

From Dr B M Dodhy

It amazed me to read such an emotive Soapbox by Dr Fitton. Perhaps he hates the religions and not the practice of circumcision. The act of circumcision is not barbaric but it is dangerous and should be made illegal for untrained hands to perform. Dr Fitton talks about rights, but no one mentions our duties as human beings. Why does he not raise his voice against the thousands of killings that take place every year under the name of medical termination? Which is worse: taking a life or removal of a piece of skin? I see no harm in circumcision as long as it is carried out as a 'recognised surgical procedure'.

From Dr Gerald Weiss

Further to Dr Fitton's Soapbox, any mother would soon learn that "a grazed glans penis, chafing on its nappy" could be due to prolonged wet or fecal contact in the infant's perineal area. Proper diaper etiquette and knowledge, with or without being circumcised, is soon learned and is in the advisory instructions for medical students.

From Dr Peter McCormick

I read with interest and some concern the views of Dr Fitton. In reporting his colleague for misconduct he is making a very bold step. Once I had cause, as a GP in the UK, to be very upset about something I regarded as negligence in a local colleague. The correct action – in consultation with my partners – was to inform the medical director at the hospital concerned and leave the dispassionate investigation and remedy to him.

Things go wrong postoperatively in the best institutions and I am sure that a seasoned doctor such as Dr Fitton has seen this often enough. In my decade of work as a children's physician in The Gambia, Ghana and Cameroon I have seen hundreds of infants and children circumcised. True I have seen postoperative complications, and some of them are horrific. We all learn from such instances, and are better doctors as a result.

We should all avoid emotive language unbecoming of our profession. It seems to me there are more serious matters by far for Dr Fitton to address in his GP work in the UK than an occasional "grazed glans penis".

From Dr S Rahman

I am appalled that *Pulse* has given such prominence to Dr Fitton's tirade against male circumcision. His attitude reflects both prejudice and medical ignorance. Male circumcision has long been acknowledged as the safest of all surgical procedures undertaken on humans and remains one of the commonest. There is something surprising and worrying about somebody claiming to have practised

medicine for three decades in three continents not to have come across male circumcision or referred poor miserable children with phimosis/ paraphimosis/ recurrent balanitis for circumcision.

Wasting the GMC's time and resources on complaints arising from jaundiced views of how other cultures lead their life is not a good reflection on Dr Fitton's personal and professional integrity. *Pulse* should be careful in giving too much space to such confused rantings.

#### From Simon Clarke

I was alarmed to read Dr Fitton's Soapbox. It is clear that he is not speaking as an unconcerned bystander but as a positive objector. If he were to have his way, no doctor in the UK would be able to perform this simple operation. Families would be forced to seek the services of unqualified backstreet 'physicians'. As it is, so few GPs are prepared to provide this simple service that many families have to travel hundreds of miles to find a qualified doctor prepared to operate.

At the Circumcision Agency we receive hundreds of inquiries each month from families looking for GPs to perform circumcisions. They don't know where to turn: the NHS doesn't want to know, private urologists charge thousands of pounds for the simplest operation, and patients should not be forced to risk the backstreet operators. It is a shame that more doctors do not see the benefits of providing this straightforward service. Any GP, with the proper training, can perform a circumcision. If managed well, it can provide the GP with much needed extra income, while providing the community with a much-needed service.

#### From Dr Peter Wilson

I don't think Dr Barrie and Dr Hawker are being quite honest when they suggest GPs should always respect the cultural and religious backgrounds of parents and their choice in the debate on circumcision. While not personally having very strong views on the subject – though I'm glad mine wasn't chopped off! – I rather doubt they would also respect a request from a patient for the female circumcision of a child on cultural grounds.

#### Response from Dr John Fitton

I was fascinated by the international response to my assertion that a child now has a right to bodily integrity and should be protected from injury. Informed intelligent debate is useful but a barrage of defensive dogma, albeit expected, is unhelpful in what is essentially a public health and human rights issue.

If anyone wishes dispassionately and objectively to learn more about the matter, [www.norm-uk.org](http://www.norm-uk.org) is a good website that provides patients with the sympathy and help that they are clearly unlikely to receive in some quarters. It is run by people who (presumably) have none of the almost congenital prejudice in favour of amputation of the foreskin.

I await the reaction of the GMC.

# ACORN

Issue  
N<sup>o</sup> 3 2005  
Editor  
Ivan Acorn

## Editorial

**M**agpie is the word which best describes your editor. I borrow or steal from any source to make up your newsletter. For me, the words 'circumcision' and 'foreskin' on the written page shine through as brightly as any bejewelled ring does for the thieving bird. I pounce, seizing them for my store of treasure which I then display for your amazement and satisfaction!

The newsletter is thus an eclectic mix, giving, I hope, different perspectives on the subject which fascinates us all. But undoubtedly, the mainstay of the newsletter, and the items which are most appreciated by the members, are the personal stories – how you first learned of the difference between cut and uncut, how you felt about your own status, and, for many, how that status was changed. So I am pleased in this issue to continue the story of FE, the clean cut young sailor, and to publish the story of another member, JAQ. But such accounts are only possible if there is a steady flow from you of such information. So please, if you have not yet told your story, start writing now. We are all interested in what you have to say.

*Ivan Acorn*

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### Circumcision and AIDS

**T**hirty eight million. That is the number of people estimated worldwide to be HIV positive. Seventy five per cent of these are in sub-Saharan Africa. In some countries, the infection rate is 20% or more. And this figure is even more shocking when you consider that it is the sexually active who are affected. AIDS is cutting a swathe through the young, the people who are the foundation of the country's future. The outlook for some communities is truly apocalyptic.

To some extent, HIV and AIDS have been tamed in industrialised countries. This has come about partly through education in terms of safe sex and condom use, partly through the availability of more effective anti-retroviral therapies so that HIV infection is no longer necessarily an early death sentence. These solutions are less relevant in the developing world. Condoms are not available or their use is deemed inappropriate for religious (and the attitude of the Roman Catholic church is not helpful in this respect) or cultural reasons – it's just not macho to wear a rubber! Drugs are expensive. Even where pharmaceutical firms make provision at prices which developing countries can afford, the infrastructure to distribute and to encourage regular and life long medication is just not in place.

Alternative approaches to curb the epidemic are therefore desperately needed and male circumcision may well have an important contribution to make. A number of studies have found significant geographic differences in the prevalence of HIV infection related to the extent to which circumcision is practised. Countries with a low level of male circumcision such as Zimbabwe, Botswana and Zambia experience a high prevalence of HIV infection, whereas countries with a high level of male circumcision, such as Cameroon and Ghana, have lower infection rates. The data cannot necessarily be taken at face value. There may be confounding factors, the greatest of which might be religious. In Islamic countries and communities, the sexually active male population will be almost 100% circumcised. Yet if a lower HIV infection rate were observed, it could be because Islam encourages more conservative sexual mores which would of itself inhibit the spread of the infection. It is important that such confounding factors are eliminated before a causal link between circumcision and reduced infection is deduced. Nevertheless, there have been some powerful studies which it is difficult to gainsay. In a study in Uganda, 0 of 50 circumcised men with infected spouses became HIV-infected after nearly 2 years of follow-up, whereas 40 of 137 uncircumcised men, also with infected spouses, seroconverted during the same period.

Critics have pointed out that such results are not replicated in studies in the industrial world. This however is hardly surprising. In developed countries, HIV infection is confined largely to the gay community and drug users. The virus is mainly transferred through anal intercourse or via contaminated needles direct into the blood stream. In neither situation is the circumcisional status of the person infected likely to be relevant. Of course, it would be possible in the gay community to try to identify a difference in infection rates between cut and uncut

tops – but the usual assumption is that exclusively active partners are at much less risk than their passive counterparts. Either way, the whole biologic mechanism in gay intercourse is completely different from that in heterosexual sex where it appears that in vaginal intercourse, the uncircumcised penis is far more vulnerable to infection than its circumcised twin.

There has been speculation as to why this should be. The fact that the foreskin provides an environment which favours micro-organism survival and replication, and that it is more susceptible to trauma during intercourse may be contributory factors. The main reason, however, is probably the large concentration of Langerhans cells in the foreskin. These are known to be a prime target for HIV transmission. Their removal during circumcision provides the greater protection afforded to the circumcised penis. If this is the true reason, this argues for a low style of circumcision which removes the whole inner foreskin.

There is therefore much evidence that circumcision offers protection. Nevertheless, the consensus appears to be that the evidence is not yet conclusive. Male circumcision is a practice that is entangled in a complex web of cultural, religious, and medical beliefs. All the studies completed to date are observational. It is not possible in observational studies to control for all the possible confounders that are associated with this practice. Only through the process of randomisation, blindly assigning a large number of study participants to the treatment (circumcision) or the control (delayed circumcision) arm, can all possible confounding variables be controlled for. Three such randomised control trials are currently under way, and the results are not expected until 2006 or 2007. All three have sample sizes of more than 2700 and are powered to detect a 50% or greater protective effect. Whether this wait is justified is an interesting ethical question. Circumcision, if performed properly, is generally accepted to have few, if any, negative consequences. If therefore there is evidence already pointing towards circumcision having a protective effect, would it not be better to encourage mass circumcision now on the argument that it will certainly do no harm but may do good in reducing infection rates of a killer disease?

But even if the controlled trials do point to the prophylactic effect of circumcision, there are concerns about the wisdom of a policy of positive intervention. These centre on two issues. The first is the performance of the operation itself. Circumcision is a minor, relatively risk-free procedure if performed by an experienced operator in aseptic conditions. But in many African countries, circumcision is performed as a tribal rite often by ineffective practitioners in totally unsanitary conditions. Serious infection and/or mutilation, sometimes leading to death, can be the result. A programme of mass circumcision must therefore be preceded by the building of the necessary infrastructure to ensure that there are sufficient, accessible operators able to work in aseptic conditions. This is certainly a challenge in many of the poorer, rurally dominated countries, which constitute many of those worst affected by the epidemic.

The second concern is the changed behaviour which circumcision may bring. It is a well known fact that a reduction in risk factors can lead to people feeling freer to take greater risks. The wearing of seat belts leads car drivers to feel that they

can be less careful in their driving. More relevant to this subject, perhaps, is the fact that the development of effective anti-AIDS drugs has led the gay community to be less careful about safe sex so that HIV infection rates are rising again. The fear in Africa, therefore, is that a man, having undergone circumcision, will feel that he has total protection against HIV and will therefore indulge in less safe sexual practices than he had heretofore.

It may be however that these two concerns can be addressed in the same manner. If the clinics, or whatever, that offer circumcision offer safe sex education at the same time, the newly circumcised men may come to realise that, whilst their level of protection has increased, it is certainly not 100%.

There must of course be another over-riding concern. Even if circumcision is shown to be effective, will men be willing to undergo an operation which they may perceive as painful, virility-threatening and against their cultural traditions? In fact, encouragingly, there are quite a number of studies indicating that significant proportions of men and boys (50% to 86%) will be circumcised in traditionally non-circumcising populations, if circumcision is provided at an affordable price. The reasons men in these studies give for preferring circumcision for themselves or their sons are many and include improvement of hygiene, lowering the risk of HIV and other sexually transmitted infection, appearing more modern or urban, fitting in with others, and being attractive to more women. The chances are therefore that, if cheap risk-free circumcision is available, men will take up the opportunity for themselves or their sons. The latter is of course important. Circumcision is likely to be most effective as a protection if it is carried out pre-puberty before first sexual intercourse. It could be that over time infant circumcision becomes acknowledged as the most cost effective way of providing early protection.

But suppose that safe, low cost circumcision becomes available but that men refuse the operation. Would compulsion ever be justified? The issue is similar to the MMR vaccine question in this country. The vaccine offers protection not just to the individual but, if sufficient children are vaccinated, to the population as a whole. This is because the fewer individuals that are susceptible to the diseases, the fewer are the opportunities for the viruses to take hold. By effective programmes of vaccination, the diseases of smallpox and polio have been virtually eliminated worldwide. Vaccination therefore both protects the individual and contributes to the immunity of the population as a whole. If the same logic is applied to circumcision and HIV, it may be that circumcision will not just help to protect the individual, but, if practised on a wide enough scale, will also help to reduce the incidence of the disease in the population as a whole.

The effects of mumps, measles or rubella can range from the unpleasant to the fatal for the individual concerned. But it could be argued that the effects of the disease are largely confined to the infected person. AIDS on the other hand, whilst being devastating for the person concerned, is also disastrous for society as a whole since a sick person takes up nursing resources and the death of a young person, replicated on the scale seen in some African countries, helps destroy the whole economic and social structure of the country. When the consequences of



the disease are so dire, perhaps personal freedom has to suffer. Perhaps any government would be justified in making circumcision compulsory for all males.

Ivan Acorn

## A Clean-cut Young Sailor – Part 2

*[In part 1 of his story, F.E. recounted how he remained uncircumcised during his school days despite a recommendation from the school doctor.]*

At university, I had almost complete privacy, and didn't play any sports which necessitated mixing with my fellows in the showers, so I didn't see who was, or was not, circumcised. Towards the end of my three years I spent a fortnight in the Royal Naval Training Squadron, prior to starting my full-time National Service.

It was rumoured that those of us who were still Cavaliers would be circumcised as soon as we joined up. Later, it turned out that this rumour was largely true. On the Lower Deck, Roundheads outnumbered Cavaliers by two to one. But I couldn't wait until then, and one evening in my last term I took a sharp pair of scissors, pulled my foreskin forward, and cut it off. When I got to the hospital I asked the doctor to circumcise me properly. He stitched the foreskin together and congratulated me on having done such a good job. My foreskin was now much shorter. It would still cover the glans when my cock was flaccid, but retract fully when I got hard as if I had been completely circumcised. After a while the scar-ring became hardly visible.

At my first medical inspection on joining the Royal Navy, I asked the doctor if I could be circumcised. He said that my foreskin was short and loose enough and there was no need to remove it. However, three of my classmates were circumcised immediately.

In the Royal Navy, physical sexual activity of any kind was absolutely forbidden on board ship or in any shore establishment (except married quarters). When I was in the training squadron, one of the officers was caught *in flagrante delicto* with a junior seaman in his cabin. Rather than face court martial, he eluded his guard and jumped overboard at night, and that was the end of him. Nevertheless, *male-bonding* was considered quite normal. We were expected to have a particularly close chum – or *Oppo*. My *Oppo*, another National Serviceman, and I compared our cocks. His foreskin just covered the flange of his knob. He didn't know whether he had been circumcised or not. He thought he may have had the skin trimmed like I had done mine, but there was no scar. Another of my mess-mates had been beautifully circumcised – a real cosmetic job. His knob was like a peach. The scar-ring was close up to his body. His hairless cock was completely smooth all the way along. Where his frenulum had been there was a 'V' shaped cut on the underside of his knob.

Confirming the rumour we had heard earlier, it turned out that two thirds of our mess-mates were circumcised. Their clean-cut knobs were clearly outlined in their tight-fitting uniform bell-bottomed trousers. They taunted those of us who

were not. Four out of the five Leading Seamen, and five of the seven National Service Ordinary Seamen, were Clean Cut. All the older Able Seamen were Cavaliers. Half of the younger Regular ABs and ODs were Roundheads. Eventually half of the remaining young Cavaliers were prevailed upon to submit their cocks to the knife. Just at that time I was sent off to join the Upper Yardsmen's (Officers) Course, and the opportunity to be circumcised was missed. Most of the Upper Yardsmen had been educated at Public School. There was no difference in the numbers of Cavaliers and Roundheads. At long last I was no longer in a minority.

After National Service I was destined to make a desk-bound career. I needed some kind of regular exercise. I was no good at ball games or athletics, so I joined a *Keep Fit* class organised by the local school, soon after I started my first job. The members of the class came from all walks of life. Their ages ranged from 17 to 70. The number of Roundheads was exactly the same as Cavaliers. There was no difference between social class and age group. So no-one was embarrassed by being in a minority one way or the other. Although changes of job and location meant joining a new *Keep Fit* class every so often, these proportions remained the same.

After I left full-time service, I continued as a Reserve Officer part-time. We had a lot of medical students who were destined for careers in the Navy after they graduated. One evening in the mess, the subject of conversation was sex, as usual. Someone asked what was special about circumcision. There was a lot of heated discussion. One of the senior medical students explained the benefits, as he understood them. He had been circumcised in infancy, so could not speak with *before-and-after* experience. He could not remember having been circumcised, and never knew that he had been until he went to school.

"Circumcision is hygienic. The foreskin of an uncircumcised cock has to be retracted and the foul smelling smegma which collects under it washed away regularly. This is a painful and frightening experience the first few times it is done in boyhood when the foreskin is still tight. It becomes very pleasurable as the skin loosens, and leads inevitably to wanking. Keeping the uncircumcised knob clean is no protection against fungous infection which abounds in public showers and changing rooms. Circumcised men never develop cancer of the cock; nor their wives cancer of the cervix. For these reasons alone, all boys should be circumcised in infancy.

"Circumcision does not disable wanking. There is no loose skin to rub over the knob of course. Because it is insensitive, there is no danger of premature ejaculation, but it can take quite a long time to come. It can be very frustrating, but the reward is a satiating abdominal orgasm. A clean-cut cock is symbolic of a *Clean Mind in a Healthy Body*. It feels good too – clean and free. During sex there is no interference with two-way stimulation of the flange. Condoms are comfortable and stay on. The obviously clean and odourless knob encourages cock-sucking."

Altogether, he was very glad that he had been circumcised, and strongly recommended it.

Soon after that I visited my doctor and told him my story. I wanted to be completely circumcised. He didn't try to dissuade me and referred me to a specialist. The operation was done in hospital under a general anaesthetic the following week. The cut healed up in a few days. I was very pleased with the result. I was delighted with my now naked glans and flared corona. I could feel it all the time. Although the remaining skin was not completely immobile when I was hard, condoms no longer rucked up and pulled off.

However I became increasingly dissatisfied with the web of frenulum that was still attached to the underside of the knob, and the thick scar. The surgeon had explained that he would not remove the frenulum – *Love's Guitar*, he called it, because it remained sensitive. The scar was very thick because of the way he had folded the skin to get a good mucosal adhesion, as he had explained. He had used so-called soluble stitches, but they never disappeared completely and left holes, which did not close up, where they had been.

Many years later, I was working in a Muslim country. I had to have a routine general medical examination. I told the doctor about my circumcision, and he said he would be quite happy to tidy it up. He removed the frenulum and the old thick scar. It took some time for the skin and the new scar to stretch to accommodate the erection. Now my cock is beautifully smooth all over. When I am hard, the remaining skin on my cock is very tight and completely immobile. My scrotum tightens up and holds my balls firmly at the base of my cock. It takes me much longer to come, which pleases me and my partners. I have been delighted with the result ever since.

F.E.

## A Very Manly Piece Of Skin

I have been uncertain about renewing my membership of *Acorn* because I have felt for several months that *Acorn* hasn't done enough to stem the anti-foreskin brigade with their hurtful and very negative attitude and remarks in regard to the foreskin. Some of them consider that foreskins are boyish and look upon them as unhealthy, dirty, filthy and unmanly. What utter claptrap! No wonder mere uncircumcised members of *Acorn* have left and haven't renewed their membership over the past years.

I am circumcised and fully support circumcision for religious reasons, as an initiation rite to manhood, and on medical grounds for paraphimosis when it is not medically possible to relieve the condition. Apart from these three reasons, I personally don't see any need for anyone to be circumcised. Having said that, from a personal point of view, any male that wishes to be circumcised, that is entirely up to him. It is called 'live and let live' and the anti-foreskin brigade should adopt exactly the same policy.

I know an uncircumcised guy that doesn't find the circumcised penis attractive but he doesn't get on his soapbox and talk about it in a negative way. Let all of us

be more constructive in a sensitive way in airing our opinions. I absolutely love being circumcised but I find both the circumcised and uncircumcised penis equally attractive to look at and also to admire. In fact, a very large number of circumcised males worldwide are admirers of the foreskin and find it very erotic and exciting.

Between the ages of 13 and 18 (1960-1965) I took part in a lot of mutual masturbation. I much preferred the friends who still had their foreskins and I would only masturbate with those who were uncircumcised. To me the uncircumcised penis was far more erotic and sexually exciting at all times. Whenever my friends or I pushed back their foreskins, I always saw smegma. In some of my friends it was thick and had a very strong smell and I always touched it and their very moist and wet sensitive glans. Since then I've always been a big fan of smegma and I enjoy reading stories of guys involved in mutual masturbation where smegma (cheese) is mentioned.

I first joined *Acorn* in the early 1990's and in those days it described itself as an organisation for people interested in circumcision and foreskins. Now it sounds very pro-circumcision and anti-foreskin, judging by the letters that we read in the newsletter. This is hardly surprising because, according to *Acorn's* own figures, the majority of its members are circumcised. I would like to ask the anti-foreskin brigade what they find so wrong with the foreskin. It is actually a very manly and masculine piece of skin that serves a very important function.

*I.N.L. – Manchester*

## Finally Complete

I was born, notionally at least, as a Christian but my father had Jewish blood. For most of my life I wanted to be circumcised, achieving this only when I was 32 (22 years ago). Three years ago I came to the inescapable conclusion that I wished to convert to Judaism and – for a number of reasons – this had to be Liberal Judaism. Now, with my circumcised cock and my certificate of admission to the Jewish faith, I finally feel complete (as it were).

Have any other members who have sought circumcision had similar feelings about Judaism (or indeed Islam)?

One further point – I was not required to be circumcised because I had already had the op. I volunteered though for a procedure called *hatafat dam b'rit* because I still wanted to do something special to mark my admission to Judaism. The procedure is required for those converting to Orthodox Judaism but I was the first person coming to the notice of the (Liberal) mohel as wanting it done and he had never performed the procedure before. The procedure involves a pinprick around the circumcision scar and the drawing off of a minute amount of blood by pipette plus appropriate prayers.

*R. – Midlands*

## Picture Gallery

**B**elow are four specimens – two uncut, two cut. Enjoy!



## My Story

I was not circumcised as an infant and I didn't really know what it meant until I was about 11 years old. My best friend as a young boy (aged about 5) had been circumcised but at the time I assumed that his 'skin was back all the time'. My mother taught me from a fairly early age to retract the foreskin in the bath to clean underneath, so I knew it could be retracted, and what it looked like underneath. Until I was about 11 years old, I was unaware that some boys had their foreskins removed by surgery.

When I started at Grammar school aged 11 (1961), PE and games were held weekly and there were opportunities to see other naked boys in the showers. I became aware fairly soon that other boys had 'skin back all the time', although I still didn't know why. I'm not exactly sure when I discovered more about the penis, but it probably came up in conversation with my peers. I also read in the Bible during RE lessons about the circumcision of Christ, although I didn't really connect this with foreskins. I thought there must be another ceremony by the same name.

My family moved home when I was 13 so I started a new school. Here, games and showers were much more frequent and compulsory. There was no room for modesty in the changing rooms and I was soon aware that a much greater proportion of my school friends, probably 40%, were circumcised. This coincided with the onset of puberty and I naturally became more aware of my penis, its size and, more importantly, its shape. My foreskin was not excessively long but extended beyond the tip of the glans, even when erect. It was fully retractable but never did so on its own. I soon became envious of my circumcised peers – particularly those with a well developed glans – and, at the same time, I began to loathe my foreskin. I observed during these years that two boys of my age returned after the summer holidays minus their foreskins – lucky devils! Circumcision became a fascination, almost an obsession, which featured regularly during masturbation. I attempted to keep the foreskin retracted, to appear circumcised, but the over-sensitivity of the glans became uncomfortable and often caused unwelcome erections. It became an ambition to lose my hated foreskin – but how?

I endured my school days as a cavalier, although the desire to be circumcised remained. My foreskin was retractable until I was about 19, when for some reason it became very tight and completely unretractable – a severe case of phimosis. This made sexual experimentation very difficult; I did nothing for several months, but finally found the courage to make an appointment with my GP. I was very embarrassed to explain my problem but he was very matter-of-fact about it, told me that I would have to be circumcised and referred me to a surgeon. It was now early 1970; I waited patiently (and with trepidation) to receive an appointment from the hospital until one morning a brown envelope with a telltale postmark appeared through the letterbox. I was now on the road to becoming a roundhead. The most difficult task was explaining the situation to my parents, who had never been open about any sexual matters – in fact, my father avoided any conversation

on the topic. I therefore found explaining my situation very awkward and embarrassing.

The hospital appointment was only a consultation and lasted ten minutes or less. The surgeon was a grumpy, middle-aged man who told me he would “whip it off” and his secretary would be in touch. Again I waited but this time not for long. Within a month I received an appointment for admission five weeks later. Now I was really on the road to becoming a roundhead; my foreskin’s days were numbered!

I arrived at the hospital at the arranged time, filled with apprehension but also very excited at the prospect of becoming a roundhead. There had already been some embarrassment explaining to various people what I would be doing for the next few days (I lied to some), and more during admission to the ward, containing about five other patients being prepared for various surgical procedures. I was the only one in for circumcision, but the nurses and doctors were very matter-of-fact (just like my GP) and eventually wheeled me off to the theatre. I remember a needle in the back of my hand but very little else before being returned to the ward minus my foreskin. I slept reasonably well that night and enjoyed an early breakfast. Then came the surgeon’s ward round accompanied by a crowd of medical students! They all seemed satisfied with my condition but I was beginning to experience a burning sensation around the cut line under a tight dressing which exposed only the tip of my penis for urination; this was another new experience for me as I had never been able to urinate with the foreskin retracted. This had always caused an erection which necessitated rehooding the glans until the feeling subsided.

I was later instructed by a nurse to take a bath in a nearby room and put several scoops of salt into the water. I climbed into the bath and gingerly unpeeled the blood soaked dressing to reveal a swollen and bruised penis with stitched scar line just behind the glans. I was surprised (but pleased) that the whole foreskin had been removed having read in *Forum* and other books that NHS circumcision usually removed only part of the foreskin. The most intense sensation was the sensitivity of the exposed glans – this is often described as sensitive as an eyeball and I can’t argue with that. The only other discomfort was caused by the snagging of the stitches on my underwear; these eventually came out on their own, much to my relief. The burning sensation soon faded and within about three weeks the glans sensitivity had also diminished. By now I was feeling quite horny, not having masturbated since before my operation.

I decided to wait a few days longer because the scar line was still quite tender, and I had no wish to endure pain during a normally pleasurable activity. I woke one morning a few days later with a strong erection and knew that the time had come. I grasped my rigid member with an enclosed fist below the glans and started rubbing to produce the most wonderful sensation I had ever experienced. In spite of my efforts to prolong the pleasure, I soon ejaculated with an explosive orgasm, the semen shooting several feet across the bedroom. I was now a complete roundhead and there was no turning back. Mission accomplished!

This took place long before the advent of the Internet: there is now a plethora of information available on the subject and circumcision seekers have all the information at their fingertips. Whether NHS patients have any choice in the result is another matter, but some clinics can provide the service at a very reasonable cost. With hindsight, I would certainly pay for the operation and style I desired if I were in the same position I was in 35 years ago. Although quite satisfied with my penis, I would ideally have preferred the 'high and tight' look often mentioned in communication and on the various websites. My own circumcision is what I would call low and fairly tight: the scar is just behind the glans with a little bunching of shaft skin when completely flaccid. There is a small amount of movement when erect and this is ideal for dry masturbation. I occasionally use lubricant but it's not really necessary. The frenulum was not removed although I would quite like to lose it if I ever thought about a revision.

I still spend time reading all the information I can find on circumcision. As well as *Acorn*, there is plenty on the Internet. There are certainly many individuals who lament the loss of their foreskins and go to the trouble of restoration. I would never consider this and I often wonder what drives so many to do so. They all seem to be very bitter about having been 'deprived' of their foreskins during infancy: I would suggest that their parents made a decision in the best interest of their children. Am I in favour of routine circumcision for all male babies? A difficult one, but I would have been spared the problem I encountered if my parents had made that decision for me. I think that a mix of those with and without is the ideal; I consider myself one of an elite group and that would not exist if we were all roundheads.

That's my story except for one small point. I remember reaching forty years of age; this marked the 20<sup>th</sup> anniversary of my circumcision and very important to me as I had now been a roundhead longer than I was a cavalier – a significant milestone and a feeling of elation and achievement. After all these years I still become quite aroused by any mention of circumcision: I think I always will.

*J.A.Q. – Oxon.*

## An Uncircumcised Jew

Stewart Steven, who died in January 2004, enjoyed a colourful and controversial journalistic career as the editor of *The Mail on Sunday* for 10 years and the *London Evening Standard* for three more.

Born in Hamburg, Steven was brought to Britain when his Jewish parents fled Nazi Germany. He liked to boast years later that he was a rare example of an uncircumcised Jew, explaining that many Jews born in the late 1930's were given a dispensation by rabbis not to be circumcised. One evening in a pub off Fleet Street he was challenged to prove the fact, so he took a *Daily Mail* reporter, Tim Miles, to the lavatory. A minute later, with a beaming Steven behind him, Miles emerged with raised thumbs to an outburst of cheering.

*From a report in The Guardian*



## Dr Fitton – Another Response

*[In issue 1/2005, a letter from a Dr Fitton, extracted from an on-line newsletter for GPs, was published, condemning infant circumcision. In issue 2/2005, responses which appeared in later editions of the newsletter were published. Now a member has his say on the same topic.]*

I do not think that the protest of Dr John Fitton against infant circumcision should go unchallenged. It is not clear whether this Kettering doctor has reported his colleague for performing a botched circumcision, or simply carrying out a procedure to meet the mother's cultural obligation – in common with dozens of doctors, who do the same every day, across the UK. If the former, all well and good; if the latter he is well out of order. Male circumcision is the oldest, recognised surgical procedure, accepted for its benefits worldwide. These transcend the boundaries of mere medical opinion. In no way can it be compared to slavery, corporal punishment, or the disenfranchisement of women.

We are not told whether this doctor has himself been circumcised? If so, he may well have a grudge because it was also botched. Or, more likely, he wasn't educated by his parents and given a positive view of his body image and the advantages of his status. From such bases, circumcised malcontents are born.

However if, as I rather suspect, Dr Fitton is uncircumcised, he is not in a position to pass such a negative opinion against the millions, like me, who are happily so. He would also do well to reflect that he will have seen dozens of other 'rather miserable' baby boys with infected foreskins. The nappy stage is particularly conducive to irritations in this area for girls as well as boys – irrespective of whether the latter are circumcised or not. One thing is for sure; the permanently exposed glans of the Ghanaian infant, once toilet trained, and in a clean, airy, environment, will be a lot healthier than many of his foreskinned contemporaries who go on to carry that moist bacteriological incubator around for life. As a consequence, they may, at any time, become one of the thousands of boys and men who have to undergo an unwelcome, embarrassing, painful, and expensive circumcision in later life.

G.D.

## Can't Help Wondering

There used to be a web-site with the name "Can't help wondering". An image of a young man would appear and we would be invited to offer an opinion as to whether he was circumcised or not. When the poll closed, a naked image was shown and our suspicions confirmed – or otherwise. I only surf the web occasionally as I do not have a computer at home, but I still "can't help wondering". So how does one get an idea of the rate of circumcision amongst young men today?

As I am now into my second half-century, I am long past the stage of sharing communal showers with football teams and I do not like the gay sauna scene. I

was therefore delighted to be able to borrow a casting tape made by a gay film maker featuring British men aged 18-24. The tape contained film of ten men. All were required to strip and masturbate. Of the ten men shown, two were circumcised – 20%. Of the remaining eight, seven had no apparent foreskin problems but one could not retract his foreskin at all and was an obvious candidate for the knife. There is of course no way of knowing how representative this sample is but it not far away from other estimates I have seen.

Apart from discrete observation, there are other ways of finding out the status of friends and work-mates. Fifteen years ago, a new bar opened near my home. The first bar manager was a young Englishman from Devon. Being a beer lover, I got to know Wes quite well and we had many conversations. Wes was working on his 25<sup>th</sup> birthday and, as the bar was quiet, we chatted about his future plans. He said that he was not ready to settle down and was thinking of going to Israel to work on a kibbutz. I said jokingly that he would do better to pick grapes in France as he would need an operation if he went to Israel. He laughed and replied that he had been circumcised at birth. Wes was not Jewish and was born and RIC'ed in Plymouth in 1965.

Some years before, when I was in the road haulage industry, I called every week at an electronics factory in Edinburgh. I got to know a young storeman called Jim. At the same time, Jim (a Catholic) was arranging his wedding. There was talk of his factory being taken over by another company. At the time (the early 80's) unemployment was a major problem and Jim was worried that he might lose his job as a result of the take-over. I said, tongue in cheek, that he should be more worried about the Catholic church being taken over by the Jewish faith. He smiled and said: "Too late – I've already had that done." It is strange for me to think that both these guys will be nearly 40.

At work, a colleague told me that his two sons had been circumcised within eighteen months of each other during the last two years. Both were eight years old at the time of their operations and had been referred following medical examinations at school. As I write, a third child is on the way and it has already been decided that, if it is a boy, he will be cut at birth.

I would be interested to know from younger members their estimate of the circumcision rate among men in their own age group.

I visited New Zealand recently and had a wonderful time. It is a marvellous place and I would recommend it as a holiday destination. I was however amazed at the number of foreskins I spotted there. Many years ago I saw a book called *Sons of the sun*. This was a book of photographs of naked New Zealand naturists and I well remember every last one of them was circumcised. Now it appears that anyone under 26-27 years is uncut. I discussed the issue with several Kiwis and estimates of current rates varied according to age. A guy in his mid-twenties (who was himself cut) reckoned about half his school mates were cut. Another young man of 20 (himself uncircumcised) said that only one of fifteen boys in his class at school was circumcised.

This contrasts with my experience of Australians who were always, in my experience, more likely to be cut than Kiwis. I have read that the circumcision rate in Australia has plummeted to 10% but I have my doubts. I have discussed the subject with three London based Aussies in the last six months. All were aged 22-27 and all were circumcised. But more significantly, all three had recently-born nephews in Australia and all the youngsters had been cut at birth.

Any updates from members in Australia or New Zealand would be most welcome.

*J.T. – Edinburgh*

## A Date For Your Diary

The next *Acorn Society* meeting will take place over the weekend of 5<sup>th</sup>/6<sup>th</sup> November. There will be more details and a booking form in the next edition of the newsletter but put the date in your diary now!

## An Adult Perspective

Can I give my current perspective about routine infant circumcision. I read a lot that the 'choice' should be left to your child. Here is my problem, I am married to a guy whose parents made a choice that he would not be circumcised as a child. He did not have any problems until he was married and now the choice is (a) go through 6 weeks of no sex and a lot of pain or (b) tolerate the intermittent problems he has with his foreskin.

The problem is that my husband hates the thought of surgery on his penis. He had major anxiety over the flu shot he got this fall (no man intimidates him, but needles make him shake). We also are a relatively affectionate couple and three days would seem like a long time to remain celibate; six weeks would be torture. I have read that up to 1 in 10 guys have to be circumcised for medical reasons. I have to wonder how many 'fly under the radar' like my husband because the operation itself is not worth it. He was thinking of getting circumcised earlier this year so I looked it up on the Internet. I read about the six week recovery and I told him I would respect his decision but I thought it sounded really painful. He agreed and for now we aren't having problems so the issue has been dropped.

My friend had her son circumcised by a Rabbi (she's Jewish) and the kid did not even cry. I doubt my 38 year old husband would have such a reaction. My husband would now have to go through an expensive procedure to cut his much larger sexually mature penis. He is a manager and he would have to miss work which he rarely does. He is married but would have to remain celibate. My friend's son never missed out on any work or sex and his proportionally smaller penis healed quickly. I am aware of the cons. I do not kid myself about it. I don't want to desensitize my son. I am not totally convinced he would be because in my part of the country most guys are circumcised. I have yet to meet a woman who finishes before her husband does (though I know they must exist) whether he is cut or

not. Anyway, since we are trying for one more I will continue to research this topic.

But my point once again is that there is no answer that will guarantee that a child won't query the choice made for him. My husband is uncut and unhappy with his parents' decision. My brothers are cut and happy with our parents' decision. I have no doubt I could find men in the polar opposite situation. I say either way, as a parent, you are taking a risk. I am not saying all this to point out that RIC should be done but rather to say that parents shouldn't kid themselves about the 'choice' they make for their son. If they choose to wait until he is an adult, they are subjecting him to possibly having to undergo a painful and perhaps humiliating procedure, or possibly having to deal with intermittent or chronic pain.

*[From the Internet]*

## Keratinisation

Could any members let me know whether something can be done to reduce 'keratinisation' of the glans after circumcision. By this I mean the hardening of the mucous membrane that occurs post-operatively to varying degrees, often reducing sensitivity considerably.

From my own observations, mature men circumcised in infancy often show a marked degree of keratinisation with very white crepey glanses. Those circumcised later in life apparently develop the dry, whitish glans associated with the roundhead style to a lesser degree, but they also grow a tougher, less sensitive, exterior more reminiscent of normal skin.

Is there any product on the market that reduces keratinisation? Some kind of cream, perhaps, thereby increasing sensitivity. In my own case, hardening of the glans is not (yet) very advanced since my adult circumcision some years ago. To halt the process, I have tried using Nivea, but without any positive result. Should anyone have any relevant information available, I should be grateful to find out about it.

*G.B. – Kent*

## Pride

In the local sports centre recently, I saw a couple of small boys around 8-10 years old – part of a school party who were changing – who displayed very nicely circumcised penises. The fascinating thing was that they were bounding around nude whereas their uncut pals were doing their best to remain covered up. This brings to mind a sighting last summer in a beach toilet when a boy of about 12 made no attempt to hide the fact that he was neatly cut. It seems to me that cut boys are proud of the fact that they are different. Certainly it mirrors my own experience as an uncut school boy.

*R.W. – Surrey*

# ACORN

Issue  
N<sup>o</sup> 4 2005  
Editor  
Ivan Acorn

## Editorial

**S**adly, this edition contains the resignation of our long serving Chairman and former editor, David. He considers that the *Acorn* newsletter has become too biased – pro-circumcision, anti-foreskin. I have too much respect for David and his contribution to the Society over many years to undertake a detailed rebuttal – indeed, he may be right.

My defence, if any, is that I print what I receive. I wield my editorial pen lightly – I do not see it as my role to come between the member and his message. The views members express are personal; they may be opinionated, biased, or just plain wrong. If this is the case, it is for other members to take up their pen and contradict.

If the majority of articles are pro-circumcision, the solution, dear member, lies in your hands. I do not have a cache of pro-foreskin articles stacked up in my study, censored through personal bias. *Au contraire*, such articles go to the front of the queue because of the general paucity of such material. So, if you disagree with what you read in our newsletter, please do not resign. Instead, take the argument to the other camp by putting the contrary viewpoint.

*Ivan Acorn*

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## Correspondence

Please send all correspondence to:-

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
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### Manifesto For A Healthy Foreskin

**P**himosis, paraphimosis, balanitis, frenulum breve. These are the main diseases of the foreskin which can lead to a requirement for circumcision. We know that something over 20,000 circumcisions are performed annually on the NHS, largely for medical reasons. In all, about 5% of males have foreskin problems which lead to their being circumcised.

But recent articles in *Acorn* have indicated that there could be many men who also suffer, but suffer in silence. In issue 1/2005, G.D. told the story of his father-in-law who suffered lifelong phimosis which made intercourse painful. He was too embarrassed to seek medical help and marital relations were confined virtually to the times his children were conceived, much to the frustration of his wife. In issue 2/2005, a correspondent from the Internet reported how her husband has a short frenulum, causing sex to be uncomfortable at times. But the thought of injections, and the pain and inconvenience of an operation, left him living with the condition. And in this edition, we reprint an article from *The Independent* where the author tells how he lived for years with an unretractable foreskin before a chance medical encounter led him to seek help.

Long gone are the days of routine school medical examinations; and doctors and nurses these days are inhibited from genital examinations through fear of accusations of pederasty. So many men, to use a phrase from one of the articles quoted above, 'fly under the radar'. They have foreskin problems of which they are vaguely aware but, either through ignorance or embarrassment, they decide not to seek help. It is likely that about 5% of men fall into this category. In other words, there may be a million men in the UK today who have sub-optimal sex lives because of physical problems.

Some *Acorn* members will immediately argue that this reinforces the case for routine infant circumcision. But such a policy requires the slaughter of nine healthy foreskins for every problematic one. So if RIC is not viable, we should seek another solution. Of course the more extreme of the anti-circumcision brigade argue that the foreskin is inherently healthy and requires absolutely no care or attention. Indeed they actively disapprove such action. This is patent nonsense. The truth is that the foreskin, left to its own devices, can be potentially damp and malodorous, ready to play host to bacterial infection. If the foreskin is to remain, it requires a positive programme for its care and maintenance, which should be the responsibility of the parents, the medical practitioners, and ultimately the boy himself. Hence my manifesto for the foreskin:

- 1 From early infancy, when the baby is being bathed, his foreskin should be retracted very gently as far as it will go to start to put pressure on adhesions between the foreskin and the glans.
- 2 At the age of five, all boys should be medically examined to ensure that the foreskin will fully retract. Where this is not possible, there should be surgical intervention to clear any remaining adhesions. If there is phimosis, defined as

the opening of the foreskin being too narrow to permit retraction, circumcision should be performed.

- 3 As soon as the foreskin can be retracted, the boy should be taught to retract the foreskin fully for urination.
- 4 As soon as the foreskin can be retracted, the boy should be taught to retract it fully and wash thoroughly underneath at every bath or shower.
- 5 Chronic or persistent balanitis should be treated by circumcision. Every foreskin will occasionally be subject to mild irritation. This should however clear in two or three days. Balanitis is described as chronic if an attack persists for more than two weeks or persistent if more than two attacks of a week's duration are suffered. Once a foreskin is subject to balanitis, attacks are likely to reoccur at frequent intervals until the root cause, the foreskin, is removed.
- 6 Boys should be taught to retract their foreskins and leave them retracted for significant periods of time. This can be beneficial in training the foreskin to remain retracted (see point 8 below) and can also assist in reducing the over-sensitivity of the permanently covered glans.
- 7 Even where phimosis does not exist in infancy, it can occur during childhood or puberty. Full development of the glans can often mean that it becomes too large for the opening of the foreskin. Boys should therefore be medically checked at puberty to ensure that full retraction is still possible.
- 8 Boys should be medically checked again when growth is complete, at about age 18, to ensure that the foreskin can still retract fully. At this stage, the erect penis should be checked to ensure (a) that frenulum breve is not present; (b) that, as the penis becomes erect, the foreskin of itself retracts automatically and fully behind the glans, i.e. without manual intervention.

This last point brings us to the question of so-called 'redundant foreskin'. Whilst this term has no exact medical definition, it has nevertheless been used by doctors in the past, and may even be used now, as a justification for circumcision.

The mature foreskin varies considerably from male to male. At one end of the spectrum, it is very short, only partially covering the glans. In some men it may be so short that it stays almost permanently retracted. In such cases, there is little difference from a loosely circumcised penis – indeed, to the casual on-looker, the man may appear to be circumcised. At the other extreme, the foreskin extends well beyond the tip of the glans, sometimes by as much as an inch or more.

Our consideration here has to be based on the functionality of the foreskin during intercourse. It is highly desirable that the glans should remain fully exposed during all stages of vaginal intercourse, i.e. on both the in-stroke and the out-stroke and for the duration of intercourse until ejaculation has occurred. This is important for both partners. The male receives full stimulation of the glans only when it is exposed and moves against the vagina wall – it is this stimulation which gives the ecstatic pleasure which the male enjoys and which in due course brings him to climax. At the same time, it is the exposed glans which is most effective in stimulating the female. With a long foreskin which remains unretracted during

intercourse, the male is effectively moving within his own foreskin. This cannot provide the same effective direct stimulation of the glans as when the glans is fully exposed. So the experience is less enjoyable for the male; and equally so for the female since she now receives no direct stimulation, only the sense of the man moving within his own foreskin.

It is for these reasons that the last point in the manifesto is important. If a man's foreskin retracts of its own volition on erection, it is likely that it will remain in that position throughout intercourse. If the glans can only be exposed by manual intervention, the foreskin is likely to remain mobile during intercourse resulting in glans coverage, to the detriment of both partners. The ability of the foreskin to self-retract will depend upon a number of factors – the strength of the erection, the degree to which the penis expands when tumescent and, critically, the length of the foreskin. It is self evident that a long foreskin which extends well beyond the glans is less likely to retract fully than its much shorter counterpart. Add to this the consideration that the long foreskin is more susceptible to balanitis and to harbouring bacteria and the reasoning behind the quasi-medical diagnosis of redundant foreskin becomes clearer. There has probably been no investigation into the correlation between foreskin length and foreskin problems. Nevertheless, there is a case for viewing with some suspicion any foreskin which, in the adult male, extends beyond the tip of the glans. In the manifesto for the healthy foreskin, such foreskins could well be judged, *prima facie*, unhealthy and therefore worthy of excision.

Ivan Acorn

## Letter From The Chairman

**H**aving been editor for 10 years and Chairman for about 12, I've always prided myself as showing no bias over the debate on foreskins and circumcision. We now have an editor advocating worldwide circumcision as a cure for AIDS. As well, his arguments don't hold the full quota of water. I have researched the black African rate of circumcision, and find that, apart from Zimbabwe, all the countries have full or highly dominant circumcision rates. Don't take my word for it, read Acorn President's book, *Circumcision, an Ethnomedical Study* and if you log onto GAYDAR website you can go through all the major countries in the world and find their circumcision ratios. The two highest rates and deaths are Africa and the USA, both almost totally circumcised, while Europe, Russia, India and China, with all those billions of foreskins have no epidemic at all.

In the latest edition of *Acorn* I was appalled to read the invective delivered to the foreskin. Also by the lies in it. Regarding *Clean-cut Young Sailor* (do I have to assume by the number of times 'clean-cut' appears, that the antonym is 'dirty-uncut'), I was in the Navy for 25 years from 1942 on, for a time at the induction centre HMS Raleigh, and at no time was there a programme of forced circumcision. This would have been against normal human rights and NHS directive when it was instituted. I only ever knew of one circumcision and that was by a sailor who accidentally tore his foreskin. As for the ratio of circumcision



in the Navy, it had to be the same as nationally at the time, which was the exact opposite of the lie stated,  $\frac{2}{3}$  uncircumcised,  $\frac{1}{3}$  circumcised, which is so well documented. It couldn't be otherwise.

He also comes out with all the old clichés. The incidence of smegma is very low. I have had a foreskin for 78 years and come into contact with many others, but still haven't smelt a bad smell from them. Circumcision is only hygienic to those who don't bath or shower very often... To the rest of us the subject is a non-starter. Also, where does he think we put our cocks to catch all these infections in showers? Next, the cancer rate of circumcised cocks is not zero. Years ago it was published that penile cancer in the uncircumcised was double that of the circumcised. The laugh came when it was stated later that the rate for circumcised was something like 1 in 50,000, and the rate for uncircumcised was 2 in 50,000. All in all that letter was full of intolerant rubbish and lies.

I won't go through the rest of the edition except to say that there was so much intolerant innuendo, with phrases such as 'nicely circumcised', 'neatly cut', 'husband uncut and unhappy, brother cut and happy', I am elite, and of course 'clean-cut'. 'Moist bacteriological incubator' is the very end. Would all the circumcised be happy if the rest kept telling them that they were not normal, disfigured, or desecrated? Of course not, but I know that a lot of 'normal' men think that way. It's just too insensitive to shout about it. Apparently it is thought to be OK from a minority group, but that's how wars and terrorism start. INTOLERANCE.

I was happy to read I.N.L.'s letter, his heart being in the right place. One has to remember that there are many billions more with foreskins in the world, in those continents I've previously mentioned as well as all of South America, and the world hasn't come to an end through about 6 billion years because of those 'nasty' foreskins. When we started *Acorn* we stated that one of the aims was to ensure that one's cock was in the best possible shape – FOR ONESELF. Not to denigrate another person's point of view.

Having got all that off my chest, I believe that, with the one-sidedness we have now, and with the membership at an all time low because of it, the demise of *Acorn* is imminent (even the circumcised will get fed up with 'My Operation'), and it is with regret that I resign as Chairman and as a member. I thank and think well of all the friends I have made during the 18 years since we started.

*D.H.*

## Next Meeting Of The Acorn Society

The Society will meet again on Saturday 5<sup>th</sup> November 2005. Further details are contained in the insert to this newsletter. If you wish to attend, please contact Douglas, the Treasurer.

All members are very welcome to attend. Newcomers should not hesitate – the atmosphere is very friendly!

## Cut Off In His Prime

From an article by Neil Forsyth in *The Independent*, 5 June 2005

**I**t was around six months ago that I awoke one morning to find an eye puffy and bloodshot and, with my local medical centre just 100 yards away, I decided to side with caution and make a rare visit. The doctor diagnosed an errant piece of grit. Perhaps it was the jollity of having a one-eyed view of the world that made me hesitate when the doctor asked whether there was anything else, or perhaps it was genuinely the wish to ease myself of over a decade of occasional concerns. "Um, yeah," I answered cautiously, "there might well be."

I can't remember when I first realised there was something not quite right with my penis, but there was something about the caricatures carved in steamy schoolbus windows that didn't quite make sense – that portion at the top, why was it separated by a horizontal line? My humble offering had a covering fold of skin that remained resolutely fixed near the very point of urination, with only the slightest movement to hint at the glories underneath.

By the time a realisation of sorts set in by late adolescence, it was married to the comforting finding that sex was by no means ruled out, requiring only heightened care. There were some exceptions and, without dragging uncomfortable detail forward, there were occasional abandonments of activities.

Yet these occasions were rare enough for the situation to adopt a secondary position of worry until I delved into adulthood's more long-term outlook (I'm 27) and it became a harder issue to ignore. It was time for action, though it did take the stray piece of dirt to arrive at it.

Circumcision in 2005 is rather a confused beast. The traditional air afforded it by the Jewish religion, Australian Aborigines, Muslims and certain African societies, jars with a North American-led medical reading built on decidedly shaky foundations. Taking their lead from British practitioners, who declared in the late 19<sup>th</sup> century that circumcision could act as a cure for paralysis, epilepsy and masturbation, American physicians hailed circumcision as a preventive measure for a raft of concerns. As late as 1932, a distinguished professor in America grabbed public attention by claiming that circumcision prevented cancer of the penis.

American influence during the Second World War meant that thousands of Australian and Kiwi soldiers were circumcised before being deployed in Africa and Asia with a flimsy 'sand in the foreskin' explanation. Soon after American troops arrived in South Korea in 1960, the Koreans adopted infant circumcision.

In 1964, male circumcision in the US reached a staggering peak of 90 per cent, but dissenting voices had grown also. The decades since have seen both an acceptance that there are no discernable medical or behavioural benefits to circumcision, and the growth of protest groups arraigned against the procedure. In recent years, many American states have halted funding for the general circumcision of infants and there has been a string of legal cases brought throughout the country for botched circumcisions going back 50 years.

In the UK, circumcision has always been comparatively discreet. Perhaps the most significant clash of historical practice and modern doubt over its benefit was the reportedly successful stance of Princess Diana against the circumcision of Princes William and Harry in keeping with royal tradition.

However, religious tradition and corrective surgery have kept circumcisions rolling along quietly in the UK, with around 30,000 male circumcisions being performed each year and estimates of up to 20% for the male population as a whole. Early this year, it became clear that I was to be added to their ranks as I met with my local urinary consultant.

Dangers are extremely limited, I was told, the most likely complication being a trapped blood vessel, which is not too serious a matter. "It's very common," he explained, as he pointed out the three-month waiting list. "As a culture, we're hopeless with this. There's no education and a general feeling of embarrassment, so it's young adults like yourself who come through the door, and older." As the possible mishaps that a non-retractable foreskin could incur were again laid bare, I didn't falter in agreeing to surgery and entering pre-op limbo.

The response of my immediate friends to my case's progression was unbridled delight. The suggested slight shortening of length was predictably popular, whilst the consultant's suggestion that I might be awkward of gait for a couple of weeks nearly made my brother crash his car in amusement.

I turned to Google. One female professor concluded light heartedly that circumcision can cause psychological after effects consistent with rape, torture and sexual abuse. On a medical message board, a man complained that the procedure left him with small scars on the penis, whilst another with a similar model to myself (from the description) was advised that circumcision is unnecessary.

At this point, you're probably expecting a period of consultation – a second opinion, further readings and so on. Well, I'm afraid it's straight to the operating table a few months later. I wish I could say that it was innate trust in the medical services, or a successful voyage of self-analysis. In actual fact, I lacked the motivation to question the decision, rather accepting it as a *fait accompli* and concentrating on freeing up a fortnight for recovery.

I began the fateful day by notifying a girl-friend of six months of the development, seeing as I was about to order a taxi to the hospital. She took it in her stride and agreed to pick me up in my groggy state late in the afternoon.

I was, however, kept in overnight after a slipped stitch had meant another jab, another stitch, and a delay in going home until the morning. The extra injection of anaesthetic directly into the action zone was the only point of genuine pain in the whole procedure. Sent on my way with a bag of painkillers, swabs and a jockstrap, I began three weeks of decreasing discomfort that takes us to the present day.

The results are as I expected. Visually it is a work in progress, but the blemishes appear temporary. As for performance, there has been no great hindrance and

the loss of sensation is marginal, feeling more different than worse. Any tinges of regret have yet to arrive, let alone any ruinous psychological damage. It's just one case of course, but for me the trading of dangers both real and imagined for these weeks of mild irritation has been a worthwhile adventure for both myself and my new lean machine.

## Life With A Foreskin

I want to share with you my interest in circumcision. It goes back a long way. I was born in the 40's to an upper middle class family and in the normal course of events would expect to have been circumcised at birth as most of my peer group were.

Even before prep school I noticed the difference. At nursery school many of my friends had bare knobs. But I was comforted that my best friend who was born in the same hospital as me was also uncut. Interestingly we discovered that his elder brother was cut so maybe the particular private nursing home in which we were both born was recommending mothers not to follow the then current fashion.

At prep school there was great rivalry between the roundheads and the cavaliers in the dorm – pillow fights etc which the roundheads always won. The roundheads were always better at games and more gregarious than the cavaliers and my dissatisfaction with my foreskin grew as time passed. At prep school my estimate was that 60% were cut. In the village where I lived the local boys were mostly uncut, confirming that circumcision was a social/class matter more than anything else.

I went on to one of the top public schools. Here I felt even more of an odd man out. The proportion of cut boys must have been well over 80%. All the aristocratic boys (and there were lots of them) were cut. The only uncut ones were those on scholarship from less well off homes and those from liberal or very 'alternative' backgrounds. At this stage I started to keep my foreskin pulled back to conform.

During this time I became almost obsessive about who was and who was not cut. I used to try to guess what was the cock-head status of everyone I met. More often than not I was right. When I went to work in the city of London, I found that the incidence was different but in some ways even more interesting. This is because a number of the 'Essex' boys who I would have expected to have been uncut were in fact cut. I still don't understand why. I still play the guessing game but it has become a bit boring because one knows that everyone under 45 is likely to be uncut.

Then my interest turned to girls and their cock preferences and experience. I began to look at a pretty girl, wonder about her pussy, shaved or hairy. (In those days it was less of an issue because most pussies I came across were hairy whereas now most of the young seem to be shaved and it is only the 45 plus who still tend to be hairy.) Being a middle class public school boy, most of my girlfriends were surprised to find that I still had my foreskin. Some actually commented on it. "How interesting, you still have a foreskin" or "how come you did not get

circumcised" but most assumed I had been cut (as I kept my skin pulled back) and it was only those who gave me oral or who inspected my cock closely (after I had come and was flaccid) who saw my uncut status. Not one girl said how nice it was to have an uncut cock although some complimented me on my very short foreskin and that maybe it was the best of both worlds – almost bare knob but more skin for a good wank.

My first wife was American and she naturally inspected my cock closely and saw its uncut status. She was fascinated and always wanked me by pulling the skin fully over my knob and then pulling it fully back. My second wife was an English rose who had been brought up to believe that gentlemen were cut. The first thing she did before sex was to run her hand over my shaft to make sure the foreskin was back. During prolonged love making she used to put her hand between her legs and grasp my cock and pull the foreskin hard back. She said she much preferred the feel of a bare knob and the prominent ridge of the bell-end stimulating her vagina. My third wife was another English rose and commented after a lovemaking session some 18 months after we had been married that she was relieved that all the men in her life had been circumcised. We had been married all this time and she had not noticed. The policy of keeping the skin back had worked!

It is a real turn on being wanked by a girl who thinks you are cut. The technique is so different because she concentrates on massaging the shaft. The really experienced seem to concentrate on the middle of the shaft, just where the circumcision scar would have been. I find this so much more of a turn on than the movement of the foreskin backwards and forward over the knob.

I would love to hear other experiences of the differing techniques that women use in wanking men.

*Anon (rob5712@msn.com)*

## **On A Knife Edge**

**Ecstasy Uncle Ed Halliwell responds to a question**

**[From *Time Out*, December 2003]**

### Question:

I have always quite fancied having a circumcised penis. Are there any dangers to having the chop?

### Answer:

Of course – there are risks attached to any surgical procedure. Infection and bleeding are possible in the aftermath, and there's always the chance your penis may not heal properly or the surgeon will remove too much or too little skin. Most circumcisions are performed soon after birth (one in six boys worldwide), and the operation is usually recommended to adults (at least on medical grounds) only if

there is some problem with the foreskin – tightness, infection, or an inability to retract which interferes with sexual performance or cleanliness.

It sounds like you're interested in circumcision for cosmetic reasons, so you ought to be aware that the aesthetics may fall short of your expectations, that it's likely to be painful (abstinence from all sexual activity is required for up to six weeks), and that it may permanently affect your sensitivity levels during sex. It's worth asking yourself why you're unhappy with what nature gave you, and whether the discomfort of going under the knife is really going to change that (even if the results are good). That said, a circumcised penis is less likely to get infected and may marginally reduce your chances of getting an STD – and the slicing can usually be done under a local anaesthetic.

Ultimately, like all cosmetic surgery, it has to be a personal decision. I wouldn't fancy it myself – but then I'm not queuing up for a nose-job or liposuction either.

*Submitted by K.G. – London*

## A Member's Perspective

I would like to congratulate the Editor on his swift action in changing the *Acorn* PO Box. I was one of the eight members whose subscription went missing. Apart from the money, I was concerned that sensitive material could fall into outsiders' hands. Here's hoping that Box 11 is more successful. At least my subscription got through this time.

It would be good if more members sent in contributions for the newsletter. Personal experiences and hearsay stories about the penis and circumcision would interest most of us and help fill our publication. More communication is what we need. Somebody, somewhere, would like to read your story and share your thoughts. It may seem ordinary to you, but others could find it fresh and interesting. Some think that it has been told before, and that they are not unique, but you never know, someone could be interested. Give it a try.

I look forward to each edition, reading of others with the same interests as myself, giving me a sense of belonging to a group of like minded men. Until I found *Acorn*, I felt alone and isolated; now I know that I am not alone. Many others are as interested in circumcision as I am. I cannot get to meetings, but I can read my fellow members' thoughts on the subject. Infant, childhood, pubescent and adult variations are all grist to the mill.

I am 12,000 miles away from most of you, but *Acorn* keeps me in touch with my fellow members in Britain and other parts of the world. I urge members to put pen to paper or use their word processors and contribute something to our newsletter – hopefully pro, but anti if you must.

Please get writing – let us hear from YOU.

*D.B. – N.Z.*

## Poor Advice?

The following is taken from the February edition of *Gay Times*. If the writer is concerned only with appearance, surely he would do better to undergo a full circumcision rather than spend months attempting to achieve a restoration that will not cover the whole glans anyway. This option appears not to have been considered.

### Question:

I have a very strange foreskin. When I was younger, I had to have an emergency partial circumcision. I still have some skin left, and have read on the net that there are exercises you can do to restore the full foreskin by stretching it. Is this true?

### Answer:

Yes, you can restore some of the original foreskin length by stretching the skin as you describe. Generally this involves a very slow process where the remaining skin is pulled and stretched down over the head of the penis. I'm afraid it's generally a painstaking process, which takes several months to achieve. I doubt though that you'll manage to achieve the full restoration you probably want.

It may be worth seeing a plastic surgeon privately to discuss whether there might be other options available to you, such as a surgical release of any remaining skin to accelerate the process. Good luck!

*R. – Midlands*

## Acknowledging Your Contributions

In the past, when members have written to me or submitted contributions, I have tended not to acknowledge the letter until I have time to respond fully – leading sometimes to quite long delays. I realise that this is unfair on members who do not know whether their missive has never arrived or whether they are just being ignored!

From the beginning of July, I have adopted a new policy of sending a short acknowledgement of everything I receive. I empty the mailbox once or twice a week so, in the normal course of events, you should hear back from me within two weeks of writing (slightly longer outside the UK). If there is a delay beyond this, do please check with me whether your letter has arrived.

*Ivan Acorn*

## Joke

Did you ever come across that strange fellow who liked tight foreskins?  
..... He was never at a loose end!

## Picture Gallery

This month's picture gallery contains the usual mixture of uncut and cut models for you to compare and contrast.





# A Proposed Bill To Ban Male Circumcision

[The following article by Sherry B Colb  
is taken from the *Findlaw* website.]

A San Diego based group that calls itself a health and human rights organization recently submitted a proposed bill to Congress called the Male Genital Mutilation Bill ('MGM bill'). The bill, if adopted, would ban the practice of circumcising baby boys.

The MGM bill has not yet found a Congressional sponsor and is therefore unlikely to go anywhere in the near future. Nonetheless, it raises important questions about the relationship between the protection of children, gender equality, and religious freedom, questions that have ramifications beyond the proposed bill itself.

Reportedly, at this time, more than half of the baby boys born in the United States undergo circumcision. For most of these infants, a doctor performs the procedure. For a minority, however, circumcision is a religious ceremony. It ordinarily occurs on the eighth day of a Jewish baby's life. For Muslim children, it may occur on the seventh or eighth day of the boy's life, some time in his first five years, or during adolescence.

The ceremony serves, for many Jewish and Muslim families, as both a celebration of their children and an assertion of religious identity.

## What Is Male Circumcision?

Circumcision, in males, involves the cutting and removal of the foreskin, a fold of skin that covers the head of the penis. Because the procedure typically occurs during the baby's first month, anaesthesia (other than topical) is generally considered unsafe. This means that a vulnerable newborn infant undergoes the surgical removal of a part of his body that is dense with nervous tissue, without anaesthesia.

Notwithstanding the pain suffered during, and in the immediate aftermath of, the procedure, circumcision does not – when performed correctly – prevent the young boy from growing up to be a sexually functioning and fertile man. (Some argue, though, that sex is more enjoyable for the uncircumcised male.)

## Is Male Circumcision Like 'Female Genital Mutilation'?

This apparent lack of permanent harmful consequences significantly distinguishes male circumcision from the practice sometimes called 'female circumcision' but also known as female genital mutilation ('FGM') or female genital cutting. FGM is prohibited by a federal statute passed in 1996.

FGM typically involves the removal of a girl's entire clitoris (an excision that virtually eliminates the possibility of orgasm). In addition, clitoridectomy is often accompanied by the removal of the girl's labia and the sewing together of remaining raw surfaces, leaving only a small opening for the outflow of urine and menstrual

blood, a process known as infibulation. Infibulation itself can have life-long deleterious consequences, including urinary distress, pain during intercourse, and dangerous complications during labour and the delivery of children.

Though the federal statute that prohibits female genital mutilation is limited to the protection of female anatomy, the extreme nature of FGM does not have a true analogue in male circumcision. In the light of this reality, it is somewhat misleading for advocates of the MGM bill to claim – as they have – that federal law currently discriminates against boys subjected to genital mutilation by outlawing FGM alone. No modern culture subjects male children to anything so extreme as clitoridectomy and infibulation are for girls.

That said, the practice of male circumcision is not a trivial matter. As described above, highly sensitive and healthy tissue is removed with a knife, generally without anything but a topical anesthetic, and the patient is ordinarily a newborn infant. Though some people suggest that newborn babies do not actually suffer pain, this claim has always been suspect and is now at odds with what is known to the scientific community.

### But Is the Pain ‘Unnecessary’?

The suggestion that circumcision causes *unnecessary* pain is, of course, a controversial one. The reason for the controversy is twofold. First, Muslims and Jews have performed circumcision on their sons for thousands of years as a religiously required practice. It serves as an affirmation, at a very basic level, of their religion and culture. To suggest that such a practice is ‘unnecessary’ is accordingly to ignore this feature of circumcision, the fact that it is experienced by many as an essential and imperative component of their religious and cultural identity.

Second, for a long time, there were medical professionals who believed that routine circumcision of infants could be beneficial to their later health. Circumcision can prevent infections where hygiene is less than adequate. There were also some studies that suggested that women partners of circumcised men are less likely to develop cervical cancer. More recently, some have even claimed that circumcision helps to prevent HIV transmission to the circumcised male. The American Academy of Paediatrics, however, issued a statement in 1999 indicating that the data do not support routine circumcision (a retraction of its 1989 statement suggesting a range of possible benefits).

If the evidence continues to provide little or no medical basis for circumcision, that will leave only the religious and cultural reasons for the continuing choice of parents to circumcise their children.

But those bases are powerful. Many Muslims and Jews continue to circumcise their sons, even when they – the parents – are otherwise unobservant. Circumcision is thus, for Jews and Muslims alike, an important identifying mark.

Others continue to circumcise their children because the practice has been routine in America for some time. Studies suggest, as well, that there may be a cosmetic preference for the look of the circumcised penis. But over time, the

number of those who continue to circumcise their sons without a religious justification is likely to dwindle, a development that may lead to more support for the outright banning of the practice.

### When May the Law Intervene in Religious Practice?

When it comes to matters of religion, legislators are, for good reason, hesitant to ban a practice that represents a religious mandate. The U.S. Constitution itself, however, as construed by the Supreme Court in *Employment Division v. Smith*, does not actually require the accommodation of religious conduct, provided that any prohibition applied to that conduct is part of a neutral, generally applicable law. In the absence of evident discriminatory intent, a prohibition against the cutting of male children's genitals would therefore satisfy the demands of the Free Exercise Clause of the First Amendment.

Moreover, even when the Court had interpreted the Free Exercise Clause more broadly, as a requirement that religious practice be affirmatively accommodated, that accommodation did not extend to practices that subjected minor children to health risks on account of their parents' religious observance. In *Prince v. Massachusetts*, for example, the Court held that a mother could be prosecuted under child labour laws for having her children distribute literature for the Jehovah's Witnesses in the streets, notwithstanding her religious motivation for her actions.

### Should the Law Intervene?

If circumcision turns out to be what medical professionals are saying that it is – anaesthetised amputation from a newborn child of living, healthy tissue flush with nerve endings, for no medically beneficial result – then it might seem quite proper to prevent parents from subjecting their infants to this cruelty.

Yet there is a worry, and it is significant. The worry is that perhaps, out of the many painful things that people do to their children, the law could be singling this one out for prohibition at least in part because the practitioners are religiously motivated, and the religions in question are minority religions in the United States.

There is a troubling precedent for this sort of targeting. In Nazi Germany, for example, the law prohibited Kosher slaughter of animals. Though the treatment of so-called food animals and their slaughter – Kosher or otherwise – is indeed extremely cruel, the law in Nazi Germany did not address itself to the whole category of cruelty to the sentient warm-blooded animals who are routinely and unnecessarily killed for food. Rather, it singled out the Jews' religious practice, and it did so out of anti-semitism rather than any true humane concerns for animals.

We do not live in Nazi Germany, of course, and the proposed law against circumcision does not nominally single out Jewish or Muslim practice. Yet the worry about discrimination has two separate components, one of which applies even to ostensibly neutral laws. The first component is that the law might deliberately aim at harming a minority group. That is what the Nazis were doing in prohibiting Kosher slaughter. The second is about the willingness to pass

legislation that may impose serious costs when a majority will not have to worry about bearing those costs.

The second concern animates the idea that one way to ensure that the majority does not pass excessively burdensome legislation (in which the costs outweigh the benefits) is to require that the burdens of the law fall equally upon everyone. The equality principle, in other words, protects everyone from overreaching by ensuring that the majority truly experiences the negative consequences of its decisions and will therefore – on its own – seek to weigh costs and benefits in an honest fashion.

Because a prohibition against circumcision would not burden every group equally, there is a substantial risk that any cost/benefit analysis performed would largely ignore the true costs to Jews and Muslims, while perhaps exaggerating the benefits of the legislation.

### The Best Solution: Wait

Does this mean that religiously motivated practices should be immune from legal intervention, no matter how harmful and abusive? Of course not. The ban on female genital mutilation, in fact, is a good example of appropriate legislation banning a practice embraced by a minority in this country for a combination of religious and cultural reasons. The costs to girls and women who have suffered the procedure are just too great to permit it to continue.

But male circumcision is different. Though professionals have (with some hedging and ambivalence) decided to oppose the practice, it does not pose the obvious risks and harms of FGM. Until we can say with certainty that circumcision is truly harmful to children in a lasting way, we should probably leave it alone.

In the meantime, the groups with the most to lose by a ban on the practice – Muslims and Jews – can absorb the medical evidence and have a chance to respond on their own. If the evidence of harm mounts, it is likely that religious groups will eventually find a way to modify their practices accordingly.

## Film Review

*[The following is an extract from a review of the film Meet the Fockers in The Observer on 30 January 2005.]*

**T**he Fockers are secular Jews, their faith being entirely invested in old-style liberal politics and in total sexual freedom. Their principal concession to Judaism is circumcision, which extends to keeping Greg's severed prepuce among a collection of childhood memorabilia; inevitably this morsel of shrivelled skin accidentally ends up in a simmering fondue pan during a lunch party.

# ACORN

Issue  
N<sup>o</sup> 5 2005  
Editor  
Ivan Acorn

## Editorial

**L**ate holidays by both the production editor and myself have caused this issue to be delayed. Apologies. But I am still planning that you will receive issue 6 before the end of this year.

My editor's column this time returns again to the subject of circumcision and its potential to reduce susceptibility to HIV infection. I hope that you will not feel that I am becoming obsessed with this topic. Had the recently published research been available two issues ago, I would have incorporated it into my article then. But the new information seems sufficiently important to risk boring you again.

This research certainly hit the media headlines and reports were carried in major press outlets worldwide, including *The Guardian* and the *New Scientist* in this country. Media attention to circumcision usually tends to concentrate on individual cases, whether this be boys or men with problem foreskins who require surgery or stories of restoration by men who have been psychologically damaged by infant circumcision. Such stories are interesting and informative. But it is good from time to time for the debate to be taken up a level to discuss the subject of circumcision in somewhat wider terms.

*Ivan Acorn*

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### Male circumcision reduces HIV risk by 60%, says study

Circumcision rarely rates as a major news item. Any report is usually a minor event – perhaps one or two hundred words to fill a page – a Nigerian prosecuted for performing illegal circumcisions in Ireland, a New York rabbi accused of spreading herpes.

But the title of this article is taken from the headline to a substantial news item on page 11 of the 25<sup>th</sup> October edition of *The Guardian*. The same story appeared in the *New Scientist* and was replicated worldwide – news media in USA, Australia, Africa, the Far East all featured an account.

The origin of the story was a paper published in the *Public Library of Science – Medicine Journal* and it concerned the possible protective effect of male circumcision against HIV infection. But why the sudden interest – surely this is old news? It is almost twenty years since the first paper was published suggesting the link and there have since been many observational studies which have noted, for instance, that most men living in east and southern Africa, the regions with the highest prevalence of HIV, are not circumcised.

The reason for the excitement this time round is that this is the first randomised controlled trial on the subject. The problem with observational studies is that an observed association does not necessarily indicate causation. There can be a third factor which is having a confounding effect. Thus for instance, circumcised men may be Moslems and Moslems may take a moral stance against casual sex. Thus the lower incidence of HIV infection in some African regions where the men are circumcised may be caused not by their circumcision per se but by their religious or tribal attitudes towards sexual contact. It is therefore the religious beliefs which might be key, with the circumcised status being purely incidental.

A properly controlled randomised trial gets over this problem. In a drug trial, for instance, two groups of patients matched in respect of factors such as age, gender, ethnicity, symptoms etc are chosen. One group receives the new drug; the other group a placebo. In the best trials, neither the patients nor the doctors administering the medication know whether it is the drug or the placebo which is being administered to a particular patient. Thus by comparing the two groups, any extraneous influences can be eliminated and the true effect of the drug can be measured.

In the circumcision trial, some of these features could not be replicated – it's fairly obvious to the guy concerned whether he has undergone circumcision or not! But apart from that, every effort was made to establish a properly controlled trial. The experiment was carried out in a semi-urban region close to the city of Johannesburg in South Africa. Information about the trial was disseminated in the community through meetings during the recruitment period and uncircumcised men interested in undergoing circumcision were recruited. The participants were divided randomly into two groups. Participants in the 'intervention' group were offered circumcision within a week. Participants in the control group were asked

to wait until the end of the trial before being offered circumcision. The circumcisions were performed by three local general practitioners in their surgical offices. The general practitioners were experienced circumcisers. The procedure was standardised and used the forceps-guided method, as is widely practised in South Africa.

Both groups were followed up with three-monthly visits over the next year. At each of the four visits, each participant was invited to answer a face-to-face questionnaire, to provide a blood sample, and to have a genital examination and an individual counselling session. The questionnaire allowed for collection of data on background characteristics and reported sexual behaviour. The last section of the questionnaire allowed for the description of all sexual partnerships over the previous period with the number of sexual contacts, the date of first and last sexual contact, the frequency of condom use (never, sometimes, always), and the type of partnership (spousal or non-spousal), a spousal partner being defined as a sexual partner with whom the respondent is married or living as married. The counselling session (15-20 minutes) was delivered by a certified counsellor and focused on information about STIs in general and HIV in particular and on how to prevent the risk of infection.

There were 3,035 participants. During the study, 20 participants in the circumcised group acquired HIV infection and 49 in the uncircumcised control group, corresponding to incidence rates of 0.85 per 100 person years amongst the circumcised and 2.1 per 100 person years in the control group. The difference was so significant that the trial was stopped at the interim stage and all participants in the control group were offered immediate circumcision.

The study provides the first experimental evidence of the efficacy of male circumcision in protecting men against HIV infection but the findings are consistent with protection suggested by the observational studies. Male circumcision appears to provide a degree of protection against acquiring HIV infection equivalent to what a vaccine of high efficacy would have achieved. Consequently, the authors think that male circumcision should be regarded as an important public health intervention for preventing the spread of HIV. They believe that male circumcision could be incorporated rapidly into the national plans of countries where most males are not circumcised and where the spread of HIV is mainly heterosexual. This is even more important at a time when no vaccine or microbicides are currently available and when delivering antiretroviral treatments under WHO guidelines will have only a small impact on the spread of HIV. In addition, male circumcision is an inexpensive means of prevention, performed only once, and men can be circumcised over a wide age range, from childhood to adulthood.

The first and obvious consequence of this study is that male circumcision should be recognised as an important means to reduce the risk of males becoming infected by HIV. Acceptability studies of the use of male circumcision as a prevention measure against the spread of HIV have been conducted in South Africa, Kenya, Zimbabwe, and Botswana. These studies, in which most of the uncircumcised African men expressed interest in becoming circumcised if performed safely and affordably, highlighted the potential of male circumcision as a population-level

intervention to reduce HIV spread. Male circumcision is not a universal cultural practice, and cultural practices can be barriers in policy considerations. However, there are examples showing that the prevalence of male circumcision can be changed. For example, in South Korea 50 years ago, almost no men were circumcised; today some 85% of Korean men 16-29 years old are circumcised. The role that women can play in promoting male circumcision is potentially important. If women are aware of the protective effect of male circumcision, this awareness could, in turn, have an impact on the prevalence of male circumcision by encouraging males to become circumcised.

The authors point out that there are potential risks in promoting male circumcision as a way of reducing the risk of HIV infection. Male circumcision can be performed under poor hygienic conditions, leading not only to infection, bleeding, and permanent injury, but also to HIV infection from non-sterilised instruments. In the healing period, sexually active men are likely to be at a higher risk of HIV infection, and this risk should not be underestimated. Male circumcision does not provide full protection and, if perceived as full protection, could lead to reduction of protection of men who, for example, decrease their condom use or otherwise engage in riskier behaviour. It was found that the intervention group had significantly more sexual contacts. While the protective effect of circumcision remained despite this increased risk, this should be a concern when considering implementation of circumcision as a means of preventing HIV infection.

This is of necessity a short summary of a long research paper which goes into some detail about the analyses carried out and the statistical safeguards employed. If any member would like a copy of the full paper, please let me know.

*Ivan Acorn*

## Boys And The Hood

Those with the good fortune to be genitally complete are generally nonchalant of their status; it is those who have been deprived of their foreskin that can be ashamed of the shorn status and passionate about its restoration. 'Cavalier' is complimentary whereas 'Roundhead' is mouthed with sneering contempt. It is no wonder that the genitally scarred can become 'circumsensitive'. They feel cheated, incomplete, even mutilated. There is no escape from that immediately recognisable physical appearance, the stumpy, permanently exposed glans with an exaggerated coronal flare, let alone an ugly scar circling the shaft. (Remember!)

Yet most circumcisees are happily circumcised and do not suffer such angst. Many women and some perhaps misguided men state that circumcision makes the penis cleaner, neater, tidier, even more attractive, ignoring the fact that half of the erogenous tissue is amputated to permanently expose the glans. But far from being an 'advantage' as I was told, it is unnatural, a denial of normality, a reduction in sensation, and an inflicted ugly appearance, hated by many.

"It's only a little thing," does not disguise the fact that circumcision can cause psychological damage – self consciousness, chronic resentment, feeling of



inadequacy, the shame at being disfigured, the fear of 'being found out', the derision of others (Dante-esque, but possible in a minority!)

"No-one need see it" were my mother's words of consolation. I didn't reply, but my words were there... "I do, several times a day, whenever I dress, change, urinate, shower or bathe." To me, it was ugly. How I envied those lucky enough to have had their foreskins survive infancy and early childhood when the risk of circumcision is greatest. Full genital integrity is a birthright I had been cruelly denied, but what could I possibly do about it? I loathed my circumcised status for decades.

It took over half a century before I discovered that non-surgical foreskin restoration was possible through stages of skin expansion. Given sufficient time and dedication the permanently exposed glans can be successfully rehooded. Natural maleness, full genital integrity, requires a functioning foreskin, that much maligned fleshy birthright of boys and the hood. In being restored by skin expansion, the flaccid penis has an uncircumcised appearance and all the advantages of a natural foreskin short of the lost nerve endings removed during circumcision. Boys rehooded? Yes, suffering the anguish of an inflicted circumcision without consent need no longer be for life!

*Anthony – Devon*

## **Teachers Who Take Time Off To Get 'Cut'**

**[From a story by Njoroge Mwaura and Petikas Lelendu  
in the *Daily Nation*, Kenya, 28<sup>th</sup> October 2005]**

Schools reopened on September 5<sup>th</sup>, but learning in Samburu District was interrupted as some male teachers were still at home nursing circumcision wounds. According to the local deputy district education officer Mr Samuel Kiura, 15 teachers from 10 secondary schools underwent the rite. Mr Kiura did not have the figures of primary school teachers who had been circumcised, but it definitely is higher than in secondary schools. The affected teachers are about 25 years of age. Though the teachers had been circumcised during the August school holiday, they were still nursing their wounds by the first week of September.

The teachers were not heeding a call by scientists that males be 'cut' to minimise the spread of HIV/Aids, rather, they were observing a centuries-old Samburu custom that despises uncircumcised men and women. Out of the six divisions that make up Samburu District, Baragoi, Lorroki and Kirisia were in the race for the rite with Waso, Nyiro and Wamba slotted for January next year. Fortunately, there is a strong campaign going on against the use of one knife on many 'boys'. A knife for every boy is being encouraged, and so too, is the use of qualified surgeons, something that was previously unthinkable.

The 'cut' for men is determined by an age set. The teachers who were circumcised in August will belong to the Lkichemi age set. Their fathers belong to the Lkishili age group. Should one be left out of this circumcision season, it might take another 20 years or so before another season is launched.

## Technique – Before And After

I am a 43-year old who was just circumcised two months ago. Probably like most un-circumcised men and boys, I masturbated with the foreskin pulled forward, so that the friction was between the glans and foreskin. As this area was always moist, masturbation was easy and comfortable. Intercourse on the other hand, I would always retract the foreskin and perform with my glans exposed, which I found far more enjoyable. However, speaking for myself, the pressure I placed on the foreskin with my fingers as I was moving it back and forth was considerable. While I never really thought about it, looking back on it now, pretty much all the stimulation came from around the rim of the cockhead.

Now that I'm cut, all it takes to bring me to orgasm through masturbation is making a circle with my thumb and forefinger, and running it very lightly back and forth over the rim of my cock head. However, the area where the frenulum used to be is very sensitive and erotic as well – something that that area never was when the frenulum was there. For me, losing the frenulum was a great move. At the end of the day, it all comes down to friction of skin against skin, whether it's hands, mouths, pussies or asses that you happen to be in to.

Another masturbation technique I used to use when I was uncut was to pull the foreskin as far as I could, back down over the shaft, and then keep pulling it back down the shaft even further, really hard, on a repeated basis. I got a really fast, intense orgasm that way. I can't and don't masturbate that way anymore, but I don't miss it. In all respects, I like being circumcised a lot better. The new sensations and techniques for sex and masturbation that are experienced and learned are a big part of the fun.

*From the internet*

## A Masturbation Problem

Let me begin with just a little bit of background. I'm a retired doctor, seventy two years of age. Though I'm happily married with two adult children and four grandchildren, I've been actively homosexual since my first sexual experience at the age of nine, and have no regrets about it. I still masturbate almost daily though, at my age, it is not too surprising that partnered sex is a relatively infrequent occurrence. Recently my health has caused me several problems. Arthritis has caused me to have a replacement hip and during pre-operative checks I was found to have a dangerously enlarged heart. I have also been diagnosed with cancer of the prostate and have a long-standing shoulder injury, which is probably the most painful thing I have ever had to tolerate day and night. What with heart tablets, prostate tablets, painkillers for my hip and shoulder and injections for the latter, it is perhaps understandable that I am also receiving medication for depression. This cocktail of therapy had had side effects which, alas, have caused me one over-riding problem that pales everything else into insignificance. I have become impotent. Without the assistance of expensive Viagra

I can't get an erection for love or money, though fortunately 'Big V', when I can afford it, works wonders. It's my saviour when I visit our local sauna.

So here's my problem. How do I masturbate with a soft penis? It's a real difficulty because it isn't as if I'm well endowed in that part of my anatomy anyway and getting a good grip on things has its snags at the best of times. Fortunately the Internet provides many sites to promote pictorial stimulation and, being retired, I have no time constraints when I settle down, trousers around my ankles, in front of the computer screen. Yes, it sometimes takes a long time and, because I'm well and truly circumcised, my glans is often quite friction-rubbed and sore after a session. I have to concentrate hard and avoid allowing my attention to wander regardless of minimal sensation in the early stages but eventually, with my penis still flaccid in my fist, the feeling begins to mount and at last I achieve orgasm. There's rarely much in the way of a prolonged 'plateau of excitement' when I can 'edge' just short of ejaculating. The final climax happens very suddenly and, I must admit, it isn't always as strong as it was in the good old days (though fortunately there are often magnificent exceptions to this!)

Afterwards the feeling of exhaustion is overwhelming and I often have to lie down for an hour to sleep it off! But at least I can still cum with a soft dick and there's life in the old dog yet!

May I ask whether other older members still achieve worthwhile gratification by masturbating a soft penis?

*Ray Hamble*

## Heads In The Sand

So, the editor is berated for daring to publish research which suggests that Circumcision may protect against HIV infection. I am not one of those who categorises foreskins as smelly and distasteful. As a UK gay, I would be depriving myself of many potential partners if I only went for cut men, and as far as I am concerned, most foreskins I have come across have been exemplary in the hygiene department.

This doesn't mean I can't recognise a fact when I see one, and those who deny that even the cleanest foreskin is a potential cause of disease is, quite frankly, sticking his head in the sand. It's been known for a long time that circumcised babies are less prone to urinary infections, which can lead to kidney damage. Evidence of the link between the foreskin and HIV infection is gradually coming to light. The latest evidence of the unhealthy foreskin comes from research on chlamydia. This disease is one of the most common bacterial causes of sexually transmitted infections and its effects, particularly for women, can be severe. Not only can it cause severe reproductive complications, it is also associated with increased risk of cervical cancer. The health minister has just announced that one in ten young women in the UK is infected. We are talking about a lot of problems and future heartache.

At the same time, it has been found that females with circumcised partners are at far less risk of infection than those whose partners are uncircumcised. These findings were published in the *American Journal of Epidemiology* for 1<sup>st</sup> November 2005. The research was led by Dr. Xavier Castellsague, at Institut Catala d'Oncologia in Barcelona. 300 female subjects and their male partners were enrolled in studies in Colombia, Spain, Brazil, Thailand and the Philippines. Blood samples from the women were tested for chlamydia. The rate of circumcision in the male partners varied from country to country, ranging from 1.8 per cent in Spain to 92 per cent in the Philippines with an average of 37 per cent. Nevertheless, in all five countries, women with circumcised partners were significantly less likely to be infected with chlamydia. Only among younger women and women with a history of consistent condom use was there no association between circumcision and chlamydia detection.

The researchers speculated that the foreskin perhaps retained infection 'subsequently increasing the likelihood of infection to the penile urethra and transmission to the vagina during intercourse.'

Genital integrity is a fine watchword but are we doing any favours to the guys (and the partners of guys) left uncircumcised? At least let's discuss the subject in a sensible manner rather than pretending that the foreskin has no case to answer.

*Mark W. – Monmouth*

## Close Encounters

I am an intact hetero of mature years and became an *Acorn* subscriber last year having been reminded of the practice of circumcision on several occasions over many years. I have thought about the procedure for myself a number of times including at one point seeking information from my GP. Having access to *Acorn* would, I thought, give me a greater insight into the advantages and disadvantages of the op.

I first became aware of 'the difference' at junior school when the annual medical check took place. I remember that there was some concern at 'the rate descent' in my case but no positive action was taken and a year later all was well. (I cannot recall anyone being sent for circumcision at these inspections although this might well have occurred.) Shortly afterwards, however, my parents noticed that my retraction was only partial and as one of my friends had recently undergone the procedure, some discussion within the family took place as to whether circumcision might be desirable for me. Again, the elapse of time cured the problem. At my single sex senior school, swimming activity was undertaken totally naked and the master responsible for physical activity was always concerned to ensure that the circumcised boys were not bullied by the majority who were not.

A spell of a couple of years in the Forces added little to my knowledge of the subject although affording plenty of opportunity to see the results of the surgeons' handiwork. Then came marriage and a son who at junior school age needed the procedure. A few years later I had a sebaceous cyst removed from the scrotum

under general anaesthetic and I suppose this would have been an ideal opportunity to have had the cut but it was not until after that time that I came to know a medic who was involved in this type of surgery and from whom I learned more about the subject. Incidentally a friend in North America told me that on giving birth to a boy very recently, the second question she was asked was: "Would you like him circumcised?"

My second wife has a strong preference for circumcision but was not keen to pressure me into surgery just because of this. In recent years, however, we have holidayed in foreign resorts where nudity is common and we both feel that the circumcised penis looks superior. We sometimes go nude ourselves in these circumstances and so the subject has surfaced again.

In reading various contributions to the magazine, the comments of those who have opted for circumcision in adult life have been informative although not perhaps totally conclusive as to the balance of advantages and disadvantages. Apart from hygiene issues and the apparently marginal medical case for those with satisfactory equipment, my principal considerations would be the preferences of my wife and aesthetic appearance. On the other side of the coin, the reputed (in several cases) loss of sensation and the (admittedly fairly minimal) risks of the procedure itself suggest due consideration before any irreversible action is taken.

Whilst I get the distinct feel that *Acorn* sentiment is generally pro-C, I suspect that I shall not feel sufficiently strongly to take this step although I perhaps may have been happier had the decision been taken for me years ago. Nevertheless I shall continue my interest in contributions to the magazine and who knows...

*Wordsworth*

## Celebrity Cuts

### First Minister of Scotland

A recent biography of Jack McConnell MSP, First Minister of Scotland and Member of the Scottish Parliament for Motherwell and Wishaw, reveals that he is circumcised.

### Colin Farrell

The following appeared in an internet discussion on the status of actors:

Check out the director's cut video of *Alexander* which clears up Colin Farrell's status. There's this brief scene as he's climbing into bed that offers a fairly decent shot of his equipment. From what I can make out (after several reversals, pauses, & plays) there's definitely foreskin covering Colin's dick.

Another contributor reported what Farrell is supposed to have said in an interview:

They are kind of fucking fascinated with a foreskin, aren't they? In Ireland, at birth we don't get the tip of our fucking knobs chopped off. I fucking completely

disagree with that. People say, "It's much cleaner to have no foreskin." What, have you never heard of a fucking shower? Of Q-Tips? Whatever you want to do it, just clean the fucking thing. I was at the party with 20 people, one of them an agent from CAA, when somehow the subject of foreskins came up. She said, "I just don't understand a foreskin. I've never seen one." So I whipped out my dick and said, "Here, that's all it is. A bit of skin." I did a little Puppetry of the Penis thing and showed her what it was about. You would have thought she was at a circus.

## **Presley Broke Hearts In The Bedroom**

Elvis Presley often left his one-night stands in tears, because he refused to take their virginity after they had pleased him orally. Members of the King's entourage would persuade girls picked from the crowd at shows to perform acts of fellatio on them before delivering them to Presley's bedroom, but despite the nights of passion, the willing teens would always go home with their virginity intact.

Byron 'The Siren' Raphael, who Presley allegedly hired to wrangle girls for him to 'play around with', admits the nights would often end in heartbreak because Elvis would refuse to go 'all the way' with his one night stands and fall asleep soon after he had ejaculated. In a new *Playboy* interview, Raphael recalls, "He really wasn't all that keen on doing the wild thing. He was far more interested in heavy petting and panting and groaning... Elvis was particularly fond of blow-jobs and had no guilt about them. Girls would come out of his bedroom in tears, crying, "Elvis wouldn't take my virginity. He said to wait until my wedding night"."

Elvis told his entourage that he declined offers of full-on sex because he hadn't been circumcised and feared his foreskin would tear during the act. He also promised his mother he'd wait until he was married before having sex.

## **Association Between The Intact Foreskin And Inferior Standards Of Male Genital Hygiene Behaviour: A Cross-sectional Study**

**[The following is an abstract of an article by O'Farrell, Quigley and Fox published in the *International Journal of STD & AIDS*. August 2005]**

**T**his study was undertaken to determine whether non-circumcised men have inferior standards of genital hygiene behaviour, as measured by reported washing of the whole penis, compared with circumcised men. Male attenders at a sexually transmitted infections (STI) clinic at Ealing Hospital, London had routine STI tests and examinations performed and were asked about the frequency and thoroughness of genital washing. One hundred and fifty non-circumcised and 75 circumcised men were enrolled. Not always washing the whole penis, including retracting the foreskin in non-circumcised men every time they washed (defined as inferior genital hygiene behaviour) was more common in non-circumcised (26%) than circumcised men (4%) and those with balanitis (42% and 5%). Circumcised

men were more likely than non-circumcised men to wash the genital area more than once a day (37% and 19%).

Studies investigating the relationship between male circumcision status and other outcomes, for example HIV infection, should include assessment of genital hygiene.

## Politically Correct

There is always much comment on the subject of circumcision – some people for, some against. Debate rages about why it is done – to prevent masturbation, or for reasons of masculine hygiene. But I have never seen any comment about it as a protection from women. Yet many years ago, a Jewish gentleman told me that this was one of the best reasons for circumcision. Apparently there are more bacteria around a woman's genitals (the area between the vaginal opening and her anus) than anywhere else on the human body. This was verified by two female bacteriologists in a TV programme in the nineteen seventies. At least, if a man is circumcised, it prevents harmful bacteria from getting under his foreskin and causing infection.

I suppose it would be inappropriate to print this information in these 'politically correct' days. Nevertheless I believe that it is a point worth considering. My own experiences of some women I have known would endorse these comments. Perhaps greater emphasis should be placed on men protecting themselves from the lack of feminine hygiene. As a naturist, I have known women to comment on how much easier it is for a man to keep his genitals clean than it is for a woman. All too often, men are the butt of adverse comments on personal hygiene – perhaps this information will help redress the balance.

*Robert – Manchester*

## It's The People They're Attached To That Really Matters

**From an article by Shonagh Rae in *You*, 28<sup>th</sup> August 2005**

In one of life's more unexpected developments, I recently found myself in Brian Sewell's home discussing circumcision. The art critic was not only illuminating on the aesthetics of the foreskin but on the arguments surrounding its removal or retention. Our conversation took place under the kind auspices of BBC3 – who else would sanction a documentary on such a subject? I must confess that until then I hadn't given circumcision much thought. I knew that it was mostly associated with religious custom, but I hadn't questioned the need for it in secular societies. In the United States, for example, around 90 per cent of adult males are circumcised – although this should decline, as only 60 per cent of newborns are now subjected to the process.

The argument has always been that circumcision is advisable for health and hygiene reasons, and that an uncircumcised penis is more vulnerable to HIV,

STDs, cancer and general inflammation. But opponents – and they are legion – argue that there is no proof of this and that research is flawed. They say that in an age of improved sanitation and condoms there is less risk to a male to leave him uncircumcised than to subject him to an invasive, painful (unless carried out under anaesthetic, which has its risks) procedure with potential side effects. And they point out that in babies the foreskin and glans are joined, so circumcision involves forcible separation of these tender parts before an equally yelp-inducing snip.

The clinching argument against it, to my mind, is the fact that the Victorians started a programme of infant circumcision because they believed it would deter self-stimulation. Brian Sewell remembered how his circumcised classmates at school found it far more arduous. Which makes sense: the foreskin, you see, is one of God's design greats: engineered to promote stimulating friction and thus arousal, and comes with its own lubrication, ring of muscle and sensory nerve endings. And its sliding motion is designed to ease penetration – therefore lack of it can, say some women, make sex uncomfortable because increased force is needed. According to the experts I spoke to while researching the subject, it's a fact that circumcision will to some degree desensitise the penis. Perhaps this is why the slang term for the circumcised is 'roundheads', with its puritanical connotations, whilst the intact go by the more hedonistic-sounding 'cavaliers'. When you take all this into account, I cannot imagine why anyone would circumcise a child unless their religion dictated it. That said, I don't know any circumcised men who feel hard done by – it seems you don't miss what you've never had. And the few female friends of mine who expressed a strong preference have all said they think a circumcised penis looks 'tidier'. Well, in my opinion, it's who it's attached to that really matters. Mind you, I've noticed that the few men I've ever known who've expressed a lack of interest in oral sex were all circumcised. I can see that if you've been snipped as an infant it might leave you averse to placing your member in close proximity to sharp objects – such as teeth.

## Were You At Leicester?

May I remind those members of *Acorn* that stayed at the hotel in Leicester that the contracted room rate was £48.50 including dinner bed and breakfast for those in shared rooms and £52.50 for those using a single room. Additions would be only for goods/services you used and charged to your room. If you were charged more than indicated above please contact Douglas on 07788 126706 (evenings and weekend the best time).

## Picture Gallery

Three of this issue's models have their glans exposed, but how many are circumcised?





## French Art

Every reasonably sized collection of medieval and renaissance art will almost certainly contain a depiction of the Circumcision of Christ and this is true of Le Musée des Beaux Arts in Lyon. But the picture itself, painted by le Guerchin in 1646, is exceptional. First, it is enormous – 4.15m by 2.65m – and it dominates the far wall of its gallery, catching the sightline the moment you enter. Second, unusually, the characters show emotion. In most paintings on this subject, the Christ Child is shown lying peacefully, bearing His fate with equanimity. Not here – the Child's face shows real distress and he is twisting his body away from the

mohel and looking pleadingly towards his parents. They in turn are showing the concern and discomfort which all Jewish parents must feel as they watch their baby son being circumcised.

Another unusual painting in the museum is a Pieta. This shows the dead Christ lying prone, presumably prior to burial. His naked genitals are portrayed – the first time that I have seen a depiction of a naked adult Christ. And, inauthentically, He is uncircumcised.

Outside, in Place des Terreaux, on a hot sunny afternoon, there is a congregation of young people, a few of the more intrepid of whom have climbed the fountain and are kicking water over their more timid friends below. One young man lowers his shorts and, this being France, he is of course uncircumcised. The Pieta may be inauthentic in terms of the Man portrayed but it is no doubt a true depiction of the model which the artist employed.

*Ivan Acorn*

## **Rabbi To Stop Circumcisions**

**[From a story by Steve Lieberman, the *Journal News*,  
17<sup>th</sup> September 2005]**

A Monsey rabbi linked to three infants who contracted herpes has agreed to stop performing oral suction circumcisions in New York City until a religious panel investigates the method. Yitzchok Fischer has been under a temporary restraining order issued by a New York City court not to perform oral-suction circumcisions. Fischer uses his mouth to suction blood from the wound after he removes the foreskin.

The centuries-old ritual, called metzizah bi peh, is used by Hasidic and ultra-Orthodox Jews. Fischer and the circumcision method came under scrutiny when a Manhattan newborn died of herpes in November, and his twin was diagnosed with the virus. A Staten Island newborn circumcised by Fischer was diagnosed with herpes in November. The strain of herpes found in the infants is transmitted orally.

The New York City Department of Health and Mental Hygiene had been trying for months in court to stop Fischer from using oral-suction circumcision. Agreement has been reached and an agency spokeswoman said: "Rabbi Fischer has agreed to stop performing metzizah bi peh in NYC pending an investigation being conducted by the Rabbinical Court of the Central Rabbinical Congress."

Fischer's lawyers, Mark J. Kurzmann and his son Hillel M. Kurzmann said no conclusive medical evidence has been shown that the infants contracted the virus from the rabbi. The rabbi took a herpes test, but the results have not been released by the state or city. "I remain as convinced as ever that a thorough investigation will confirm that my client was not the source of any of the three unfortunate infections", he said.

## Circumcision Deaths Spark Hunt

[From *TNT* magazine, December 2003]

Cape Town: Two more circumcision deaths were reported in the Eastern Cape last Thursday as provincial health authorities continued their battle against illegal initiation schools. The new deaths – one at Barkly East, the other at Maclear – brought total circumcision-related fatalities to seven in the last three weeks, Eastern Cape health department spokesman Sizwe Kupelo said.

He said police were hunting for the iincibi, or traditional surgeons, responsible for the circumcision schools that the youths had attended. He also said police arrested an unregistered iincibi on Thursday after closing down two illegal circumcision schools in the Port St John's area of Transkei. Kupelo said the man was the sole surgeon operating in the entire Port St John area: "We believe that by arresting him we'll stop that in the area." The arrest brought the number of iincibi and traditional nurses taken into custody this year to 30.

The Application of Health Standards in Traditional Circumcision Act was passed in 2001 to help stem the tide of casualties of young men who died or were maimed after botched circumcisions. The law says only recognised traditional practitioners may perform the operation, and they must have the permission of a medical officer. At the time, it was bitterly opposed by traditional leaders, who saw it as interference with custom.

*Submitted by K.G. – London*

## Smith & Nephew Scraps Skin Graft Treatment

[From a story by Stephen Foley in the *Independent*  
28<sup>th</sup> October 2005]

Smith & Nephew is to axe its much-hyped skin graft product, after more than a decade of work and about £100m of investment. The medical products company said that *Dermagraft*, which uses lab-grown skin cells to repair chronic ulcers, had been refused approval for extended use in the US.

*Dermagraft* was once seen as S&N's most exciting new product, harnessing biotechnology for the first time and representing a break from the company's past as a supplier of bandages and plasters. An S&N laboratory in San Diego uses tissue from circumcised babies' foreskins to grow human skin cells which are then placed over an ulcer on a dissolvable mesh. A decade ago, analysts forecast annual sales of more than £300m, but S&N was expecting only £14m in 2006.

The company has proved that *Dermagraft* works on foot ulcers associated with diabetes, for which it has been on sale since 2001, but the US regulator decided much bigger trials would be required to convince it that the product could be of use in more common leg ulcers. Sir Christopher O'Donnell, the chief executive, said it was not worth making the investment associated with larger trials.

## **Extract From: *Pediatric Genitourinary Examination: A Clinician's Reference***

### Phimosis

**I**n uncircumcised infants the foreskin adheres to and completely covers the glans penis. Retraction of a full foreskin will occur over time without intervention. Usually, nocturnal erections cause the gradual release of the glans adhesions, and therefore no intervention is required. A full prepuce that is not retractable during childhood is of no significance in the absence of symptoms. A child who is uncircumcised should be taught at potty training how to gradually and gently retract the prepuce for voiding and hygiene.

Phimosis can become problematic if ballooning of the prepuce occurs with voiding. This can result in local irritation, urinary tract infections, or balanitis. In the uncircumcised boy, or in children with repeated infections, phimosis can result in a cicatrix, or trapping of the glans penis behind scar tissue. This often requires surgical correction.

If an uncircumcised child has symptomatic phimosis, 0.05% betamethasone cream can be applied to the phimotic ring twice daily for up to 1 month to facilitate resolution. Additionally, gentle stretching of the prepuce by placing a thumb and a forefinger on the lateral aspects of the base of the penis and applying pressure posteriorly can augment the natural process in symptomatic boys.

### Penile Adhesions

Penile adhesions are usually noticed by the primary medical provider or the caregiver and are usually asymptomatic. Circumcised boys who have a significant peri-penile fat distribution are more likely to have telescoping of the penile shaft skin towards the glans of the penis. This can result in filmy glanular adhesions or a true skin bridge. Evaluate for glanular adhesions by reducing the fat pad at the base of the penis and observing the coronal margin. Typically, the coronal margin is visible around the entire circumference of the glans. If adhesions are present, the prepuce will be covering the coronal margin in part or in full.

Filmy adhesions can be differentiated from a true skin bridge by observing which portion of the prepuce is adhered to the glans. If it is the inner prepuce that is attached at the glans, then the adhesion is most likely 'filmy' and will break down with time, without intervention. Although debatable, it is not recommended to forcefully break down filmy adhesions, especially while the child has significant telescoping of the shaft skin since the adhesions will most likely recur. On the other hand, if the adhesion is attached at the circumcision incision line, then the adhesion is most likely a skin bridge that will need to be surgically released under local anaesthesia.

# ACORN

Issue  
N<sup>o</sup> 6 2005  
Editor  
Ivan Acorn

## Editorial

**H**appy New Year! Despite these greetings, *Acorn* is still in 2005 and this is the last issue of that year. My apologies for the lateness. My New Year's resolution is to catch up with myself in 2006.

Your resolution, I hope, is to renew your subscription. It's that time of year again and with this edition is enclosed a personalised renewal notice. (E-mail subscribers will receive theirs shortly.) I hope that you have found the newsletter sufficiently interesting and stimulating over the past year to have no difficulty in continuing as a member. If so, please, for my sake and that of the Treasurer, renew without waiting for a reminder. Remember, every minute spent chasing late payers is one minute less spent on the much more interesting task of putting together the next edition of the newsletter.

There are two unusual items in this edition from opposite ends of the spectrum. One is about an artificial foreskin which has just come onto the market. The other is an opportunity to go on safari in Uganda and see a tribal circumcision ceremony. If any member explores either, or both, I would dearly like to hear about it.

*Ivan Acorn*

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## Correspondence

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
editor@acornsoc.org.uk

## Now Everyone Can Have A Foreskin!

Whilst many *Acorn* members glory in their circumcised state, for some it is a source of severe unhappiness. Clipped as infants, they feel that they have been deprived of a birth right, that something that was rightfully theirs has been removed without their consent. The sense of loss is heightened by the suspicion that they have lost more than just a flap of skin – rather, that they have been mutilated and deprived of sensory pleasure, a loss perceived as all the greater for not knowing what they might be missing.

Such men can, if they wish, travel the long and arduous road of restoration – and Anthony reported on his own successful journey earlier this year. But for those unwilling to devote such effort, or for those who would just like to know what a foreskin feels like, help is now at hand. The firm Viafin Atlas is producing the *SenSlip*, an artificial retractable foreskin.

*SenSlip* is a brand new product for circumcised men. The product information claims that being circumcised affects the natural operation, appearance and sensitivity of the penis. “Many men worldwide who have undergone circumcision experience a decrease in sensitivity compared with those who have penises which are intact (i.e. with a natural foreskin). During recent years much medical research has been carried out in several countries into the function and purpose of the foreskin. There is now conclusive medical evidence that a circumcised penis with the glans exposed has less nerve receptors and is less effective than a naturally covered penis. Over the years the exposed glans becomes less sensitive. There is well-documented evidence which shows that this can, and often does, have a disastrous effect on sexual performance, and ultimately, on self esteem.”

The *SenSlip* undergarment is an artificial retractable foreskin which has been carefully designed to help resensitise and dekeratinise the ‘glans’ or head of the penis. The *SenSlip* is worn on the penis throughout the day, protecting the glans and the remaining exposed foreskin from chafing and the elements. Constructed and anatomically formed from very thin pre-vulcanised latex and microscopic viscose rayon fibres, the *SenSlip* has an inner and outer rolling layer to allow natural retraction to expose the glans for urination or cleaning. Like a natural foreskin the *SenSlip* is specially designed to stay in place all day (it weighs as much as a tissue), and it is seamless.

When worn, the *SenSlip* provides immediate protection. Irritation or friction to the penis ceases, and the surface of the glans and any remaining foreskin on the penile shaft slowly become dekeratinised. Over the course of a few weeks the glans becomes more sensitive to touch and feel. This in turn should lead to more pleasurable sexual responses both for the man and his partner whilst engaging in sexual activity.

The *SenSlip* can provide:

- A flexible, protective and comfortable retractable cover for the glans
- An affordable artificial foreskin which is washable and semi-disposable

- Immediate and instant protection of the glans from underwear and the elements
- A program for reversing lack of sensitivity in the glans
- A deeper and more enjoyable orgasm
- Natural dekeratinisation of the glans (thinning of the existing calloused skin)
- A softer and smoother glans which is more sensitive to touch and feel
- An artificial foreskin which gives the appearance of an uncircumcised penis
- A feeling of warmth, security and self-esteem.

The *SenSlip* is available in Caucasian Pink with mid-brown and dark brown colours available soon. It is individually packaged in a re-sealable medical packet, and is supplied in packs of five in any one size. Each *SenSlip* is designed to keep its shape, consistency and appearance for up to ten days, and is hand washable.

The *SenSlip* is very flexible and expandable. However, to enjoy the feel and comfort of the artificial retractable foreskin to the maximum, the range is available in ten different sizes, to allow for variation between individuals and correct fitting right from the start. It is the girth which is important and the circumference of the flaccid penis has to be measured at the mid point of the penile shaft. The length of the *SenSlip* is adjustable. The *SenSlip* comes complete with a comprehensive program, and instructions on how to use the *SenSlip* and how to care for it. There is currently an introductory offer of five *SenSlip* for \$90.

Most of the above is marketing information taken from the company website. A number of questions arise, at least in my own mind. First, what about sexual activity? The artificial foreskin does not have a frenulum. The function of the frenulum is of course to draw back the foreskin as the penis becomes erect. Without a frenulum, the artificial foreskin will probably continue to cover the glans, even when the penis is erect – a form of artificial phimosis! So, is the *SenSlip* actually meant to be worn during sex? The blurb is silent on this issue. For intercourse, does one remove the *SenSlip* or merely peel it back to expose the glans? And if a condom is worn, is this worn over the *SenSlip*, or is the foreskin removed before the condom is put on?

One of the most valuable functions of a foreskin is as an aid to masturbation. Is the *SenSlip* sufficiently robust to be used in the same way, or would the stress to which it would be subjected induce wear and tear?

The way in which length is accommodated is unclear – only girth appears to be taken into account. The range of length of the flaccid penis in normal males is enormous – from two inches or less to five inches or more. Do men with smaller endowments have considerable rucking at the base of the penis, or a long overhang of foreskin, or does the *SenSlip* not cover the full shaft of the well endowed man? Either way, is the foreskin really going to look natural to the careful observer?

Then there is the cost. The product is not cheap. Each *SenSlip* costs about £10 and since it lasts about 10 days, we are talking about £1 a day – for the rest of your life. And this is an introductory offer – maintenance of the artificial uncircumcised state obviously does not come cheap.

But such scepticism may be unfair. What is really needed is a proper evaluation by someone who regrets their circumcised state and would like to experiment with this new product. Is there such a member who can afford the \$90 and would be prepared to trial the product? I would be delighted to print your report. Of course, if you have sufficient nerve, you might contact the firm, offer to undertake an evaluation for the *Acorn Society* and see whether they would be prepared to supply samples free.

For those interested, the website is <http://www.viafin-atlas.com> and Viafin Atlas are based at Unit No.1, The Malverns Business Centre, Cherry Orchard Lane, Salisbury, Wiltshire, SP2 7JG. The phone number is (01722) 322611. Let us know how you get on!

*Ivan Acorn*

## Witness A Circumcision

**W**ould you like to witness an adult circumcision? This opportunity is now being offered by the tourist operator Real Africa Excursions. It runs organised trips to Uganda which are aimed at those who are as interested, or perhaps more so, in the people and the cultures that they come into contact with as in the wildlife which the country is famous for.

Real Africa Excursions' *Cultural Uganda* is an off the tourist beaten track authentic tribal experience. The activities involved on this safari include circumcision ceremonies. The circumcision ceremonies in Uganda among the Bagisu people happen every other year and 2006 is the season for it. People going on the trip would see and attend some of these ceremonies but would also be able to experience other aspects of Uganda. You would be able to be as involved as you wish too in the ceremonies.

The safari lasts for twelve days with a flight into Entebbe airport and transfer by road to a hotel in Kampala. At the end of day 2, you stay overnight at Jinja Nile Resort and then on day 3, you drive east to Mbale. This area is known for the Bagisu Culture. On years that are even numbers you can witness the circumcision cultural display called Kadodi. You then go to a hotel for your overnight accommodation. On day 4, you visit the Sipi falls. In the evening, you witness another circumcision ceremony.

Tour prices, which include accommodation, all meals, transfers, services of driver/guide, all park entry fees and a boat cruise on the Kazinga Channel, are £1,300 (single person) or £900 per person (double occupancy). The price excludes flights, visas, comprehensive travel insurance, drinks, tips and all items of a personal nature.

More details can be obtained from the website <http://www.real-africa.co.uk> or from Denis Kigongo at Real Africa Excursions, Top Flat, 4 Mill Lane, Teignmouth, Devon TQ14 9BJ. Telephone (01626) 870 249. Mobile: 07776 311 266.

If any member does go on this trip, please take plenty of photographs and share your experiences with us via the *Acorn* newsletter when you return.



## Half And Half

The overwhelming majority of males with a foreskin are happy the way they are but there will always be an exception (like me) who, when he was growing up, wished he'd been circumcised, and in adulthood had it done. I was circumcised about 30 years ago when I was in my mid 20's, so for the first half of my life I had a foreskin and for the second half I was without one.

I was born in West London at the end of the war and lived and went to school in a lower middle class area. It was when I went to grammar school aged 10 that I discovered that some boys, like me, had a foreskin, but many didn't. In the boys' changing room everything was on show. About a third of boys were circumcised. There was much interest in who was done but virtually no discussion on why, when and advantages/disadvantages. I now think circumcision was so commonplace that we just accepted it as a fact, no different to being left handed. Circumcision at the time is said to have been more prevalent in the upper classes. We had boys from various backgrounds in the school, so a judgment on this was possible, but I cannot, with the benefit of hindsight, see any correlation.

I played a lot of sport after leaving school and when I started I was obviously one of the youngest players. I was one of only two who were intact – circumcision almost seemed to be a prerequisite to play sport; but I now think it merely reflected the situation that existed when my older colleagues were born. My father was circumcised but I never discussed with him why I wasn't, or whether my parents ever considered it. I expect my mother would not have liked the idea of an operation on her newly born son.

I always liked the circumcised look and, as I said earlier, I wished I had been done. After I left school, I was still keen to be circumcised, but as you can imagine in the pre-internet days, it was not easy to get information. I thought it probably wouldn't happen, but then I read an article in a health magazine about adult circumcision. I contacted the author and he circumcised me. This was in the mid 70's and it was done using a freehand method under local anaesthetic at his London consulting rooms. He was a doctor who regularly carried out the operation on children and adults. I suffered very little discomfort and after three weeks was back to normal. I have never regretted having the operation. My circumcised penis is neat, attractive (to my eye!) and self cleansing, and it does all the things it is supposed to do!

Based on my experience, I favour circumcision and, if asked, would recommend it. I would not, however, recommend routine circumcision, and certainly not for the newly born. Birth is enough of a trauma for all concerned. I think it should be a matter of individual choice made when the individual has the necessary knowledge to make a reasoned judgement.

*F.I. – North Wales*

**[From an article by Richard Johnson in the *Mail & Guardian* On-line, South Africa 16<sup>th</sup> November 2005]**

**E**ight circumcised men are meeting in Watford, north of London. They want new foreskins. Laurie is sharing his experience of restoration, as foreskin renewal is called, with members of the National Organisation of Restoring Men UK (Norm-UK). The meetings are small and intimate. There is little in the way of physical display. "People are always worried we're going to drop our trousers," says general manager David Smith. Laurie wouldn't be averse to the idea. Women stretch skin for reconstruction after a mastectomy, so why shouldn't men stretch a foreskin?

Some men can't restore. They are too tightly circumcised and have no tissue left to grow. But others can and are availing themselves of products such as the TLC Tugger, Tug Ahoy and the Your-Skin cone. Some have found their own DIY solutions, using funnels and gaskets to stretch the foreskin, and sash-window weights to provide traction. The whole idea sounds funny, but it isn't. Not if it's happening to you. Laurie, nearing 60, was rapidly losing the sensation in his circumcised penis. "I just could not feel a thing." His glans was so desensitised that he could have an orgasm and not even feel it. During heterosexual intercourse with a circumcised man, the penis removes natural lubrication as it moves in and out of the vagina. "So my poor wife was buying artificial lubricant by the gallon," says Laurie. Now, he says, after restoration, sensation has returned and "We're delighted."

John D's circumcision was unnecessary; a course of antibiotics had already cleared up his urinary infection. "But my father agreed with the doctor, and told me I was going to have a minor operation," he says. "I remember the nurses giggling as I was taken off to theatre... I was eight... I remember waking up after the general anaesthetic had worn off, and looking down. My beloved penis had been replaced with wrinkled skin, a collar of thorns – the black stitches – and an ugly great dome on top. I experienced shock at first, later deep anger and resentment. The stitches disappeared, but the mutilation didn't. My father said, "I didn't think it would look like that. It was misinformed consent." John D has never been able to reach orgasm through sexual intercourse.

John E hates the word 'circumcision': "I prefer 'foreskin amputation'. There's no medical benefit. It's a rite. A faith crime."

In the Bible, circumcision was God's covenant with the Jewish people. Circumcision isn't mentioned in the Qur'an, but it is in other Islamic texts, and most Muslims believe it's fundamental. Asked if Norm-UK has Jewish and Muslim members, Smith replies, "Yes we do, but if someone joins us, we do not ask their religion."

Religious circumcisions are frequently performed without anaesthetic, even on newborn babies. Adults can testify to the pain and can give their informed consent

– but children can't. Norm-UK points out that the United Nations Convention on the Rights of the Child declares that violence to children cannot be justified on grounds of "religion, culture or tradition".

Circumcision on females was made illegal in Britain in 1985. The same protection is not extended to males because it would mean taking on two of the world's great religions. Most forms of female circumcision are, certainly, more damaging than male circumcision, but the distinction in law can't be justified objectively. Circumcision only gained popularity in the 19<sup>th</sup> century, after claims that it stopped the vile habit of masturbation, which, the Victorians thought, caused everything from epilepsy to asthma and alcoholism.

A recent paper in the *British Medical Journal* found a link between an intact foreskin and HIV infection – but a paper in the *British Journal of Urology* found exactly the opposite. Norm-UK argues that a lack of cleanliness is more important to the transmission of disease than the lack of a foreskin. The organisation accepts there are medical conditions where it is necessary, but, says Smith, doctors often "seem unaware of the alternatives". "And you cannot cut off normal, healthy, sexually functioning tissue without cutting off normal, healthy, sexual functioning," says Marilyn Milos, a nurse and director of the National Organisation of Circumcision Information Resource Centres in the United States. "It's a sexual issue, and it's a human rights issue."

The foreskin isn't a useless flap that evolution should have got rid of long ago – it is rich with blood vessels and nerves. These contribute greatly to the sexual response. There's no escaping it – the foreskin is sexual tissue. In time, campaigners such as Norm-UK hope that routine circumcision will come to be seen as yet another deluded fad, along with bleeding, electro-convulsive therapy and the frontal lobotomy.

## **Minutes Of The Meeting Of The Acorn Society Held In Leicester On 5<sup>th</sup> November 2005**

**E**ighteen people attended. Apologies were received from Vernon (newsletter production), Ivan (editor) recovering from surgery, and Kevin.

There being only one officer present, Ian agreed to be acting chairman and Alan took minutes. There were no objections to this arrangement.

Treasurer's report. The Treasurer distributed accounts sheets but an argument ensued when he did not hand one to a visitor who claimed to be a member. Various comments as to what provided proof of membership were made, and various accusations flew about. The Chairman attempted to carry on, but because of a barrage of insults and interruptions, had great difficulty. Eventually he instructed that the account sheets should be collected and that we should move to another subject.

The dropping attendance at meetings was discussed and it seemed important to determine whether members actually wanted a meeting, and if so where and

when. Walt agreed to construct a questionnaire for distribution in the magazine and those present agreed that he should, with a budget of no more than £30. Stuart suggested that disruption at meetings was putting people off attending. Several members agreed, whereupon a new series of interruptions started, from the original source. The Chairman calmed things and moved on.

A constitution was discussed and once again it was decided that none was needed at this stage. A membership card was suggested and discussed. It was decided that the practicalities of implementation of this should be looked into by Douglas and Ivan. Having accounts professionally audited was suggested and discounted.

Recruiting new members was discussed. BW had offered to initiate advertising and to receive correspondence addressed to a box number. Appropriate magazines were suggested and it was agreed to accept the offer. After further discussion involving the Treasurer a budget of £500 maximum was agreed.

The need for new signatories, in the light of resignations, was discussed and new arrangements were made. The Chairman proposed that the accounts should be viewed and discussed every five years, unless ten members wrote to the Society requesting otherwise. This was carried unanimously.

The meeting closed at 4.15 pm.

## **Persuasion Not Compulsion**

**[A member responds to the Editor's column in issue 3/2005 which discussed the potential contribution of male circumcision to the reduction of the spread of HIV infection, and queried whether, if this were proven, circumcision should become mandatory in the countries most affected.]**

**T**he editorial in issue 3/2005 raises a number of points. Firstly, as the infrastructure in this (advanced) country cannot cope with sexual matters (high teenage pregnancy rate, high rate of STD's compared with much of Europe) can the infrastructure of other, far poorer countries cope?

Secondly should health matters be a matter of compulsion? In certain cases of contagious and infectious diseases this is probably so. But as the example of Sweden has shown when handling AIDS, this is a self defeating policy. In this country the way that the government handled the matter of MMR is revealing – heavy persuasion is self defeating. Had the government stood aside, the scientific issues of MMR and autism would have been discussed for a month in the press and then common sense would have prevailed. To be flippant about the matter, we were bored to hell as to whether little Leo Blair had had the MMR jab; I really do not want to go through a newspaper debate as to whether he is circumcised or not.

There are several problems regarding circumcision in this country. The first is a medical profession that got out of control with the establishment of the NHS and is now slowly being brought back into line. I am not an advocate of privatising the NHS but a client/professional relationship is a good way of ensuring that client views are respected. I guess that Dr Fitton has few private patients! The second is that school medical inspections are now fairly cursory in many areas and, since the abolition of National Service, routine health checks of young men have disappeared. We need to re-instate thorough health checks for men and also to increase the level of male awareness of sexual health, not just circumcision but also testicular cancer, prostate cancer etc. etc. etc.

It is very interesting that many health organisations do not give basic advice. Before being cut I asked the advice of my doctor at the local STD clinic during a regular check up as to how to keep a condom on. I had a long foreskin and kept losing them. He advised a Femidom! I checked with the Terrence Higgins Trust, the leading gay AIDS organisation in the country, and they had no advice to give either. I pointed out that condom use is an essential aid to safe sex, but got no satisfactory reply.

Lastly there is the emotion flowing around the debate. I note that J.A.Q. of Oxon sees himself as a member of an elite group now he is circumcised. Just a minute; when I was cut I had my foreskin removed, and this introduced me to a whole range of new experiences and new sensations. It did not induct me into an elite group. I think that if we are to give information on circumcision we should stick to purely factual terms.

*J.G.*

## One August Day

I was circumcised on 11<sup>th</sup> August. It's quite strange because I wasn't nervous at all. I had my last uncut wank on 10<sup>th</sup> August and turned up at the surgery at 2pm on the 11<sup>th</sup>. I'm sure I'll never forget the date. Dr Zarifa is only 15 minutes from my house so I just got on the DLR – its about 6 stops. The surgery was quiet because it was lunchtime and the main surgery is closed for lunch – just the circumcision centre is open. I had a 20 minute consultation with Dr Zarifa – he was very nice and obviously a very experienced circumciser – he told me that he does 500+ each year.

I told him that I wanted to get cut and that I didn't want a very tight finish – just moderate. I just wanted the helmet to be permanently exposed and to look like a cut guy. I wanted to keep the fren – mine is very small anyway and you wouldn't think I had one. 20 minutes later I was in the cutting room. I lay on the table – it was comfortable and I dropped my jeans and white Cks. He injected the base of my cock a few times – I winced a bit. However we chatted constantly for the whole op – this made it go very fast and took my attention away from what was happening. Dr Zarifa is a Christian Palestinian from Gaza city – I have quite a few Israeli and Palestinian friends and have visited the region a lot – so we had lots to talk about!

The anaesthetic took seconds to take effect and then I heard a few snips. That was a bit weird but only took seconds. The remainder of the op was basically him stitching me up. I didn't look at what was going on; I just stared at the ceiling and talked about Middle East politics!! 25 minutes later he cleaned me up and showed me my cut cock – I was elated. I was bandaged up, had a bottle of water and 15 minutes later was in a taxi home. The whole thing was fine. I would advise anyone wanting to get circumcised that there is nothing to worry about.

He told me to keep the bandage on for 7 days. It didn't hurt but felt a bit sore – on and off only for 24 hours. After that it was OK. Getting hard-ons was a bit different. I am horny a lot and just thinking about my circumcision got me hard so I had to concentrate. I woke up a few times during the first days with a hard-on during the night. Because the wound was bandaged tightly this was uncomfortable – but not too bad. It took a while for my hard-on to go down again – then I could go back to sleep.

After 7 days I took the bandage off in the bath. I was expecting a horrible bruised wound but it was fine. After 17 days I had my first wank which was amazing. I shot the biggest load of my life. Now after one month everything is fine and I am very pleased with my cut cock and proud to be circumcised.

*C.J.M. – London*

## Perfect Man

On the website <http://www.perfectmanforme.com> a woman is advertising for her perfect man. She lists the qualities she requires and each characteristic is scored. "Circumcised – no need to search under the hood" scores 3 points out of a hundred. Being Jewish adds a further 0.5 points!

## Picture Gallery – A Guest Editor!

I am sending in some photographs for the picture gallery. These pictures are of a great friend with whom I used to go to school. I made friends with him because of the highly desirable appearance, to me, of his circumcised cock. Everyone can no doubt imagine the fun times that we had in the woods!

He was circumcised as a baby and remembers nothing about it. But whoever performed the operation knew what they were doing! To me, the cut is ideal – no surplus skin when flaccid and about an inch of inner foreskin left. There is no frenulum to speak of. I would think it got torn during the procedure as opposed to being separately and specifically removed, but who knows? Anyway, being smooth in that area adds even more to the end result.

We are still friends and meet up most years. He is keen on naturism and likes to 'show off' his cock. He keeps himself fit and is still very active sexually, extremely randy and usually cums at least twice a day, often more.

*C.A. – Kent*



## Results And Conclusions

There have been a few articles in *Acorn* that have left some unanswered questions. I ask the members who told these stories to please provide the outcomes. I am curious to find out the conclusions.

In issue 2/2004, 'Californian' told of his and his sons' circumcisions. In that piece he also told that he has two grandsons, only one of which is circumcised. He felt (correctly, I am sure) that the other should be done since, as he points out, being the odd man can be a very cruel experience for a youngster. At the time of writing he was working on the boy's mother to have the lad circumcised. He wrote that the boy would look better and feel better when he was circumcised. The question is: Has Californian been successful? Has he persuaded the mother to agree to have her son done yet? I suppose Californian's son who is also the boy's father is in favour of the boy being cut like himself and the brother. Come on, Californian, tell us the final result.

In 6/2003 'Daniel' told the graphic experience of his circumcision at the age of thirteen, without anaesthetic. He also wrote of his fifteen year old son who was keen to get circumcised, because he had a rather tight foreskin. Perhaps the boy wanted to have a penis like his father's, although he did not state that aloud. Have the fifteen year old's wishes been granted? A fifteen year old's desire and request should be respected. Surely, if he wants to be circumcised it should be carried out, with or without anaesthetic. Please, Daniel, tell. Has the boy been circumcised or are you still denying him?

I hope that there is a response to this from both these two members either in these columns or, if preferred, directly to me through the *Acorn* mailbox.

*D.B. - N.Z.*

## Zippered

Talking about bad parenting, this brings to mind the not uncommon cases of Penises Caught In Zippers, which I encountered during my A & E posting umpteen years ago, in a smallish, now non-existent hospital. Why do parents not teach their young 'uns (referring to the male gender) to wear underwear ESPECIALLY when wearing pants/shorts with zippers???

One case which particularly stands out in my mind involved a seven year old boy who came in on a particularly busy, hot and humid Saturday afternoon towards the end of my shift. His member was deeply caught in his zipper (sorry guys, I know you are cringing!). To his credit, he was very brave, albeit anxious, and didn't shed a tear. Usually, what we Medical Officers did was apply some EMLA (placebo effect - better than nothing), wait 15 - 20 minutes for it to take effect (for what it's worth) then give a strong yank down, and it usually did the job. Kid is a bit sore, organ a bit abraded but intact, and patient goes home with a tube of antibiotic ointment +/- paracetamol.

Well, for this particular case, this method didn't work. So using forceps and tweezers, I got down to trying to lever off the zipper teeth without injuring the above said organ. Being a busy Saturday, the nurses left me to do it on my own, since the kid was pretty co-operative. So there I am, sweating buckets, hovering over the boy's privates, and the kid starts yelling: "Don't touch my penis, don't touch my penis!!!" And I start yelling back in frustration: "I'm not touching your penis! I'm trying to get it out without hurting you!!!" Do note that the only thing separating us from the other areas of the department was a drawn curtain, so I can't imagine what the other patients were thinking and picturing happening behind the curtain. Anyway, after a 15 minute struggle with the stubborn zipper, we SOS'ed for help from the on-call surgeon, who after another 20 minute struggle, also gave up.

The kid finally was admitted for a circumcision.

*[From the internet]*



## Between A Rock And A Hard Place

[An article by Andrew Gumbel in the *Los Angeles City Beat*]

On the morning of his 42<sup>nd</sup> birthday, Stephen Harrell was arrested outside a liquor store on Century Boulevard in Inglewood, handcuffed, and hauled off to face the screwiest charge ever levelled at him in his admittedly chequered career with the criminal justice system. He was accused of concealing four rocks of cocaine in his foreskin.

To be more precise, he was accused of wrapping the rocks in individual clear plastic bags, placing them all in another black bag, shoving them halfway up his penis and then keeping them snugly in place for at least an hour between the time of his arrest and the time that three Inglewood cops strip-searched him. The whole package was variously described by the arresting officer as being 'bigger than a marble' and having roughly the same diameter as a dime.

Let me point out to those of you unendowed with male genitalia that we are talking about an almost unfathomable world of pain here, not to mention physical elasticity of a truly extraordinary kind. (Those of you with male genitalia have probably crossed your legs already.) Nothing in Harrell's long resume as a petty criminal and drug user suggests he was ever in serious contention for the cast of *Puppetry of the Penis*. Or, as Harrell himself put it in one of his first interviews with his defence attorney: "I may be big, but I ain't no horse."

So far, just a funny story. But it only gets more bizarre on closer examination. The arresting officer, Patrick Manning, claims he saw Harrell drop a crack pipe from his waistband as soon as he became aware of his patrol car. That, at least, was the pretext for the arrest. But Harrell didn't apparently think of dumping the cocaine – assuming he ever had it in the first place. Officer Manning noticed nothing unusual about the way Harrell was walking, and once he had cuffed him and put him in the patrol car he didn't report any wriggling or gasps of pain.

The public defender eventually assigned to Harrell, Eleanor Schneir, had the bright idea of downloading some penis diagrams off the Internet and asked Officer Manning and the two colleagues he took with him into the strip-search room to show the trial jury where exactly the bulge had been. Curiously, each policeman put it in a different place. One said it was at the top, beneath the foreskin proper, while the other two put it further down and to the side. In one diagram the package was almost all the way to the base of the penis – which makes one wonder just how endowed with male genitalia the police officers themselves can have been.

Schneir had great fun buying up gourmet gumballs from her local grocery store and waving them at the jury, with a dime taped to the side for size-comparison purposes, just to emphasize the preposterousness of the allegation. She cited no less an authority than Seinfeld to question whether any penis could withstand the cold of the strip-search room without succumbing to the dreaded male problem of shrinkage, which would surely have shaken the incriminating package loose all by itself. At a certain point, it seemed Harrell was home free, and Schneir was

confident enough to berate the prosecution for subjecting him to an embarrassing public spectacle. As she told the jury: “He has to sit here and hear me, his lawyer, his advocate, a woman, argue to a jury of 12 strangers that his penis is too small for this to be possible – what could possibly be more humiliating than that?”

Things took an unexpected turn, however, as a batch of photographs of Harrell’s genitalia was released to the court and appeared to show that he was circumcised. From Harrell’s point of view, this might have looked like a pretty good defence – how, after all, can anyone conceal drugs in their foreskin if they don’t have one? In reality, though, the photographs unleashed a furore in the courtroom and changed the terms of the debate entirely. Suddenly, it was not the Inglewood PD whose honesty was under scrutiny but rather Harrell’s, as the defendant was accused of yanking his foreskin back for the camera in an attempt to conceal it.

In the single most surreal sequence of the trial, Officer Manning bragged that he knew all about the flexibility of uncircumcised penises because he used to play baseball for the Atlanta Braves (he was a 1999 draft pick later sidelined by a knee injury) and frequently showered with players from Colombia and Central America who not only had foreskins but were frequently ‘silly’ with them. Manning told the prosecutor he saw players pull down their foreskins and dance around for as long as 20 minutes. Schneir wasn’t going to let this one go. “I’m a little confused,” she said disingenuously. “I was always led to believe that men in showers go to great lengths not to look at each other’s penises, and you’re telling me you looked for 20 minutes?”

Members of the jury started guffawing. Manning said sheepishly that he hadn’t exactly looked for 20 minutes. So Schneir asked him how long he had looked for – 15 minutes, 10 minutes, 5 minutes? Eventually, Manning said he’d looked at one penis for one minute. Schneir deadpanned: “Okay, we’re all dying to know: whose penis was it?”

For all the courtroom humour, from here on out the trial started slipping out of the grasp of the defence. The deputy district attorney suggested the only way to resolve the circumcision question was to have Harrell re-examined by a medical professional. Harrell told the court he’d had quite enough people looking at his penis and refused. The judge, Deirdre Hill, then instructed the jury that they were free to interpret this refusal as a form of self-incrimination.

Schneir tried valiantly to argue that the circumcision question made no difference to the plausibility of the police’s story. But the damage was done, and the jury came back with a guilty verdict. He was sentenced to six years and six months behind bars. and is now stuck behind bars until 2010 at the earliest.

## Joke

**W***hy don't craftsmen like working in a synagogue?*

They are afraid of getting their tools nicked!

## Ask The Sexpert

**[Dr Mahinder Watsa answers questions about foreskins and circumcision in the *Mumbai Mirror*]**

*I am a 20-year-old boy. I experience little pain during masturbation, when too much pre-seminal fluid gets collected at the urethral opening. But this pain is occasional. Kindly suggest a remedy.*

Move your foreskin daily up and down to loosen it up enough to slide it back up to the base of the head of the penis.

*I had a pea-sized growth on the area that connects the foreskin with the head of the penis. Doctors diagnosed it as a cyst and asked me not to worry, and I underwent a minor operation to remove the same. After the surgery, the pleasure that I experience during an orgasm as well as my sexual desire has reduced to almost half. What can I do about this?*

The area that has been removed is where the most pleasure-nerves are. Try different positions to ascertain what will be most pleasurable. Try stroking more vigorously. I believe the sensation will improve with time.

*I am a 17-year-old boy. It seems that I have an infection on my penis. The foreskin itches and some red rashes have appeared all over it. There is no burning sensation. The itching gets unbearable at night and also early in the morning. The itching had once healed when I applied Candi Derma cream on my foreskin, but now it has resurfaced. Please suggest some remedy to cure this problem completely.*

Please do not try to be your own doctor. Consult a doctor who will be able to suggest a simple remedy to your problem. Meanwhile, apply the same cream.

*I am a 27-year-old man. I will be getting married soon. How important is circumcision for a healthy and satisfying sexual life? I have had sex several times using a condom. I can easily pull my foreskin back. Is it necessary to have it done before having sex without condoms?*

If you can easily slip your foreskin up and down over the head of the penis then you do not need a circumcision.

*I am a 30-year-old man and will be marrying soon. I masturbate three to four times a week. My problem is that the veins on my penis show clearly and the skin on its tip does not stretch back beyond an inch. What should I do so that it does not affect my sex life?*

You seem to be normal. Consult a doctor and he will clear all your doubts. You may need a circumcision.

*Since the last one week I have been finding small, paper-like, pale yellow substance on the tip of my urethra. Initially, the deposit used to be less frequent. It does not hurt me, but the presence of these particles makes me very uncomfortable. Could*

*these be kidney stones? I drink three glasses of milk every day. So, could it be excess calcium?*

Send some of the deposit and a morning urine sample to a pathologist and get them tested. It is possible that it is smegma – a normal secretion that deposits under the foreskin. Do you retract your foreskin and clean it daily?

*I am a 35-year-old man. I had sex a year back, which resulted in cuts on my foreskin. Ever since I have developed some white spots on my foreskin, which, I suppose, is vitiligo. Even the skin does not retract like before. What should I do?*

Kindly consult a doctor. It could be more than vitiligo.

*I am 21-year-old boy. In one of your replies to a query in this column, you had mentioned that it is normal if the left testicle is lower than the right one. But in my case it is the reverse. Is this normal too? Also, is it necessary that the foreskin retracts while having sex? I have had sex a couple of times but my foreskin does not retract. Is there something wrong?*

It is as normal to have the right testicle lower than the left and vice versa. If you are able to have sex successfully without the foreskin retracting, then that's absolutely normal too. But later a tear may occur due to vigorous stroking and that can be painful; so please consult a surgeon.

*I am a 55-year-old healthy and active man. I wish to get myself circumcised. Is it harmless? If yes, from where can I get it done?*

Circumcision is harmless. If correctly done, it can be very useful during sex. It also helps avoid infection if one has a tight foreskin that cannot be pulled back. It is a simple surgery that any good surgeon can perform.

*I am a 20-year-old boy. My girlfriend and I recently started enjoying a good and healthy sex life. Both of us are able to enjoy as well as give each other pleasure. Earlier my foreskin could not retract at all but now it goes back completely when the penis is flaccid. However, when erect, it does not retract fully as the circumference of the skin is less than that of the penis. The foreskin is attached to the skin within. Is this why my foreskin does not completely retract? How can I make it do so? I don't want to be circumcised. Will stroking the penis hard help?*

The foreskin is naturally attached at the lower base of the head of the penis. You need not worry about this till the time you do not experience any pain during intercourse. Do not do anything except slipping back the foreskin gently every day.

*I am a 25-year-old man. My foreskin is attached to the tip of the penis and is quite tight. Do I need to undergo circumcision to have an active sex life or will it get detached on its own during intercourse? What are the disadvantages of not having it detached? I have never masturbated.*

I would suggest that you consult your family doctor in this case. If you have a tight foreskin it might need a simple surgery.

# ACORN

Issue  
N<sup>o</sup> 1 2006  
Editor  
Ivan Acorn

## Editorial

**T**his edition has an Irish flavour. First, an account of an operation performed in Ireland for phimosis again demonstrates that adult circumcision, whether performed for medical or cosmetic reasons, is only a minor procedure. Unfortunately, the guy requested a partial circumcision, only to find that it was too partial and that he might need a second op. The second Irish contribution is from a member cut in his thirties and who now wants his loose result tightened up. He is seeking help and advice so I hope that the many *Acorn* members who have undergone revisions will contact him as requested.

Finally an expert committee in Ireland has recommended that the health authorities establish regional services to carry out cultural male circumcisions. The argument is that if babies are to be circumcised, it is better that this be done by trained medical personnel in hygienic conditions rather than by back street practitioners. It estimates that up to 2,000 such procedures could be required annually. Since the population of Ireland is about 4m, this could indicate that 5% of Irish babies would be routinely circumcised under this initiative. But of course, if this opened the way to infant circumcision on demand, the percentage could be much greater.

*Ivan Acorn*

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### The fate of the frenulum

**S**o. The decision has been taken. The foreskin is to be excised. A circumcision is to be performed. At that point, the fate of the frenulum hangs in the balance – is it to remain or is it to be swept away with the prepuce?

The frenulum is a band of skin which tethers the foreskin to the underside of the penis, in the V-shaped part of the sulcus. It functions mainly during erection. As the penis becomes engorged, the frenulum tightens and pulls on the foreskin, causing it to retract behind the glans, leaving the glans fully exposed, ready for intercourse. (For those who have long since lost their penile frenulum, another occurs in the mouth, attaching the underside of the tongue to the bottom half of the mouth. Some sense of the frenulum's function with respect to the foreskin can be gained by touching the mouth's frenulum with the tip of the tongue, feeling how the body uses it to keep the tongue in place.)

The frenulum can itself cause problems through a condition called *frenulum breve*, literally, a frenulum which is too short. In such cases, as the penis becomes erect, the frenulum tightens to perform its function of withdrawing the foreskin, but it is too short for its purpose. The frenulum becomes very taut which can cause a sharp pain every time the penis is thrust to and fro during intercourse – a very effective discouragement to sexual activity! The frenulum becomes like a piece of thread under extreme tension and it can split. Sometimes the splits are slight, rather like paper cuts, exquisitely painful, slow to heal and apt to reoccur. Sometimes there is a complete rupture of the frenulum, which can be frightening, accompanied as it can be by quite profuse bleeding. If the two halves of the ruptured frenulum heal separately, that can cure the problem. Otherwise, healing is as for less severe splits, slow and with a risk of the problem reoccurring.

Once, circumcision was **the** cure for a short frenulum, but these days, when circumcision is often viewed as an operation of last resort, a frenulectomy or frenuplasty can be performed instead. In the first case, the frenulum is cut through or is removed entirely. Although this solves the problem of the tight frenulum, it can cause a new difficulty. Without the frenulum, the foreskin is now anchorless, and it no longer withdraws automatically on erection; in the worst cases, the foreskin continues to cover the glans during intercourse, reducing the sensation and pleasure of the man. Frenoplasty is an operation which lengthens the frenulum. This leaves the frenulum in place to perform its natural function but problems can occur if the man has a fairly narrow foreskin. The frenoplasty lengthens the frenulum by reducing the width of the foreskin. In the worst cases, a tight frenulum is replaced by a tight foreskin!

But if, for whatever reason, circumcision is to be performed, should the frenulum be removed at the same time? There are a number of arguments in favour. First, once the foreskin is removed, the frenulum no longer has a function. There is no longer a foreskin to pull back on erection; it is a tether with nothing attached. It is therefore redundant and might as well be removed. Second, the surgeon can

achieve a more aesthetic finish if the frenulum is removed. If it remains in place, an excess of foreskin is left on the underside of the penis, causing bunching which in some cases can be unsightly. The surgeon also has to ensure that he doesn't cause the frenulum to be over-tight and he is therefore inhibited from performing too tight a cut. A loose circumcision can result with the possibility of some bunching of skin behind the glans.

Surely therefore it would be sensible for the surgeon to remove the frenulum as part of the normal circumcision procedure – as indeed some surgeons do. But here controversy raises its head. Many men claim that the frenulum is the seat of the most exquisite sensations – that if the frenulum is removed, then sensitivity, and hence sexual enjoyment, is vastly diminished. Other men who have had their frenulums removed argue that it is not the frenulum itself, but the V-shaped area in the sulcus underneath which is the real area of sensitivity. The removal of the frenulum exposes this area to even greater stimulation and therefore heightened enjoyment.



Frenulum in place



Frenulum removed

Interestingly, surgical texts give little guidance to surgeons on this matter. Sometimes the operator is urged to avoid the frenulum; very occasionally there is encouragement to remove the frenulum; mostly the topic is not mentioned. Traditions therefore build up, presumably because operating techniques are passed from generation to generation – the surgeon practises what he learnt during his early days as a doctor and surgical registrar. Thus in the UK, the tendency is towards a loose cut with the frenulum left intact. In the US on the other hand cuts are tighter with the frenulum excised.

It may be that the American tradition derives from the fact that infant circumcision is practised fairly routinely in that country. Although neither the Gomco clamp nor the Plastibell, the two techniques most commonly used on American babies, specifically target the frenulum, nevertheless the frenulum just

fails to develop following infant circumcision. The body obviously knows that the frenulum will now be redundant and that there is little point in it growing. American surgeons performing adult cuts take as their model the penises that they see in their urological practice (and between their own legs!), circumcised fairly tightly in infancy and with an undeveloped frenulum. The adult frenulum is therefore removed so that the guy is as he would have been had he been circumcised as a baby. In the UK, there is no such generalised model from infancy to copy. Since most adult circumcisions are performed for medical reasons, the surgeons just remove the amount of skin necessary to solve the problem, usually resulting in a loose cut with frenulum intact.

For those choosing elective circumcision, there is a risk assessment to be made. If a tight result is required, loss of the frenulum is virtually a requirement. Yet there is then a danger of loss of sensitivity. How great that danger is may be difficult to assess, for the evidence on the subject is mainly anecdotal. In the end, it is the patient's decision. For most *Acorn* members circumcised as adults, full exposure of the glans has been important. Many have even undergone revision circumcisions with removal of the frenulum to achieve the tight finish which they consider the aesthetic ideal. For them, any potential loss of sensitivity was a risk worth taking. Is it for you?

*Ivan Acorn*

## Circumcision – Irish Style

[This story is taken from a discussion forum  
on the [IrishHealth.com](http://IrishHealth.com) website]

I suffered from phimosis and tried stretching but that wasn't very satisfactory (I have been trying it on and off for several years in fact) so I went to my GP who recommended a specialist. He then recommended a circumcision, but was happy enough with my request for a partial one (i.e., removing the tight tip, leaving some of the skin so that the glans is still mostly covered when I am flaccid). Here's the story of my operation.

I got to the hospital about 12.30 or so; I was pointed to a waiting room, where I spent about 15 minutes before being called in for an official admission. This consisted of giving my VHI details and my religion (presumably only for the morbid reason in case of something going wrong, I hope, and not for any discriminatory purposes!).

After this I was sent to a day ward; nothing fancy, but a well kept room with 4 beds in it. Here I spent the next hour, whiling away the time with a book (I advise you to bring something to keep your mind off what is ahead). About 1.30 or so, the anaesthetist called in to ask me a few questions, such as my age and what I had eaten recently. A nurse also called in, leaving me a gown and telling me to have it on by 2pm. Shortly after that time, two nurses called with a trolley, and after that there was no turning back! They got me to lie on it, then went off for a ride to the operating theatre.



Before I reached the theatre itself, there was an anteroom where I had a needle placed in my arm for the anaesthetic. I'm a coward when it comes to anything medical, and I'll never like needles, but apart from that awful sensation when it goes in, it was fine afterwards and I couldn't even feel it. Then I was wheeled into the theatre itself, and moved onto the table there. The anaesthetist worked quickly; as my consultant chatted to me, I felt a strange cold sensation in my arm, which in the back of my head I figured was the anaesthetic being injected. However, I didn't have long to wonder about it...

I woke up later, not feeling too bad; in fact, as if I'd had a refreshing sleep. Checking the clock, it was 3.20, so I'd been out for about an hour. Of course, there was the possibility I'd been awake previously – I'd been told that I would only be asleep a half-hour or so – and just couldn't remember it. Soon afterwards, I was moved back up to the day ward. There was no pain, just a numbness down there; I'd been told I would receive some form of local, or pain block, while knocked out. My girlfriend arrived soon afterwards; rather than have a look at the damage myself, I got her to take a look. She was surprised there was no bandage; rather, just a thick gauze or cotton pad seems to have been just lain over the area, but this had fallen off. Apart from some dried blood, it didn't look too bad, she said.

My stay in hospital was longer than it should have been, only because I wasn't given food and liquids early enough, and I was told that I had to urinate at least once before I left – presumably to make sure everything was OK in that department. I ended up sitting there knocking back glass after glass of water. Urinating was the hardest part; I ended up performing it sitting down, and the first part of the flow was accompanied by a lot of water. Eventually I was able to leave the hospital at 8pm.

There was really little or no pain for the first 2 days or so; the local seems to take care of that. Only after that period was there pain, usually during two times; urination, and morning erections. This could sting quite badly sometimes. There was also some blood; not much, but enough to cause a stain. I also wished that the consultant had told me exactly how much bruising and swelling would occur; after day 2, my penis began turning a deep purple from the tip back to the base over the course of two days, and the swelling increased. At first I was worried, thinking that it couldn't possibly look this bad if everything was fine. But reading a few online forums reassured me that, yes, it would look like this before it got any better.

It's now day 21 after the operation – three weeks – and someone taking a look might think that absolutely nothing had happened. The colour and size are the same as before the operation, and, because it was only a partial, the difference isn't too much. The foreskin is shorter, with the tight tip removed, but that's it. Everything still isn't normal though; where I presume the stitches were put, inside the foreskin, is a firm ring; this prevents me pulling the foreskin back, and also hurts if I press against it, such as when urinating. I can only hope this will eventually go away, and isn't another problem to deal with! So I'm not yet sure whether the operation was a success; I guess that will be the subject of another posting in a month or two.

## Six weeks after the operation

I am going back tomorrow for a checkup after my partial circumcision. I am unhappy at the moment, since the opening of the remaining foreskin is about the same size as it was originally. Plus now, I'm having a problem spraying while urinating. It looks like I may need to get the whole lot removed; needless to say I want to hear from the surgeon that this will be a success, otherwise I'm tempted to look elsewhere before placing myself in his hands another time.

## **Surgeons Should Perform Circumcisions, Report Says**

**[From an article by Martin Wall  
in the *Irish Times*, 24<sup>th</sup> January 2006]**

**A** Government-appointed expert committee in Ireland has recommended that the health authorities establish regional services to carry out cultural male circumcisions. The committee's report, which has been given to Minister for Health Mary Harney, strongly argues for the procedure to be carried out in a medical setting.

It says that circumcisions "performed by untrained people in inappropriate environments are not acceptable in Ireland". It warns that any injury to an infant arising from a circumcision carried out by "an incompetent person" could be deemed to be a form of child abuse and be subject to child protection legislation or criminal law. It says that such incidents should be reported to the Health Service Executive, properly investigated, and decisions taken on the facts of the individual case.

The report says circumcisions should be performed by appropriately-trained surgeons and anaesthetists in adequately equipped units. However, the committee says it is satisfied that the practice of neo-natal Orthodox Jewish circumcisions – carried out by trained rabbis – should be permitted to continue. It proposes that this situation be kept under review.

The expert committee, chaired by the professor of paediatrics at the Royal College of Surgeons, Dr Denis Gill, was established by the Department of Health to establish the needs for cultural circumcision, to address the ethical considerations and draw up recommendations on procedures to be followed if the practice was considered appropriate.

Last October a Nigerian man was found not guilty by a court in Waterford of reckless endangerment in relation to a home circumcision he carried out in the county two years previously. The court had been told that a 29-day-old boy, Collis Osaighe, had died from haemorrhage and shock due to bleeding some hours after the circumcision had been carried out.

In its findings the expert committee recommends that cultural male circumcisions should be provided in the Irish health services. It says the Health Services Executive should provide a regional service capable of performing the

requisite number of circumcisions. It estimates that up to 2,000 such procedures could be required annually. The report also warns that the provision of increasing numbers of elective circumcisions may have an impact on the volume of other surgical procedures that can be performed in hospitals. The report says that medical and nursing staff who have ethical objections to the procedure should be allowed to opt out of the service.

## Looking For A Revision

**I** enjoyed the last issue of *Acorn* (issue 6/2005) especially Half and Half (F.I. – North Wales) as I was able to relate to it and had similar experiences.

I was born in Dublin in the 1950's into an ordinary middle class family and the norm then was that 80% of boys were circumcised at birth. I was delicate and the procedure was postponed for six months but unfortunately was never carried out. From an early age, I was engaged in all sports at school and scouts and was very aware of the differences between Roundheads and Cavaliers, as we used to call it. I always felt the odd one out and regretted that I had not been circumcised. I tried as far as possible to keep the foreskin retracted behind the glans and had it well trained. I noticed that the circumcised boys were always keen to show off their equipment. I always liked the clean cut look and the nice exposed knobs.

When I was 30, I decided to be circumcised which took a bit of courage as there was not very much information available especially in Ireland, unlike nowadays. The procedure was very straight forward and was carried out under local anaesthetic. The freehand method was used and the whole procedure took about 30 minutes. I have no regrets and should have had it done much sooner.

My only slight disappointment was in the result. It is low and loose with the frenulum removed. I would have preferred the high and tight look but at that time I didn't know anything about the various options and they were not mentioned or discussed with the doctor. It is about 20 years since I had it done and I am very keen on getting it re-done and, as I mentioned, I would like the high and tight look this time, like in last issue's picture gallery (C.A.). Is this possible?

I would welcome other members' views, comments and suggestions. I would also appreciate the names and contact details of recommended doctors who are experienced in re-doing jobs either in these pages or directly to me through the *Acorn* mailbox. Don't forget to send the correct value postage stamps for Ireland. I am willing to travel to the UK.

*W.W. – Dublin*

## SenSlip – A Review

The article 'Now everyone can have a foreskin' in issue 6/2005 prompted me to log on to the Viafin-Atlas website and find out more. Detailed information of their SenSlip artificial prepuce was provided, arousing my curiosity and I decided to place a sample order.

Measuring the girth of one's penis for a snug fit is the most important factor when ordering, but measuring the flaccid penile circumference accurately with a tape measure is easier said than done. Therefore having assessed my measurement as half way up the Viafin-Atlas scale of 1 to 10, I ordered a sample pack of three SenSlip 'undergarments', containing sizes 4, 5 and 6. These arrived within a matter of days and I found size 6 to provide the best fit for me.

If the SenSlip is too long, which is usually the case, it is easily cut to the required length with sharp scissors. It is nevertheless tricky to put on, despite coming with a detailed explanatory leaflet. When adjusted, there should be no overhang as on a long foreskin, otherwise some urine will be retained inside after micturition. Indeed, it has been my experience that the glans becomes permanently moist, even if the SenSlip is worn correctly, but this is also the case with any foreskin, whether long or short, I believe. It also has a rubbery feel, unlike a real prepuce – I know the difference, having been circumcised as an adult. Also, as with a real foreskin, I am convinced it would develop the typical odour associated with foreskins if worn on a prolonged basis. Perhaps that is why the manufacturers state that it should not be worn at night.

Nevertheless, the SenSlip is comfortable to wear and I have placed an order for a small supply. If my glans becomes de-keratinised after ten days' wear as suggested, I may continue to wear them, but the prospect of doing this would not come cheap – my sample pack already cost \$36, only one of which is really suitable.

*G.B. – Kent*

## SenSlip And Sensitivity

I was most interested to hear about the artificial foreskin (issue 6/2006). I have, as reported in *Acorn* previously, already conducted experiments on sensitivity. These involved wrapping the penis in soft tissue with a moisturiser. I conducted a two year experiment to see if there was any noticeable increase in sensitivity. The findings were disappointing and my conclusion was that those men who stretched the remaining skin to form a new covering to the glans were wasting their time. There was a slight increase in sensitivity immediately after unwrapping prior to, say, intercourse but it did not last for long. I must admit I did enjoy the wonderful 'bare' feeling remembered from post circumcision days.

*R.W. – Surrey*

## SenSlip – Are They In Business?

I was very interested to read the article 'Now everyone can have a foreskin' (issue 6/2005). I have been trying to follow it up with the firm Viafin Atlas in Salisbury but without success. I wrote to them but with no reply and I have phoned about six times but all you get is that the number is not accepting calls.

So I visited Salisbury and called on them only to find the Unit looking deserted and all locked up with nobody around. It would appear that they are not in business. Nevertheless, I left a card through the letter box so we shall see if there is a reply. Having been circumcised for quite a few years, I was prepared to give SenSlip a try. I shall keep trying to see whether I can get any reply from them.

*C.P. – Wiltshire*

[Editor's note: The website for Viafin Atlas is still very much up and running and, from GB's experience above, it appears that the American side of the operation is working. If anyone has success in contacting the firm in the UK, please let me know.]

## Circumcision Is Barbaric And Unnecessary

[An article by Angelika T.L. Byorth in the *Daily Nebraskan*]

In 1986, when my son was born, his circumcised father and the probably circumcised doctor urged me to consent to having our baby boy altered in like fashion. Since I had grown up in Germany, where the practice of non-religious circumcision was virtually unheard of, I resisted on instinctual, cultural and ethical grounds.

Circumcision as a medical procedure was introduced in the 19<sup>th</sup> century as a prevention and cure for diseases like masturbation, epilepsy, insanity, hip-joint disease, involuntary nocturnal seminal emissions, phimosis, prolapse of the rectum and at least a dozen of additional illnesses. The procedure became quasi-compulsory during the Cold War era.

Since then, the supposed medical reasons for mass circumcision have been shifting often and substantially. A 1999 policy report issued by the American Academy of Paediatrics lists three main reasons for which circumcision is supposed to be preventive: urinary tract infection (UTI), penile cancer and phimosis. These are potential health hazards, indeed. However, the cited statistical incidence of these conditions looks to be extremely rare. We might as well be advocating that, instead of teaching our children how to properly clean their armpits, to surgically obliterate all of the sweat-producing glands right after birth. Or, if we remove the uterus from the bodies of all little girls early on, they will not contract uterine cancer later in life. But wait a minute! The human race would become extinct if we did that!

Today, and after carefully considering information for and against routine prophylactic circumcision, I have come to the conclusion that it is a cruel, barbaric, unethical and totally unnecessary American practice. Routine neonatal penile surgery is not found in Europe or in most of the rest of the world. It ranks among the vastly under-reported human rights issues of our times and should be declared illegal. It is a mystery to me how our American culture and even the United Nations can decry female circumcision elsewhere in the world, while doing nothing about male circumcision here at home.

Geoffrey P. Miller, in an article for the *Virginia Journal of Social Policy & the Law*, writes: "Every year, in hospitals across the United States, hundreds of thousands of newborn boys are strapped naked to a board and assaulted in their genitals by ritually attired practioners known as physicians." According to Miller, the procedure is painful, but performed without anaesthetic. The baby's cries serve as proof of healthy lungs, and the subsequent traumatised sleep testifies the procedure is not painless. Miller also asserts that pain memories may impair a baby boy's intellectual and emotional development.

Though the procedure is surgically safe, Miller contends, it is not without risks. Haemorrhaging, infection, and ulceration are the more serious side effects, according to Miller, but the penis may be bent, deformed, split, perforated, amputated, or burned off. Scar tissue may also accumulate in the urethra and even when the procedures are successful, as Miller writes: "Viewed from the perspective of normal human anatomy, he has been mutilated."

A conversation last year with my friend Richard Thoene, who died recently, had added a human dimension to my private investigation into the topic of circumcision. Richard was very open about many things outside of his war experiences. He once said that when he was circumcised for real medical reasons at the late age of 67, he lost about 30 percent of his sexual pleasure. He even encouraged me to: "Write a column about circumcision sometime! And be sure to quote me on what I just told you."

The statistical incidence and regional variations of circumcision across the U.S. are interesting. Our Midwest area has had the highest numbers of circumcised men since 1979, with 1999 being a peak year during which 81.4 percent of males endured genital mutilation during the first three days of their lives. In contrast, only 36.7 percent of males in the West went under the neonatal knife during 1999.

Circumcisions are robbing men of an essential part of their bodies, and of a large percentage of their potential physical and emotional pleasure. Not to speak of the rare but significant health hazards including death that can be by-products of circumcisions gone wrong. And then there are a range of psychological traumas some circumcised men suffer from later in life, along with the hopeful news that men can and have been working on restoring their foreskins. Someone needs to stop the atrocity of circumcision, and it might as well be a woman. We women, and our men, have sons to protect.

# A Day With The Surgeon

[Article by Shem Suchia, *Daily Nation*, Kenya]

**A**lthough 'modernity' has watered down the Luhya circumcision rite, this rite of passage to adulthood is not about to disappear, which is why Isaac Arema Shiboya was recently anointed as a new village circumciser, taking over from his late father. Aged 48, Arema is probably the youngest traditional circumciser in the Western Province. And, it would appear he was cut out for the job. While his age mates struggled to chart out their future, Arema was being brought up to be a circumciser. So when his father died six months ago after 32 years in the profession, Arema was the natural successor.

As the mourners poured in to bury his father, some of them had other ideas: to use the occasion to bless the new village surgeon. Arema's father – reverently called 'Mshevi' meaning the circumciser – had cut hundreds of thousands of boys. And, as if fate wanted to test his son, 'Mshevi' died when the ritual was months away.

Not that precautions hadn't been taken. When Arema's father started ailing in the late nineties, the elders approached Arema to start preparing for a take-over in case his old man succumbed to his illness. It did happen so. Being the first-born son, Arema had no choice but to adhere to the dictates of tradition, which demand that he succeeds his late father as the new village circumciser. It all points to tradition and history. Tradition because according to the Luhya customs, one can only qualify to be a traditional circumciser when he has a son as the first-born child. History because circumcision runs in their blood starting from forefathers.

Arema thinks being a circumciser is a divine calling and therefore a preserve of few. "There is no specific school to train you for this kind of work. It all runs in the blood and has a lot to do with your interest in it," says Arema, himself circumcised in 1972 by who else but his father. So far he has done 3,000 cuts with no initiate bleeding to death or developing life-threatening side-effects, for which he thanks God. And as the circumcision season approaches, Arema is getting "divine signals" more frequently. "The beginning of the season comes after I dream of doing the actual thing."

After the dreams he directs his wife to prepare amalwa (beer), which is served outside their hut in a giant pot from which the elders drink using straws. As the party nears its climax, there comes the formal announcement of the beginning of the circumcision season. This is a men-only ceremony; women can only watch from afar. The candidates are taught the ways of the society and advised on what is expected of them ahead of the big day. Parents fork out Sh300 per child. A day before the cut, there is singing and dancing at the circumciser's home before the boys are taken into seclusion to spend the night at a central venue.

From here they are taken to a river, where the ceremony is performed very early in the morning. This is to take advantage of the cold, which numbs the initiates' bodies, minimising pain and bleeding. But the real spectacle starts when Arema

arrives at the river draped in a leopard skin, his body painted with coloured mud. In tow are usually village elders, a drummer, the bearers of his surgical kit and one or two trainees. He must guard against coming face-to-face with another circumciser on his way to the river lest one of them dies.

To avoid such a disaster each circumciser's territory is well defined. The knives used in the operation are also different. The Idakhos, for example, employ a one-sided knife for the cut while the Kabras use a two-sided one. The explanation is that the former is thought to be a woman while the latter a male clan. "The work demands a thorough understanding of tradition," explains the surgeon. Watching Arema at work is not for the lily-livered. The cut itself is executed with lightning speed. As the drumbeat reaches a deafening climax, Arema's sterilised knife cuts off the foreskin of the first initiate, to the crowd's thunderous applause. He washes the knife in a basin of water laced with Jik and dabs it with methylated spirit before moving to the next initiate.

When all the boys have been circumcised, a herbal powder is administered on the wound and each initiate, now considered a man, is escorted home amid song and dance. Shortly thereafter, a huge party is held at the home of one of the initiates, where beer and meat are served in plenty and people dance and sing until the wee hours of the morning.

Healing is usually faster in younger boys and takes between three weeks and a month. Because circumcision is done during the August and December school holidays, initiates have enough time to rest and recuperate. During this time, Arema and his team make routine visits to their homes to evaluate their progress. He is however an unhappy man. Many parents are opting for the hospital, leaving him grossly under-utilised. Arema's consolation is however the lingering contempt for boys 'cut' at the hospital. When he is not on the job, village elder Arema looks after cattle and goats to supplement his income. Looking back at his life, the father of two boys and four girls doesn't regret dropping out of school after sitting for his Certificate of Primary Education in 1975. "It all has to do with fate. Maybe had I continued with my education I could be 'somebody else'. But with the little I had, I live well by village standards."

As he speaks, from afar there comes loud singing by initiates rehearsing for the big day. Hurriedly, the surgeon bids me farewell and disappears into the thick bush in the direction of the songs.

## Final Reminder

**M**any thanks to the 70% of members who have renewed for 2006 at the first time of asking. That just leaves the recalcitrant 30%! For those, a final reminder and invoice for 2006 is enclosed. If you are in this group, please do stay with us for another year by returning the form with your payment. If you don't, I'm afraid that this is the last newsletter you will receive.

*Ivan Acorn*



## Retraction

I tried to train my foreskin back from when I was 10 or so. My desire to do so arose from having seen my father with a retracted skin and several cousins. It seems a common practice in Mexico for some reason. I was unsuccessful trying rubber bands, rolling the skin back, and tucking it under like an example I've seen elsewhere. My skin would stay back easily when hard and usually when soft so long as I didn't shrink too much or I didn't sit or bend over which would cause the shaft of the penis to pull inward into the body. Some guys appear to get a snug foreskin band or ring around the rim of the glans when they have their foreskin retracted which helps to keep it back. My foreskin has never had this ring.

What I eventually came to conclude, and this is from my own experience and some direct non hands-on observation, is that the ability to keep the foreskin back is primarily dependent on the glans one gets. I was not born with a large mushroom or bulbous glans. The corona is not flared out as it is on some guys that I have seen in photos. That conclusion came to me in the form of noticing how my glans would expand quite a bit during sex either through masturbation or more so with intercourse. The coronal rim of the glans would expand and stay expanded for a much longer time ensuring that my foreskin couldn't roll over the coronal rim. It could stay like this for hours and yes I could even sit down and not have it roll over. It wasn't like paraphimosis but just a loose foreskin staying back because it couldn't push forward due to the wall formed by the coronal rim. Quite remarkable for me and quite enjoyable since I do enjoy the exposed glans very much when I can get it. However I do not wish to get circumcised. From time to time, my foreskin does actually also roll back on its own inside my pants, usually when I get those unexpected or expected hard-ons or semi's.

*[From the Internet]*

## Paediatrician Makes Case For Circumcision

[Article by Peggy Spear, Knight Ridder Newspapers,  
28<sup>th</sup> September 2005]

Prince Charles is, but William and Harry aren't. Jesus was, but Diego Rivera wasn't. Louis XVI wasn't, and that caused all kinds of problems with Marie Antoinette.

Circumcised, that is. And you can bet none of their parents went through the bewildering debate that faces parents today. Here, in the 21<sup>st</sup> century, the most performed surgery in America is the subject of intense controversy and debate. Some people say it's a barbaric form of mutilation, medically unnecessary and extremely painful. Others say the simple operation is a lifesaver that helps stave off serious infections and even cancer and AIDS. No matter what side of the circumcision issue you're on, chances are if you have had a baby boy, you're saying something – or at least hearing it.

“Circumcision is a very contentious subject,” says Dr. Edgar Schoen, the former head of paediatrics at Kaiser Oakland, Calif., whose new book *On Circumcision* is reigniting the debate about circumcision. “After all, you’re talking about a subject that transcends psychology, medicine, religion and sex. It’s not merely a simple operation.”

Schoen is an outspoken proponent of performing infant male circumcision, and his new book is full of lively historical anecdotes and modern-day medical statistics that make the decision to have the operation performed seem like a no-brainer. “Circumcision lowers the cases of urinary tract infection, cervical cancer and even AIDS,” he says. In fact, he lauds a recent report by French and South African researchers that found that male circumcision reduces by 70 percent the risk that men will contract HIV through intercourse with infected women.

Circumcision – the removal of the foreskin of the penis – became popular in the United States as a standard medical procedure around 1870. It was a way to curb many diseases, including syphilis. Some also claim that at the time it was used as a way to curb masturbation. In America, however, circumcision rates have been on the decline since 2001. The *National Hospital Discharge Survey* says that only 55.9 percent of infant males left the hospital circumcised in 2003 (the last year data was available). Schoen says those statistics are skewed, however, because they don’t take into account infants who have the surgery performed a few days after birth at a paediatrician’s office, or those who are circumcised in a religious ceremony.

Whatever the rate, many groups say it’s too high. “There is no medical reason to put a child through that,” says Dan Bollinger, spokesman for the *International Coalition for Genital Integrity*. “Quite basically, it is a human rights violation.” His and other groups, such as *NOCIRC* and *Mothers Against Circumcision*, as well as medical experts Penelope Leach, the late Dr. Benjamin Spock and Dr. Dean Edell claim that the operation is unnecessary, especially in the United States. In fact, the United States is one of the only countries that has routine circumcisions of newborn boys. Even the American Academy of Paediatrics says that the “potential medical benefits” of infant circumcision aren’t significant enough to recommend it as a routine procedure. And that alarms Schoen, who actually chaired the AAP’s task force on circumcision in the late 1980s. “Once we started looking into all the research, it supported the medical benefits of circumcision,” he said. He believes that the AAP’s lukewarm position on the procedure is “political,” since the group came out against circumcision in 1971, “and they don’t want to admit they made a mistake.”

In addition to all of the medical advantages he cites, Schoen says that there is another major reason he supports circumcision. “It’s the American way,” he says. “Eighty percent of men in America are circumcised, and parents want their sons to look like their fathers.” He says that most of the men and boys who aren’t circumcised are immigrants, children of immigrants, or from poor families who are not insured for the procedure. Cultural differences played a huge role in the debate between Oakland mom Charlotte Axton and her husband, Brett Shellhammer, when their son, Raymond, was born three months ago. Axton,

from the United Kingdom, did not favour circumcision. "I feel that a baby is born the way nature intended, and I didn't want anyone cutting my child." Shellhammer, who is circumcised, disagreed, wanting his son to look like him. "Things got pretty heated, but eventually, Brett realized that my feelings about it were stronger," Axton says. "So we didn't have Raymond circumcised."

## Pearly Problem

[From *The Times Paediatric Consultant Column*,  
18<sup>th</sup> February 2006]

*Q: My two-year-old son has developed three large white/yellow lumps, about the size of a currant, under his foreskin. They are not sore, although he complains sometimes when cleaning at nappy change. We visited our GP who tried to move back his foreskin and it was very tight. She said that he may need a circumcision. Is this a common problem? Is the first priority to circumcise or treat the lumps? Should we see a specialist?*

A: The lumps that you describe are sometimes called penile pearls. They are simply retained skin debris that gets caught under the foreskin. They shouldn't cause your son any problems and are unlikely to be an infection risk. The problem will resolve of its own accord as his foreskin begins to retract.

It's normal for a boy's foreskin to be non-retractable at this age. It should begin to retract naturally when he is older. For many boys this happens around the age of 4, but it can be later, up to the age of 10 or 11. If you are concerned that your son needs a further review after the attempted retraction of his foreskin, ask for a referral to a paediatric surgeon.

## First Time In Decades

For the first time in six decades, the Russian city of Bryansk saw a brit milah – ritual circumcision – ceremony, and not only one of them, but eight in one day. The unique event occurred in late November in the Jewish community of Bryansk, 380 kilometres southeast of Moscow. Rabbi Ze'ev Wagner, who serves communities throughout central Russia, and Evgeny Adler, a young local Jewish activist, helped arrange the octuple ceremony.

The eight circumcised males ranged from newborn babies to youth and fully-grown men. According to long-time Jewish residents of Bryansk, a member of the Federation of Jewish Communities of Russia, these were the first britot in the town since 1945.

The mohel, or ritual circumciser, was Rabbi Yeshayahu Shafit of the Brit Yosef Yitzchak organization. He has chalked up hundreds of thousands of kilometres flying to britot all over Russia. This was the first time he performed as many as eight britot in one day. Rabbi Shafit was assisted by Dr. Albert Belenkiy, an active member of the local community. Rabbi Wagner attempted to convince Dr. Belenkiy

to be circumcised as well, to no avail – at first. Moved by the reactions of the ‘patients,’ however, and impressed by Dr. Shafit’s skills, the 40-year-old physician soon agreed to be circumcised himself. He ran home to bring papers proving his mother’s Jewishness, and underwent the religious procedure.

Among the other newly-circumcised Jews were the three-month-old grandson of Irina Cherniak, who founded the local ‘Hesed’ (kindness) organization in 1995, the 22-year-old grandson of a Jewish World War II veteran who regularly frequents the Bryansk Synagogue, and local students. Following the ceremony, the adult Jews put on tefillin.

[From the Internet]

## The Kindest Cut Of All

[From an article by Judy Siegel-Itzkovich  
in the *Jerusalem Post* 17<sup>th</sup> September 2005]

Complications of ritual circumcisions are rare and in most cases mild and correctable, according to a team of paediatric urologists at Rambam Medical Center in Haifa, Dana Children’s Hospital in Tel Aviv, Sheba Medical Center at Tel Hashomer and Schneider Children’s Medical Center for Israel in Petah Tikva. The team, headed by Dr. Jacob Ben-Chaim, reached its conclusions in a recent article in the English-language *Israel Medical Association Journal* (IMAJ).

It looked at the case records of nearly 20,000 baby boys born within one year in the four hospitals; all of them underwent brit mila by a ritual circumciser (*mohel*) or surgeon in the community. Of these, 66 suffered complications that required some medical treatment, 55 of them at the hands of a mohel and 11 whose foreskin was removed by a surgeon. The overall complications rate was a very small 0.34%.

Paediatric urologists are always consulted in hospital emergency rooms when a circumcision leads to complications, the authors write. Sixteen infants suffered excessive bleeding, which was treated by pressure and dressing or suturing. Excessive foreskin (initially hidden by a pad of pre-pubic fat) was the most common complication, while four babies suffered from shortages of skin or cysts; these were treated by surgical repair with the child put under general anaesthesia.

Even though most ritual circumcisions are performed in a celebration hall in front of an audience of family and friends – in a place that is clean but not sterile like an operating room – this delicate procedure is usually without complications when performed by an experienced professional, they write. “We attribute this low rate to the fact that usually circumcision is the sole or main occupation of the mohelim,” they conclude, “and therefore, most are professional and experienced. In addition, they usually work under strict regulations; being concerned about malpractice claims, they are obliged to adhere to high standards of performance.”

# ACORN

Issue  
N<sup>o</sup> 2 2006  
Editor  
Ivan Acorn

## Editorial

**W**e are used to factual books about circumcision, usually written to propound the case for or against. We are even used to the occasional circumcision scenario within a novel. But a whole novel about circumcision – that is something new. Yet this is the theme of *An Innocent Obsession* by David Catesby which is reviewed in this edition. I guess that sales will be high amongst the *Acorn* membership. But if you are against circumcision in general, or routine infant circumcision in particular, be warned! This book may well give you apoplexy, since for most babies it is a case, not of if, but when.

Circumcision was also the subject of an hour-long TV documentary on BBC Three earlier this year. Despite the topic, not many penises, whether of the cut or uncut variety, were on display; but at least we got to know the status of every male participant. In contrast to the novel, it is the pro-circ lobby who will have been left fulminating this time. The programme came out firmly against circumcision, other than for medical reasons. But then, this is the UK. What else would you expect?

*Ivan Acorn*

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## Editor's Column

### Circumcise me?

**I**s it better or not to be circumcised? This was the question which motivated the hour-long circumcision programme on BBC Three earlier this year. One cavalier in his fifties (?) recruited another in his twenties to investigate the prevalence and reasons for male circumcision. Their quest led them to Jews and Moslems, doctors and prostitutes, gay and straight, women and men. And did they end up on the operating table? What do you think!

There is a serious documentary to be made about male circumcision, but this wasn't it. A good documentary presents, analyses and debates evidence, illustrated by example. This film was all anecdote. Many opinions were expressed but few were substantiated with hard facts. Women were asked their views: bizarrely we started with a 92 year old woman – “the wisest woman I know” – who preferred uncircumcised because her first husband had been uncut. Two prostitutes were phoned: one told the researcher to “Fuck off”, the other preferred the cut model as being cleaner. The questioning of a few semi-inebriated women clubbers was inconclusive. But where was the research to tell whether in general women know the difference between circumcised and uncircumcised, whether they have a preference and, if so, its basis?

An elderly and rather pompous Harley Street doctor told the two presenters that they were missing out badly by being uncut and were likely to be prey to all sorts of diseases and infections. But two young doctors, one male (uncut) and one female, only favoured circumcision when medically necessary – it was not justified as a preventative measure against, say, penile cancer which was itself vanishingly rare.

As might be expected, the Jews and Moslems interviewed saw circumcision as a religious duty, which demonstrated commitment to the faith. Interestingly, Alan Yentob who is Jewish, although his wife is not, had insisted that his son be circumcised but he now views it as an unnecessary mutilation.

The film then switched to the USA. Circumcision rates in the UK had, we were told, plummeted from 50% to 3% over the past sixty years, whereas in the States, the rate was still between 60 and 80%. Just why were Americans so keen to bin the skin? Cue more anecdotes. It's cleaner and better, we were informed. A group of cut black guys told us that “cows don't like the extra skin on a dick”. And one gay told us he was proud of his circumcised cock and he needed little encouragement to unzip – “hey guys! I'm being dared to show my penis on BBC” – and display his thick, tightly cut, tool – indeed a specimen to be proud of! Even the male sex dolls had circumcised penises – theoretically they could be custom built with foreskins but there was no demand.

Young guys in a bar in North Dakota demonstrated just how much the routine snipping of baby boys is accepted practice. All were cut – there had once been this unusual guy in the showers who was uncut, but his state was subject to some derision. All would have their sons circumcised, although none could give any

positive argument in favour – “that’s just the way it is”; “cos that’s what I’ve been brought up with”; “it’s the norm around here”.

Of course, not all Americans are pro-circ. One rather frightening woman demonstrated with a tube and stocking-covered rod how the exposed coronal ridge on a circumcised man scraped on the vagina whereas the uncircumcised penis glided effortlessly in and out. Jeffrey, her husband, who spent most of his time cowering in a corner (and who could blame him!) had been cut at birth but had had his foreskin surgically restored using the scrotum, since when “sex had been dramatically different”. Perhaps fortunately, this gentleman was not asked to expose his equipment.

No programme on circumcision would be complete without a passage on restoration. In fact, given that both presenters had foreskins, they showed little empathy with those whose foreskins had been removed without consent and who felt angry or traumatised by the loss. The mechanics of apparatus such as the tug-ahoy was described but those who resorted to such means were obviously considered a little weird. And so seamlessly we joined the anti-circumcision lobby. One woman had consented to her son’s circumcision but then appeared to be horrified when she found out that this involved an operation. “They strap the babies down” – but no-one pointed out to her that a baby’s natural leg movement might prove somewhat hazardous when a sharp instrument was being applied to his genitals. A Gomco clamp was displayed and we were shown with distaste how it was used to crush and remove sensitive tissue.

Finally back to the UK and to Michael Wilks, the chair of the BMA Medical Ethics Committee – himself uncut. He condemned routine circumcision as barbaric and completely unethical. It was performed in America on dubious medical evidence as part of a multi-million dollar industry.

And so to the summing up. There was no justification for circumcision either medically or sexually. It was practised for reasons of conformity as a tribal mark or a religious or cultural membership badge. So, should the uncircumcised baby shown at the beginning be cut? Their answer was an emphatic “No”.

Perhaps they were right – but based on this programme they will never know. Why could they not have included a few statistics on the degree to which circumcision decreases the rate of urinary infections, HIV infection etc, or supplied information on the numbers of boys and men requiring circumcision for medical reasons, or presented research results about the effect, if any, of circumcision on sexual performance? There could have been some analysis and debate about the effectiveness of circumcision and whether the downsides of excising the foreskin are sufficiently compensated for by any advantages resulting from the circumcised state. The case for or against circumcision is not clear cut, as the debate over the years within the American Surgical Association has shown. But such reasoned dialectic is now sadly beyond the BBC. Let us not risk the short attention span of the viewers by showing a few graphs or propounding a few serious arguments. Bring on more circumcised dolls and penis puppetry – this is entertainment, after all.

*Ivan Acorn*

## Like Son, Like Father

### **My son**

**M**y son, Balazs, is 8, and he got circumcised last spring. In fact, we had known for a while that he had a tight foreskin, but as it did not block him from peeing, we hoped that he might outgrow it, so we could spare the radical solution. Since it was tight, at the advice of the pediatrician we pulled it back when bathing him just as far as we could without any particular pain, and washed just the tip of the glans. As Balazs disliked it, we did not force it too much. The pediatrician also suggested putting some cream on it, and trying to pull it back step by step. This did not help too much, but at least it did not make the situation worse.

Last spring we realized that we cannot avoid the radical solution, and the pediatrician suggested a circumcision as soon as possible. We explained it to the kid in detail, and we also drew what would happen to him. He was very worried whether his willy, the favorite toy of every young lad, would live on. We could show him that only a little of the skin will be clipped off. Then he was relieved, and said OK, he didn't mind it, just as long as his willy was spared. We assured him that we would not like him not to have one either.

The circumcision was done by a close friend of ours, who is a urologist by training, but now works as a general surgeon. He did the operation in his office, after normal office hours, on a private basis. He did the surgery in general anaesthesia, and we could drive the boy home, as we lived nearby, and the boy woke up only the next morning.

Balazs healed nicely and quite quickly. It was bad for about a week, when we had to soak it in chamomile. By the end of the second week the wound was almost fully healed. He said it was quite odd for a while to pee without his foreskin, as he could not feel it so much, but there were fewer sprinkles around. It was different, but was not bad.

I am not aware if he had any problem in school with it. I mean remarks of friends, etc. I think there were none, otherwise he would have told us. Kids of this age are not so interested in comparing their genitals. My wife told him after he was done that I liked it too and I would get it done as well. He was very pleased and asked me if it was true. After my 'yes' answer, he said that he likes it very much and that I would like it too.

### **My own story**

One year ago, I would have not thought that I would ever be circumcised. To the best of my knowledge, in my family no one was circumcised.

My wife and I together took care of Balazs' wound, and I saw that she liked the result so much. At night, we chatted, and she herself raised the issue and asked whether I was keen on getting circumcised too, as she thought it was so beautiful. Then I asked her if she would like me to get circumcised, and without any hesitation



she said, yes. I decided at once that why not, if my wife would be happy about it, as it was not a bad thing.

I went to see that friend of ours who did the circumcision for Balazs, and I told him what I wanted. He was not surprised, but pulled my leg a bit, and asked if the result was that good for Balazs. I said very seriously that yes, he had a very good result, and I also wanted to have it done. The surgery was done right that week. Though I am very pleased with the result and his work, I cannot recommend him to others, because he does not regularly do circumcisions. He did ours because he is a close friend.

The healing process was a bit more difficult for me, and it took about two months. Well, for adults, the process is slower. I have been circumcised for several months now, and I have gathered lots of experience with its use as well. We 'inaugurated' it on the 43<sup>rd</sup> day after the operation, but I had two night pollutions before it, because of not using it. When you are circumcised, you need some more stimulation and longer foreplay, but you are in full control after it, and you can finish it when you want. My dearest had a series of orgasms, so I now understand why being circumcised is different and so much better.

He who opposes circumcision does not know what he is missing. At the beginning, I was also uncertain about the end result, but I am not disappointed at all. It was worth having it done, even though it was OK beforehand, but now, after having been circumcised, it is perfect.

Adam

## Wrong Baby Circumcised

[From an article by Alexandra Paul in the *Brandon Sun on-line*,  
19<sup>th</sup> November 2005]

**S**t. Boniface General Hospital in Winnipeg has suspended circumcisions of newborn boys after a surgery mix-up earlier this month in which the wrong baby was circumcised. Hospital president Dr. Michel Tetreault said the hospital is still conducting an investigation into the mistake. On 8<sup>th</sup> November, the identities of two baby boys on the same ward got mixed up, resulting in doctors operating on the wrong baby, the hospital president said yesterday. The doctors removed the baby's penile foreskin – a practice performed most often for hygienic or religious purposes – before his parents had a chance to consent to the surgery. The parents were considering the operation before it happened but the mix-up pre-empted their decision. Once doctors realised they'd made a mistake, they immediately told the parents of the error, the hospital president said. "As soon as we knew, we told them everything we knew. We apologised to them and promised them there would be a full review and that they would be part of that review," Tetreault said. The parents were reported to have appreciated that acknowledgment and they are said to be co-operating with the investigation.

## Can You Tell?

Some men say that they can tell whether a guy is cut just by looking at his face. Here's your chance to see whether you have the gift. Below are four guys. Just decide which are cavaliers and which roundheads – and then look on page 13 to see whether you were right. To make it easy this time, there are two of each.

Guy 'A'



Guy 'B'



Guy 'C'



Guy 'D'

## Book Review — An Innocent Obsession

Erotic fiction by David Catesby, Published in England by Chimera,  
the imprint of Pegasus Elliot MacKenzie Publishers Ltd  
UK Price £7.99

**Y**ou are persuaded to peruse this book if only to identify the 'innocent obsession'. The cover depicts a nubile blonde lady wearing nothing but a thigh length white overall. A stethoscope is around her neck, with its button held provocatively in her fingertips, signalling she is a medic. Behind her stands a suited, bespectacled male, looking on happily. Their cameo image is slightly blurred, being the reflection in an elliptically framed mirror. Across the mirror is the word NORWICH written in lipstick capitals.

Perhaps you have to be of a certain age to appreciate that acronym. This reviewer certainly remembers it as an inscription often seen on the back of envelopes which were posted to wives and girlfriends by conscripted UK military. Read the book if you need further enlightenment.

Here is a short erotic fiction novel written by and in the time of a wartime baby boomer. Today, the author, David Catesby, is a retired professional man, a chartered accountant, with some very precise medical knowledge of a particular procedure. Although he doesn't exactly confirm it, that procedure was presumably performed on him as an infant, much to the delight and appreciation of his late wife.

Prefacing his fiction with fact, we learn that the author was very happily married to Kate until her death in an accident ended their loving relationship all too early. When grief subsided enough for David to look through Kate Catesby's wardrobe, he found a file of nursing college notes from his wife's days in training on the wards. There was also her diary of their monogamous courtship, marriage, and subsequent parenthood. Those writings, for which Kate had a gift, were the inspiration for this unusual book – a one off we gather, which has more than one purpose.

Do you know what an acuculphiliac is? No neither did I. It's hard to spell and even harder to say after a couple of drinks, but this book will inform you. In his excellent introduction, we discover as the widowed author did, that his dear wife Kate was one. Her disposition dominates the story you may care to read. Just where the legacy of fact from Kate's papers ends, and David's fantasy and mission begins, only he knows.



Growing up contemporaneously with him, I can vouch for its authenticity. A long, largely italicised chapter, records Kate's conversations with nursing colleagues on a particular subject. These pretty much match those my own wife reported from her days with office girly friends; same time, same topic. Events, opinions, attitudes, described do not stretch credulity. Then, unlike today, the 'obsession' wouldn't really be considered an obsession, except if that was the only thing that mattered in their lives, which of course in the book it is.

Britain from 1940-1960 was very different from today. We were shocked then to be told that at least a third of all brides before the altar had already lost their virginity. The corollary being that two thirds saved themselves for their wedding night. Before teenage magazines, computers and mobile texting, there were fewer preoccupations for growing girls other than helping mum. Today's girls live in worlds of their own, virtually eclipsing homemaking. Yesterday's girls learned more of childcare from their mothers. Like Kate in this novel, they were involved in bathing and changing their younger siblings. In the case of brothers, opportunities for mother to daughter male anatomy lessons were not lost. Kate Catesby had even more from her mother, a theatre nurse, who moulded her daughter's opinions on the book's subject matter as firmly as she had formed her own.

There are two parallel debates eternal at least for the last fifty years. One is the headline grabbing topic of abortion; concerned with cutting short a life in the womb. The other is male circumcision; cutting short a foreskin soon after its owner has left the womb.

Both arouse impassioned argument and fanaticism, but the latter is lower media copy. Strangely so in an age when every intimate detail of sexuality can be well ventilated. To mention one's circumcision status or ask about someone else's, is, even now, hedged with jokey embarrassment in mixed company. For most, it remains a frontier of personal disclosure not easily breached.

In this climate, ignorance has flourished. Something which cannot be discussed cannot be evaluated, and the opponents of circumcision have seized their assault platform. As David points out, they have been fortuitously assisted by the bean counters of the National Health Service whose short term cost cutting has resulted in far less foreskin cutting. Thus, in recent generations, circumcised boys have become something of a curiosity, if not an endangered species. However, as with other time honoured and proven treatments, the benefits of circumcision are on the threshold of rediscovery. The fact that recent research is running along the Damascus Road is encouraging to proponents.

As anti-circumcisionists start to write even more dismissively, exasperated enthusiasts wonder what they can do to counteract their influence. A few respected doctors have published good books aimed at educating parents and blowing the

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***... it is very  
important to me  
that my husband -  
my lover - should  
have a glans that  
is completely and  
permanently bare.***

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myths which currently prevail in the fashionable 'collective wisdom' that circumcision is a procedure past its time.

David Catesby is set to line up with the pro-circumcision doctors. He feels he too has a book of circumcision advocacy in him. But, not being a medical man, his credibility would be suspect. However, his late wife was a trained nurse, who often assisted professionally with this procedure, and as a mother arranged the circumcision of their infant son. Her hitherto unshared writings are a personal outlet for her intense conviction that circumcision benefits males and their female partners in health, hygiene and sexual eroticism.

His only regret was that Kate died before she had a chance to share her thoughts with him, as she had one day planned. Realising they were kindred spirits in their wish to see the current UK thinking on circumcision reversed and recommended, David has seized an opportunity to evangelise and create a memorial to Kate, both of which she would have approved.

Will it succeed? To write over 170 pages of fairly repetitive scenes on a very restricted theme is a brave attempt. As a circumcisee and advocate myself I'm not sure an erotic novel is the best vehicle to further its routine re-adoption. Too far into fetish territory some will say. Obsessive will be the verdict of others. But then the title tells you that, in all innocence.

*Review by Tony Shaw*

## **Support Grows for Ban on Male Circumcision**

**from U.S. Newswire, 6<sup>th</sup> February 2006**

**J**ohn Soemer from New Jersey remembers the moment when he learned that a part of his penis was missing as if it were yesterday. "I am now 61 years old, but I was in fifth grade when I first found out I was circumcised," recalled Soemer. "I had seen an intact friend's penis when he relieved himself while we were out fishing, and when I asked him why his looked so different, he told me what had been done to me. Back then neither one of us knew the proper name for any of those parts, so he called his foreskin his 'funskin'. That gave me enough of an idea that I was missing out on something, and left me feeling very cheated."

John is not the only circumcised man who feels that he was robbed of his right to an intact body. While thousands of men are taking up foreskin restoration to reverse some of their circumcision damage, others are working with human rights groups to stop circumcision from being forced onto infants and children. Today, John and a group of activists from fifteen states joined this movement when they participated in the Third Annual USA MGM (Male Genital Mutilation) Bill Submission. Together they submitted letters and bill proposals via fax, email, postal mail, and hand delivery to more than 2,700 federal and state legislators in a single day – up from 660 legislators the year before. The proposed legislation, written by San Diego based MGMBill.org, would make current U.S. female genital mutilation laws gender neutral so that boys are legally protected from circumcision the same way that girls are protected.

Matthew Hess, President of MGMbill.org, said that infant circumcision is sexual assault. “Male circumcision permanently damages male sexual function, and it is done forcefully, without the consent of the child. Just as cutting off any part of a baby girl’s genital anatomy would be considered a criminal act, amputation of a boy’s foreskin for medically unnecessary reasons should be treated as a crime of equal stature. If a fully informed adult wants to undergo circumcision for cosmetic, religious, or other personal reasons, then that is a decision he can make after he turns eighteen.”

Chaz Antonelli of Quincy, Massachusetts, took a day off from work to hand out copies of the MGM Bill proposal to legislators at the State House in Boston. Like most American men born in the 1960’s, Chaz was routinely circumcised as an infant in a hospital. “As a newborn baby, I could not protect myself from being circumcised,” said Chaz. “While I support an adult’s right to alter his or her own genitals if that is their preference, forcing circumcision onto a helpless child is a clear human rights violation. I’m here today because I want Massachusetts to be the first U.S. state to ban routine infant male circumcision.”

Male circumcision legislation is also becoming a topic of discussion in several European parliaments. Sweden became the first developed country in modern times to regulate and restrict male circumcision on human rights grounds in 2001, and in 2003 the Denmark National Council for Children called on law-makers to ban the practice for the benefit of the children. In 2004, well-known Dutch Member of Parliament Ayaan Hirsi Ali called on fellow legislators to enact a similar ban, and she recently stated on a Dutch television documentary that male circumcision is “a form of mutilation” and that “the consequences can be worse for boys than for girls” when compared to some common types of female circumcision.

In addition to all 540 members of Congress, state legislatures that received MGM Bill proposals from their local residents today included California, Florida, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, New Jersey, New York, North Carolina, Oregon, South Carolina, Tennessee, Utah and Virginia.

## More On SenSlip

**W**ell, it had to happen. The plethora of modern materials and the means to combine, mould and fashion them, gives birth to the artificial foreskin. What a brilliant idea – and I write that as a happily and fully circumcised man, for whom foreskins have not the slightest appeal. No, the good news is; we now have something to silence all those who continually bemoan the fact that they are ‘no choice, circumcised’.

Let’s wish the device every success and good luck to those buying it. Surely this is a situation in which every customer is guaranteed their money’s worth? If it delights and comforts them, and restores their self-esteem, and gives them the look and feel for which they’ve always yearned, then it’s going to be well worth the expense. Conversely, wearing it might well serve to convince some that foreskins

are not, after all, the 'must have' they'd imagined. When the maintenance routine eclipses the novelty, they may remember the adage; 'a thing of beauty is a joy for a fortnight'. Any negative evaluation could then ignite a man's gratitude towards his parents for having him cut. If it only does that, it will have been well worth the outlay.

Yes, I have one or two questions like; what is your partner going to make of it? – "Do you want it 'wiv' or 'wivart', tonight, dear?" The financial projection for lifetime use is a bit daunting, but then it may prove quite durable and economical if you pay careful attention to the washing instructions.

"But it's not the real thing!" I hear some say. Ah, therein lies the bonus. It's not going to become phimosed or infected or bleed if it splits. It can be removed in a moment without pain or expense, and reinstated when you are in the mood.

As someone with valued black friends, I find it disappointing that they didn't launch the darker versions simultaneously. The manufacturer's rush to market justifies the claim that ethnic minorities are always an afterthought and don't receive equal consideration. On this point, surely the maker's market research would have told that their potential sales would be greater in some darker skinned male communities. Far more of them are cut, as a percentage of their ethnic group, than those amongst whites.

Even more amazing is to read that the company is located in Wiltshire. Presumably English then? One would have thought this need would have been spotted and exploited by an American manufacturer in the very land of lost foreskins.

G.D.

## SenSlip Resurfaces

In the last edition, C.P. told of his vain attempts to contact the manufacturers of SenSlip at their advertised premises in Wiltshire. He now writes as follows: "I have managed to contact Viafin Atlas in Salisbury regarding SenSlip for the circumcised penis. They are sending me their information pack shortly so I will pass on any information that I may receive. Their new number is 01722 411625".

## The American Way

The latest *Acorn* newsletter (issue 1/2006) had several pieces that interested me, especially the Editor's column *The Fate of the Frenulum*. I have said before that I favour 'loose' or 'low' cuts with the frenulum (or should I say the frenular remnant) left. In fact, I sometimes feel a silent pity for those of my brethren who have had extremely tight or 'high' circumcisions, with complete removal of the frenulum. Dr J.L.M., the physician who delivered (and circumcised) me and my two brothers, began practising in the mid-1930s and was very much pro-circumcision. I don't know what technique(s) he used, but he generally

produced neat looking clip jobs, with a noticeable scar and some loose penile skin. And during my school years I was able to observe a good many boys that Dr M. had 'amended'.

I believe (under correction) that frenulectomies are fairly common in Brazil. And, although Latin America is generally uncut, there are some exceptions and some 'pockets' where circumcision is commonly practised. One of these pockets is among middle and upper class families in Mexico City, and another (I believe) is among similar families in Sao Paulo, Brazil.

The views of Dr Edgar Schoen are interesting and, to me, congenial. His favouring circumcision, because among other reasons "it's the American way", will no doubt exasperate or infuriate the anti-cut crowd, and will annoy many politically correct, right-thinking people; but it makes sense; and it is shared (albeit silently) by many men and women in this country...

*Medical Blunders* by Robert Youngson and Ian Schott weighs in – intelligently and moderately – on the anti-cut side of the circumcision 'debate'. Dr Youngson has also written *Scientific Blunders*.

M.S. – U.S.A.

## Lawrence's Penis Pain

**F**unnyman Martin Lawrence waited until he was seven until he was circumcised, because he spent his early childhood in Germany and his parents didn't trust local medics. The Big Momma's House star grew up in Germany, but had to wait until he moved to America before the circumcision – which is normally carried out at birth – was performed.

He says, "I guess we didn't trust the Germans with the knife. I had it done in America, just past the second grade. They had to get that extra meat off so I wouldn't be getting lint and particles up in there. I remember afterward I looked down and I wasn't as well-endowed. I went around showing the nurses."

## Holocaust Era Survivor's Son Circumcised At Age 61

[From *Israel National News* 14<sup>th</sup> December 2005]

**I**n Miami, a 61-year-old University professor whose mother raised him as a non-Jew has undergone a circumcision after discovering he is Jewish. His mother fled to the 'partisans' who fought the Nazis during World War II, and she then raised her son in Greece.

She named him 'Stephen' and refused to circumcise him in order that he would not know his religious heritage. The professor, having learned his true identity, asked to undergo the circumcision ceremony because he said he did not want to die as a non-Jew. After the circumcision, the professor also experienced the 'redemption of the first born' and a bar mitzvah, followed by a festive meal where he declared he is starting to observe the Sabbath and Jewish dietary laws.



## Could You Tell?

On page 6 you were challenged to guess the status of the four guys pictured. Here are their appendages. You had a one in six chance of getting them all right, but a 50% chance of getting two right. So only all correct counts as success!

Guy 'A'



Guy 'B'



Guy 'C'



Guy 'D'

## No Longer Routine – Circumcision Rates Decline Nationally, Albeit More Slowly In Midwest

[From an article by Dennis Fiely in  
*The Columbus Dispatch*, 15<sup>th</sup> January 2006]

**F**or most central Ohio boys, life begins with cosmetic surgery. Shortly after birth, they are restrained, anesthetised and shorn of their foreskin.

Historically, circumcision has been a routine procedure in the United States, but the rate dipped to a 50-year low of 55.9 percent in 2003, the most recent figures available from the Centers for Disease Control and Prevention. Nationally, the rate dropped 7.2 percent between 2001 and 2003. Health-care professionals attribute the decline to the lack of medical reasons for doing the procedure and a rise in the number of immigrants from countries where it is not performed.

In Ohio and the rest of the Midwest, the rate remains the nation's highest at 77.8 percent, although it is dropping slightly here as well. Central Ohio hospitals and paediatric practices report rates similar to the Midwest average. For example: "About 80 percent of the 1,200 boys born at Grant Medical Center each year are circumcised", said Dr. Craig W. Anderson, director of newborn medicine. "Five years ago, it was 90 percent."

Bob and Jane O'Shaughnessy chose not to circumcise their sons, who are 5 and 8. "There didn't seem to be any good reason to put our children through the discomfort and pain," said Mrs. O'Shaughnessy, 33. "It seemed pointless to alter their bodies without any compelling medical benefits." Their decision was influenced by the American Academy of Pediatrics and other major medical societies that don't recommend the procedure. "I would say that all paediatricians in town go with the academy's party line: this is a cosmetic surgery. There is no medical reason to do it," said Dr. Nancy Hansen, chairwoman of Riverside Methodist Hospital's department of paediatrics.

Many families choose circumcision for cultural reasons, Columbus doctors said. "They don't want their boys to look funny in the locker room," Hansen said.

Justin and Heidi Green of Hilliard chose circumcision for their two sons, ages 3½ years and 10 months, although they concluded that the procedure is medically unimportant. "We wanted our sons to look like their dad," Mrs. Green said. Hygiene often plays a role in the decision, but "that really isn't a good reason to justify circumcision," said Dr. JoAnn Rohyans of Olentangy Pediatrics on the Northwest Side, and spokeswoman for the Ohio Chapter of the American Academy of Pediatrics.

The declining national rate comes while recent research in South Africa indicates that circumcision might reduce the transmission of HIV and other sexually transmitted diseases. "Studies have shown that cultures practising circumcision are less likely to have HIV," said Dr. Michael Para, an infectious-disease specialist

at Ohio State University Medical Center. "If we can say for sure that circumcision reduces the risk of HIV, then suddenly there clearly is a medical benefit."

For now, evidence is not strong enough to change medical-society policy statements. Decreases in urinary-tract infections among infants and penile cancer among adults are not significant enough to warrant the procedure, according to the American Medical Association.

Paediatricians consider circumcision to be a simple and safe surgery. The complication rate is less than 1 percent, according to the AMA. The most-common complications are adhesions, bleeding, infection and disfigurement. Seeing a picture of an infant strapped to a restraint board helped convince the O'Shaughnessys. "That was the last straw," Mrs. O'Shaughnessy said. "We were not going to have that done to our babies." Viewing an online video of the procedure troubled the Greens. "After seeing that, my husband was overwhelmingly against it," Mrs. Green said, although the couple later changed their minds.

During the past decade, the injection of numbing medication has helped ease pain and trauma. "About 75 percent of my babies sleep through it," Hansen said. Paediatricians do most central Ohio circumcisions, although obstetricians, urologists, family doctors and mohels (in the Jewish rite) can also perform them. "Parents have more knowledge and are asking more questions about it," said Anderson, of Grant Medical Center. He added that some insurers are refusing to cover the elective procedure. Medicaid, for example, has stopped paying for circumcisions in 16 States.

Bill Tulloss of the Cincinnati suburb of Evendale is lobbying Ohio to join the movement. Medicaid pays for one-third of Ohio births. "It is just crazy that Medicaid is spending taxpayer money on something that is not necessary at a time when Medicaid expenditures are bankrupting the state," said Tulloss, a retired college math professor and a member of the National Organization of Circumcision Information Resource Centers. The Ohio Medicaid program spent \$4 million in federal and state money during the past three fiscal years to cover almost 62,000 circumcisions. "It's one of our smallest expenditures," said Dennis Evans, spokesman for the Department of Job and Family Services.

Dan Bollinger of West Lafayette, Ind. compiles circumcision rates from the CDC, hospital records and other sources for the International Coalition of Genital Integrity. His statistics have been cited in the *Journal of the American Medical Association*. "I have been showing a 1 to 2 percent annual decrease for the past 10 years, and I expect that to continue," said Bollinger, an industrial designer. "This is a steady social change that will be long-lasting."

Bollinger is not sure why the Midwest rate leads the nation. He speculated that it is related to hospital construction in developing industrial centres when circumcision was introduced in the United States during the late 19<sup>th</sup> century. While some parents can readily accept or reject circumcision, others are caught in the middle. "It was a big decision for us to make," Mrs. Green said. "We did a lot of research trying to figure out what to do. We didn't want to make the wrong decision because we knew it would have a lifelong effect."

## What Is Normal?

[From the Sex Column of the *Bard Observer*, an undergraduate publication of Bard College]

**Q**uestion: I constantly hear that the foreskin of the uncircumcised penis is supposed to slide down. However, personally this doesn't happen whatsoever, and when my girlfriend told me it was normal for it to do so, (and tried to make it so) it was incredibly painful. Also, after sex the foreskin will break and scab up. Is there anyway to prevent that?

**A**dvice: The foreskin can get inflamed and swollen from smegma that collects inside the top of the penis under the foreskin and is not cleaned out because bacteria can collect and grow there. This can make the skin sensitive and cause it to be painful and to crack and scab up when the foreskin is disturbed by sex. When you are in the shower or bath gently pull back the foreskin and gently wash the head of the penis with soap and water. Rinse it thoroughly and when you get out of the shower dry it completely so the bacteria cannot grow. If this is the problem, then your penis will be less sensitive and stop cracking. Keep in mind that if the skin is inflamed it will be sensitive when you wash it and may burn. After the bacteria has been removed and your penis has a chance to heal it should be fine.

Some men do have tight foreskins that do not peel back easily. This is normal and would contribute to a painful situation if pulled back forcefully. Sometimes, this is called 'phimosis'. Tell your girlfriend that not all foreskins peel back and that she should not force them.

Using a condom with a bit of lube inside might really help you have a smoother and less painful sexual experience. One lube called 'Liquid Silk' has a built in skin conditioner and may help with the elasticity of the skin. But you should talk to a doctor if the pain persists.

## Probe On Post-mortem Bungle

**A**fter a two-year struggle and the trauma of receiving the wrong autopsy results, Kim McCall has won the battle for an inquest into the death of her brother Wayne Brown. She initially received the wrong report after Mr Brown died in the back of an ambulance at Sydney's Concord Hospital on December 16, 2003. Ms McCall received an autopsy report that said her brother had died of a drug overdose – she had been given the results for another Wayne Brown. The real autopsy report seemed to have her brother's height wrong and said, incorrectly, that he had not been circumcised.

*From the Herald Sun, Sydney*

# ACORN

Issue  
N<sup>o</sup> 3 2006  
Editor  
Ivan Acorn

## Editorial

**I**t is a fact that Society meetings are not particularly well attended. Why? Are they in the wrong place, at the wrong time, focusing on the wrong topics? Or are most members happy engaging with the Society just via the newsletter? And what of the newsletter itself? Which are the articles which members enjoy, and which do they find uninteresting? What sorts of material do they want more of and what sorts less?

Currently we can only guess at the answers. So at the last meeting, it was decided that a survey of members should be carried out. Included with this newsletter, you will find two questionnaires. The first is focused on meetings and the Society generally. The second is specific to the newsletter. **Please please** fill these in and return them. It will take only a few minutes of your time and the results will be invaluable in determining the future direction of the Society.

In the midst of World Cup fever, I couldn't resist the story (page 15) of the Kenyan football match where one team did not turn up because the players were afraid they would be circumcised. I doubt that such hazards face the teams now congregated in Germany!

*Ivan Acorn*

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### A Defect of Nature

When it comes to anatomical engineering, the foreskin is a superb artefact. Its primary function is to cover the sensitive glans, protecting it and keeping it moist. Yet the cover can be easily inverted for hygiene purposes; and the frenular attachment, the *pièce de résistance*, is precisely designed to bring about automatic exposure of the glans during sexual intercourse. Nature has certainly ensured that the human male body, in an area critical to the propagation of the species, has evolved to perform in an ideal way.

But, as in all production lines, not all models conform with the design. Defects occur. For many males, the foreskin just does not retract in the way that nature intended. They are suffering from *phimosis* – the inability to retract the foreskin and fully expose the glans.

Phimosis has two main causes – adhesions and narrowness of the foreskin opening. Adhesions are not acknowledged by many as a true cause of phimosis, but they certainly merit discussion. The development of the foreskin is not necessarily complete when a baby boy is born. The foreskin is often still fused with the glans at several points. The foreskin is stuck so that it cannot be retracted. This is a natural phenomenon and the majority of foreskins, left to their own devices, will gradually separate from the glans so that, over the course of time, the foreskin can be drawn back. There is some controversy as to what constitutes



a reasonable time to wait and when, if ever, there should be intervention. In times past, intervention took place early and doctors and nurses would encourage mothers to pull the foreskin back gently as far as it would go at each bath time or nappy change. If this did not bring about the desired result in a few weeks or months, the doctor or nurse would intervene either with a probe to break down the adhesions or just by wrenching the foreskin back with brute force. Of course, such intervention can cause raw patches on the glans and foreskin and there is a danger that the raw patches will fuse together again, recreating the problem. But a little petroleum jelly applied to the glans and foreskin during the healing process is usually sufficient to prevent this.

But now the fashion is against intervention. Gairdner in the late forties suggested that the foreskins of most boys would be retractable by the age of five and that intervention should not be considered until then. Today, some advise that even

adhesions which persist until puberty are not a matter for concern since the growth and maturing of the penis at that stage will ensure that the adhesions finally break down.

True phimosis occurs when the diameter of the foreskin opening is narrower than the diameter of the glans at its widest point, or where a circular band of constriction makes complete retraction impossible. The presence of true phimosis in a baby can often be identified when there is a ballooning of the foreskin on micturition. If the opening is too small to allow a proper flow of urine, it is unlikely to be sufficiently wide to go over the glans. If such ballooning does not occur, and adhesions are allowed to resolve naturally, it may be difficult to identify a true case of phimosis until the boy is



four or five. And of course, just because a foreskin can be retracted pre-puberty does not mean that it will be equally retractable post-puberty. Teenagers who boast a well-developed acorn may well find that their foreskin opening is now too narrow to allow their manhood to be exposed.

In issue 2/2006, under the title 'What is normal?', the advice of a sex 'expert' was reprinted: "Some men do have tight foreskins that do not peel back easily. This is normal and would contribute to a painful situation if pulled back forcefully. Sometimes, this is called 'phimosis'. Tell your girlfriend that not all foreskins peel back and that she should not force them." This advice – that phimosis in the adult male is perfectly acceptable – is surprising, and misguided. An unretractable foreskin in an adult is unhygienic – smegma and urine remnants just cannot be washed away – resulting almost certainly in an unpleasant odour, irritation and possibly infection. Cancer of the penis is rare but a phimotic foreskin is often the underlying cause. A further downside is that lack of exposure of the glans during intercourse or masturbation is likely to reduce the man's pleasure considerably.

If true phimosis is present, what is the solution? Circumcision was and, more often than not, still is the favoured remedy. Theoretically, it might be possible to perform a partial circumcision and just remove the tip of the foreskin. However, a surgeon is likely to be concerned that, if the foreskin tapers too much, or if too much scarring occurs as the new opening heals, the phimosis may still be present. It is therefore usual for a full circumcision to be performed. If the foreskin is no longer there, it cannot cause any more trouble!

But for some, removal of the foreskin is too drastic a solution. We should perhaps pass quickly over Dr Michel Beauge whose therapeutic procedures are based on

teaching the patient a correct masturbatory technique to stretch the foreskin. Setting aside the doubtful ethics of training pubescent boys in such matters, the technique itself would appear to risk paraphimosis, which is where a tight foreskin



does at last retract behind the glans but immediately forms an over-tight collar around the sulcus with a consequent restriction of the blood flow and swelling of the glans. Such patients usually end up in Accident and Emergency.

Nevertheless, there are advocates of stretching to cure phimosis. First the foreskin is lubricated. The tip of the foreskin is then held between the thumb and forefinger of each hand and is pulled as far away from the body as possible so that the foreskin is stretched and under tension. This position is held for

30 - 60 seconds. The foreskin is then grasped at a point on the shaft just below the corona of the glans and is pulled hard towards the body so that the foreskin opening is stretched tightly over the tip of the glans. This position is also held for 30 - 60 seconds. The two exercises are repeated for several minutes a session, with two or three sessions of exercises each day. When the foreskin opening is large enough, a finger or thumb can be inserted and the foreskin pulled laterally tight against the finger until it is white with stretching. In due course, it should be possible to insert two or more fingers. The fingers tips are then pulled apart, thus stretching the opening still further. If no significant progress is made, steroid creams can be used. The cream is massaged into the tight part of the foreskin inside and outside, prior to the stretching procedure.

There is some disagreement about the effectiveness of this treatment. It certainly works in some patients where the phimosis is mild. However, there is a danger that stretching will tear the skin and that the resulting scarring will actually exacerbate the problem. There is also the possibility that a boy whose foreskin is stretched sufficiently to accommodate his glans pre-puberty will nevertheless revert to a phimotic state at puberty.





If a boy has a phimotic foreskin, his parents – and it is usually they who will be called upon to take the decision – have to decide between circumcision and more conservative treatment. Circumcision is a small operation causing some discomfort and inconvenience for a few days – but the cure is complete and permanent. The conservative treatment is more troublesome with application of creams and stretching over an extended period, with an unknown outcome. The prize may be the retention of the foreskin. On the other hand, despite all that time and effort, the boy may still need a circumcision. One has to ask whether, if a foreskin is phimotic, its loss to circumcision is such a sacrifice. After all, it does not accord to nature's design; should it not therefore, in accordance with good quality control procedures, be consigned to the reject pile?

Ivan Acorn

## Male Circumcision: Time To Re-examine The Evidence

**Stefan A Bailis and Daniel T Halperin argue that  
the benefits of circumcision exceed the risks**

**M**ale circumcision, probably the oldest surgery known, continues to be relevant, with ever increasing evidence of its benefits published regularly in leading, peer reviewed journals. Preventive circumcision in newborn baby boys has been generally shunned in the British Isles since the 1949 publication of *Fate of the Foreskin* by the late British doctor Douglas Gairdner, who concluded from his review of the limited evidence at the time that there was no convincing reason for neonatal circumcision and therefore advocated a conservative approach. Medical students (among other professionals) and future parents should be aware of all the benefits and risks of circumcision – especially in the period up to about 3 months of age – when it is simpler, safer, less painful, faster healing, and cheaper than at a later time.

Uncircumcised boys and men – especially infants – are at greater risk of urinary tract infections. These occur in about 2% of uncircumcised infant boys, who have 12 times the risk as their circumcised peers. Long term sequelae can include bacteraemia, pyelonephritis, renal scarring, and death. Balanoposthitis, a painful infection of the prepuce and glans penis, occurs in about 4% of all uncircumcised boys. It occurs in about 12% of uncircumcised men but in only 2% of circumcised men. Inflammatory dermatoses are three times more common in uncircumcised men. One such condition, penile lichen sclerosus et atrophicus, also known as balanitis xerotica obliterans, is implicated in certain cancers of the penis. A recent study found 8.4% of men with genital lichen sclerosus et atrophicus showed premalignant or malignant histopathological features. The condition is found almost exclusively in men not circumcised as newborns and is difficult to prevent (except through circumcision) or treat. Although it has been thought rare by some – Shankar estimated the prevalence through age 15 to be 0.6% – a large study of adults identified lichen sclerosus et atrophicus in 4-19% of all prepuces, the severity varying greatly.

The prepuce is normally adherent to the glans penis and thus unretractable at birth ('physiological phimosis'). Phimosis has been defined in various ways, leading to much confusion. Difficulty in retracting the prepuce can be caused either by adherence between the glans and the prepuce or by a tight preputial opening. We define phimosis here simply as the inability (for whatever reason) fully to retract the prepuce easily at an age when 90% of the population can normally do so – typically by age 5. Some with a previously retractable prepuce acquire phimosis later. This may be due to a slower growth rate for the prepuce compared with the rest of the penis, posthitis (inflammation of the prepuce), or development of balanitis xerotica obliterans. Whether because of persistent physiological phimosis or acquired phimosis, cross sectional studies indicate retraction difficulty in older boys and men range from 9% to 14%. Phimosis prevents adequate hygiene, which in turn increases the risk of balanoposthitis, penile cancer, and other conditions. A related condition, paraphimosis, exists when a tight prepuce is retracted but cannot be brought forward again, thus creating a dangerous tourniquet-like condition. It is impossible at birth to tell which boys will develop phimosis or paraphimosis. Circumcision eliminates the guesswork.

Penile cancer in uncircumcised men carries an approximate lifetime risk of one in 600. Men not circumcised at birth have 22 times the risk. The largest risk factor for invasive penile carcinoma is phimosis, which increases the risk 11-16 times. Tobacco use, though not as great a risk as phimosis, is also a significant, independent factor.

Human papillomavirus (HPV), especially HPV16, has been implicated in penile cancer. The rate of infection is lower in circumcised men (odds ratio 0.37). Circumcision protects not just men but also reduces the risk of cervical cancer (odds ratios 0.18 for women with high risks, 0.50 for women with intermediate risks), chlamydia (odds ratio 0.18), and herpes (odds ratio 0.45) in female partners through reduced sexual transmission of the applicable virus or bacterium. The lifetime risk of prostate cancer is one in six; uncircumcised men have twice the risk as circumcised men.

Undoubtedly the most important finding in the past 20 years is the protective effect of circumcision against HIV/AIDS, particularly in heterosexual transmission from women to men. More than 40 epidemiological studies have found that circumcision reduces the risk of HIV by anywhere from twofold to eightfold, depending on the particular study. A recent randomised clinical trial in South Africa had to be suspended early when an obvious protective effect – an approximate 60-75% HIV risk reduction – made continuing it unethical. Two other randomised trials are currently under way in Uganda and Kenya. The main mechanism for the sexual transmission of HIV is immune system cells – especially Langerhans cells – which are highly concentrated in the inner preputial mucosa. In addition to HIV/AIDS, circumcision is effective against some other sexually transmitted infections, especially ulcerative types such as syphilis and chancroid; and new data from Uganda show that circumcision may also reduce transmission of HIV (and some other infections) from infected men to their female partners.

Current, well established techniques for newborns would include the use of one of several clamps – the Gomco, Plastibell, or Mogen – in the hands of a well trained operator. The clamps make sutures unnecessary and, although different in design, they help to maximise skin removal accuracy while minimising bleeding. Each clamp has its advantages and disadvantages. It is imperative to avoid electric cutting methods in conjunction with metal clamps as penile necrosis may result. Local anaesthetic methods such as the dorsal penile nerve block or ring block methods with lidocaine (lignocaine) provide good effect about 80% of the time. A very sweet, sucrose coated pacifier or gauze provides additional antinociception. Unlike Gairdner's time in the 1940s when general anaesthesia – then the norm – resulted in about 16 deaths annually, no deaths or serious complications have resulted from these local anaesthetic methods. Crucial to minimising complications is inspection for congenital anomalies such as hypospadias, which require postponement of the circumcision and referral to a paediatric urologist. Of equal importance is adequate aftercare instructions to the parents during the first week or so. Healing is rapid; seven to 10 days is typical.

The complication rate for neonatal circumcision using current techniques is 2-3%, nearly all of which are minor complications, most commonly excessive bleeding that can be staunched by pressure or other topical means, or local infection that can be treated easily. One in 500 cases may be expected to experience a more serious complication, such as bleeding requiring sutures, systemic infection, excess skin removal, etc. Most are successfully corrected. Deaths as a result of the surgery itself are extremely rare. From an economic standpoint, a large health maintenance organisation study found that it has neutral or even positive cost effectiveness.

A common criticism by anti-circumcision activists is that circumcision is sexually harmful. Most evidence implies otherwise. Circumcised men seem to have fewer sexual problems overall. In addition, sexual functioning and sensitivity are generally similar in both circumcised and uncircumcised men. Only a few methodologically sound studies of female preferences have been conducted. In all of them to date, such as studies conducted in Botswana, Kenya, and the US, most women – including those who had an uncircumcised partner and were familiar with both types – preferred the circumcised penis. Sexual hygiene was the most important factor cited. Some critics argue that circumcision is a form of mutilation that causes hidden trauma, which may in turn lead to a higher risk of post-traumatic stress disorder, rape, suicide, and even warfare, among other consequences. There are, however, no scientific studies to support such allegations.

Other critics argue that circumcision is done mainly for social, cultural and religious reasons. We believe that, although it is true that parents often choose circumcision for their infant son primarily on a social, cultural or religious basis, this in no way diminishes the value of circumcision as a preventive health measure. Moreover, some people are opposed to circumcision on a more philosophical basis – nature makes no mistakes – whereas others disagree, reasoning that the natural form is imperfect and that circumcision improves on nature. These philosophical arguments go back to the second century debate between the Roman governor of Palestine, Tinneius Rufus, and Rabbi Akiba ben Joseph. Notwithstanding the

primacy of such non-medical, cultural, or philosophical reasons for their circumcision decision making, we believe that doctors should help parents familiarise themselves with the procedure, with the empirically demonstrated medical benefits and risks. This should be standard clinical practice.

Circumcision will continue to be a controversial subject. However, our review of the evidence shows that the benefits exceed the risks. Circumcision, when performed in the newborn period by a skilled operator using current, well established techniques (including effective local anaesthesia), produces lifelong benefits with low risk and minimal pain. We implore full disclosure of such information to prospective parents, in an impartial manner, as well as discussion of alternative approaches.

*From [www.studentbmj.com](http://www.studentbmj.com)*

## **An Innocent Obsession – A Comment**

**T**his book is about circumcision and mainly from the female point of view. Lots of opinions on why male babies should be circumcised with the emphasis on male hygiene before aesthetics or appearance. Not particularly well written, nor does it deal with the female responsibilities on genital hygiene. It gives a very strong impression that only the penis carries infections. It neglects a woman's responsibilities to keep herself clean and free from vaginal odour. Circumcision serves to protect men from women as well as the other way round. There are more bacteria around the female genital area than anywhere else on the human body. This should be remembered by those like myself who are members of the pro circ fraternity. My re-circ is scheduled for later in the year.

*R.W.*

## **Literary Extract – An Innocent Obsession**

**[In the last issue, we published a review of the book *An Innocent Obsession*. Here is an extract. The scene is a discussion between nurses on the maternity wing of a hospital.]**

**P**auline's husband had suffered an injury to his penis after they married. (Here Patricia, Marianne and I giggled, driving an indignant Pauline to deny that she had any part in his accident which resulted from an unfortunate encounter with a zip fastener.) As his foreskin had been torn, treatment for the injury was a circumcision. She thought that the circumcision had enhanced his qualities as a lover – he seemed to last longer before climaxing and that had helped her to attain orgasm more frequently post-op than pre-op – but there were improvements also in hygiene and appearance. Now he had a penis which was easier to keep clean. Gone was the elephant trunk like foreskin which had spoiled the pleasure she would otherwise have had in fellating him – something, however, she had done for his sake even though she did not enjoy retracting his foreskin and taking

into her mouth a penis head which had lived in a perpetually moist environment under its hood. Its new look and flavour were so much better, and so was its appearance of always being ready for action. She much preferred it post-op. Actually, from her earliest days of training as a nurse she had liked the appearance of a circumcised organ better and on her wedding night when she had at last been able to satisfy her curiosity about her groom's status by actual inspection she had been mildly disappointed to find him intact. When (in pre-NHS days) they had a baby son she made sure he was among the 20% or so, mostly middle class, male infants circumcised before they left the hospital. Her husband was in total agreement and in arranging her baby's circumcision, she received good support from the ward staff, several of whom told her that they had had their sons done or planned to do so if they ever had boy babies. She had herself assisted the registrar who circumcised her baby at several circumcisions while she had been working in the maternity dept before her baby's birth, knew him to be particularly competent and she had asked him to perform the op himself. He had done an excellent job on her son. A nurse, who was a personal friend and a long time colleague of Pauline's, assisted the registrar at the circumcision. She collected Pauline's baby from her for his circumcision and later when she returned him to her after his short absence from the ward told her that when she had a little boy of her own she hoped that his circumcision would be as skilfully performed and as neat as Pauline's baby. Pauline said that she was very happy that both her husband and her son had been circumcised: if she had had another son he would have been done too – preferably by the same registrar.

Patricia said that the first man she had been intimate with had not been circumcised and she had been “absolutely fascinated” by the visually dramatic process of his erection – how his penis had become larger and larger and how as it grew the foreskin retracted itself to reveal the glans until she was confronted by what appeared to her as a teenager to be a massive throbbing truncheon with a large acorn shaped head.

Maybe it was vanity on her part but as a woman she thought that, even without her touching him, her mere proximity to a man could set in motion a process by which a small soft sausage-like structure with its end covered in skin could so dramatically enlarge itself, divest itself of its skin covering and metamorphose into a rampant battering ram specifically designed for entering her vagina thrilled her. Later she found that she experienced great pleasure in taking his flaccid penis in her hand and gently pulling the fleshy foreskin back to reveal the pink glans it concealed. She admitted that she was addicted to intact penises. Her first lover had been fastidious about cleanliness and she had never had any problems fellating him, only pleasure. Vaginal intercourse had been very satisfying and he could control the timing of his orgasm so that she could be sure of attaining her climax.

She said that if she had a son, she would be in a “real quandary” over circumcision. Although as a woman her own sexual preference was for an uncircumcised lover, she admitted that as a nurse she found the health and hygiene arguments in favour of circumcision “rather” compelling.

Marianne, at 30 younger than the other two, had very forthright views. She had experience of both circumcised and intact lovers and, other things being equal, much preferred the shorn variety. She thought the hooded kind looked “ugly, wrinkled and plain untidy”. When a penis had been circumcised properly – and she laid great emphasis on the skill and competence of the operator – it was more hygienic, looked better and, to her this was important, looked ready to make love to her even when it wasn’t erect. Whether as a nurse or a bed mate, she didn’t like an uncircumcised penis. She didn’t like having to retract something which she thought shouldn’t be there anyway. However carefully and frequently the owner washed himself, the glans underneath would be moist, possibly even slimy, and a prepuce was an ideal hiding place for debris. Although Marianne enjoyed fellating a man who had had a full circumcision with the glans permanently laid bare, she had found going down on an intact man much less pleasant and on occasion downright unthinkable. She would much prefer to marry a circumcised man, but if she fell in love with a man who hadn’t been done she would marry him although she wouldn’t promise not to try to persuade him to have the snip before, or even after, she got him to the altar. Besides, wouldn’t it be great to be able to boast to her closest friends that she had a husband who had proved his love for her by being circumcised at her request?

[*An Innocent Obsession* by David Catesby is published in England by Chimera, the imprint of Pegasus Elliot MacKenzie Publishers Ltd. UK Price £7.99]

## Frenulum Loss Is A Gain

**M**any thanks for the article on the frenulum (Editor’s column, issue 1/2006). Whether to keep it or whether to lose it is obviously a very personal decision; I chose to lose mine and have had great pleasure from its loss.

When I was cut I asked for a very thorough circumcision. This involved removing the frenulum. I explained that I did not want to return in ten years time for a revision (I am in my 60s). The surgeon did an excellent job.

What I did not expect was how much enjoyment I would gain from being circumcised. Once my glans had dried out (this took a couple of months, and you can’t get this sensation by taping your foreskin back for a couple of days) the sensations have been great. There is a lot of debate as to whether circumcision will deprive you of a lot of sensations by removing lots of nerve endings or whether it will leave you oversensitive. In my case the balance is just right. I never had a sensitive foreskin or frenulum, so don’t regret their loss. My glans is sensitive again but as the article points out, the V at the back of the sulcus is also very sensitive. I do not have a circumcision scar but where my frenulum was removed is extra sensitive, hence the pleasure. This is a bonus.

As is said in the article, all this is anecdotal; we don’t even know how many men are circumcised so we have to go with anecdotal evidence.

*J.G. – Surrey*

## Some Cutting Remarks On Circumcision

An article by Devon M. Wiesend from the *UWM Post*

**F**or the purpose of getting laid, it is extremely important to be aesthetically pleasing to your partner. This becomes a whole new topic when being 'attractive' demands surgery.

Foreskin, no? Most likely, you or your partner is circumcised. I have discussed this topic with quite a few of my girlfriends, and the results are shocking. None of my friends has ever seen an uncircumcised penis. It is the norm in America for parents to have their sons circumcised when they are newborns. This means that most women will never see a natural penis unless they see it on their newborn sons before they decide it's 'unsanitary' and have some skin sliced off.

I slept with a Bulgarian guy a couple of times a few years ago. Boy was he hot. Anyway, I will admit when we got undressed I was a little surprised that he wasn't circumcised, as I had never seen an unaltered penis before. I didn't even try to play it off, as I have always been brutally honest. I told him this was my first experience with this version and that it would take a minute for me to get used to it. The question in my mind is why should anyone have to 'get used to' the way any body part is naturally made? I quickly learned what was OK, what things I couldn't do, and to be honest, it was quite pleasurable once I got the hang of it.

Many American-written books on anatomy portray circumcised male genitals, and that just perpetuates the fear women have of encountering the all-natural male genitalia. Not only have most women never seen foreskin in person, many have never even seen pictures. It's not scary, it's real. This problem is continued through generations by parents fearing ridicule for their sons. I have a hard time with this, as I think that anyone who would chastise another's naked body should never have the privilege of seeing one. I have discussed this with my male friends, and they believe in circumcision as well.

Sometimes, people are misinformed enough to believe that circumcising a newborn is more sanitary. This is not true, as all body parts need to be kept clean and can be with regular bathing. Other people think of sending their son into the gym locker room unprepared and different than his classmates. Aren't differences what make each one of us special? Kids can be cruel, but they will be cruel no matter what a parent does.

Dating can be very difficult for men who are uncircumcised, as no man wants his date to be horrified when he drops his pants. Again, if someone is disgusted by this, they are too shallow to bother with anyway. Dating is difficult for everyone, as everyone has a part of their body that they aren't happy with. If we all started having surgeries to perfect every part of us that was wrong, individuality would go out the window, and we would all look alike.

This expectation of circumcision is akin to an expectation of high, round, perky, fake breasts on every woman. Most women would be pissed if a man said, "Oh, wow, your breasts are real? I don't think I can do this." Between Hollywood and

porn, no one remembers what a natural, healthy body looks like. This is sad. Society puts too much pressure on the 'ideal' look, whether the casualty of foreskin or pliable breast tissue. Now, I am not saying I seek out uncircumcised men, nor do I discriminate against the circumcised. In the dating market, one can't have physical expectations anymore because there is no such thing as 'perfection' in penises, breasts, faces or physiques. Accept differences – show you're unbiased by screwing someone uncircumcised today!

## Ask A Silly Question...

**A**bout half a century ago, when I spent a year at sea, the accolade describing 'supreme excellence' in any sphere was "Just the donkey's dick!" Whether the phrase is still current, I do not know.

With other crew members I was dragged – I suspect quite willingly in those days of my youth – to an 'Exhibish' in a sleazy den of vice in Alexandria, northern Egypt. There, two lesbians demonstrated a range of grotesque gyrations with the 'undercarriage', almost a foot long, of a donkey that appeared to quite enjoy the stimulation.

I wondered then, and still do, at the enormous length of its penis which appeared to emerge from a quite small fleshy orifice situated between its hind legs. The equine penis is a force majeure when it comes to thinking of the ultimate 'size queen'. But my silly question, like the donkey's dick, unfolds as follows: where does it unfold from? This great appendage, when sexually aroused, appears smooth – almost polished – and I can't make up my mind whether it is 90% penile shaft, with just a relatively small terminal glans, or whether the whole thing is a mighty bell-end with the true shaft still being hidden within that fleshy little hump which denotes the sex of the creature which sports it. If one ever wished to circumcise a donkey, where would its foreskin begin?

OK, OK... Ask a silly question, expect a silly answer!

*Ray Hamble*

## Like Son, Like Father – One Year On

**[In issue 2/2006, Adam reported how his son had required a circumcision, leading to Adam himself seeking circumcision. Now he updates us one year on.]**

**M**y experience is just about one year old, but I was very surprised to have no loss of sensitivity, as it was foreshadowed by others. There is nothing like that, nor any nuisance, just a little sense of dryness, but I've got used to it 110%. I do not go to public places, so I have no clue about who likes it in Hungary these days and who does not, but I do not really care. I know what I know, and now my wife does so too, and that is absolutely in favor of being circumcised.



Last year, two classmates of Balazs also joined our club of foreskin-free. (I wonder if they go to pee together in school. Quite likely. How could they otherwise know?)

I saw a new Hungarian circumcision group. In just three days, many new boys, and some girls as well, have joined. It seems now that men finally realise that it is worth having this short term inconvenience for the beauty and unbelievable delights that circumcision brings. Now there are a lot more men with a tight foreskin who are not ashamed to turn to a doctor to make the necessary steps to have a satisfactory sexual life at last. Internet groups and forums help them by getting rid of doubts about making the unavoidable decision.

I think that every boy should be circumcised at around 11 years of age, which would make them more manly in adolescence and later in life. The age of 11 as an ideal time for circumcision is not incidental. I think that 95% of the boys get into puberty after this age. I read many writings on the net, and I came to the conclusion that at such an age, boys are intelligent enough to understand what is to be done to them and why. At that age they already have a quite developed penis, which allows the surgery to be very precisely planned and carried out. Post operative care is also easier. I remember when I was a little boy, I had to pull back my foreskin when bathing, which was very unpleasant, if not painful. Even though my son got circumcised at a younger age, for healthy boys the 11<sup>th</sup> year is the ideal one. Naturally, if there is a medical reason for it, it could be done earlier.

I have a few ideas how we could make it more popular before the general public. For example, there could be a presentation stand dealing with circumcision at youth festivals, etc. I know it would not be easy, but it might help many people. If I had known about it as a child or as a teenager, I might have had it done a lot earlier.

*Adam*

## Bigoted Dutch MP

**I**n the latest edition of the newsletter (issue 2/2006), you quoted the then Dutch MP Ayaan Hirsi Ali who referred to circumcision as a form of mutilation. You did not, unfortunately, point out that she is a noted anti-Islamic bigot. She wrote the script for the film for which Theo van Gogh was murdered in 2004 by Islamic militants. Because she lied her way into the Netherlands, she has now felt it necessary to stand down from Parliament and leave the country and join a right wing think tank in the USA.

*J.G. – Surrey*

[Editor's note: The reference appeared in the article "Support grows for ban on male circumcision" and read as follows: "In 2004, well-known Dutch Member of Parliament Ayaan Hirsi Ali called on fellow legislators to enact a similar ban, and she recently stated on a Dutch television documentary that male circumcision is 'a form of mutilation' and that 'the consequences can be worse for boys than for girls when compared to some common types of female circumcision'."]

## New Member Seeks Advice

I have always liked the appearance of a circumcised penis and have fantasised about being circumcised for years. I am finally thinking that I may get it done and I want to find out as much as possible about adult circumcision. Ideally I would like to speak to others who have had similar feelings and maybe had the job done.

*Niknotts – Midlands*

## Some Questions For Members

I have always had a special interest in circumcision. Being born in the 1940's it has been a fascination for me to speculate and hopefully later discover who was a cavalier and who a roundhead. Based on experience I found I got it right more often than not. That was not very difficult as anyone from a middle or upper class background was almost certain to be cut. The only exceptions were those with very liberal or unconventional backgrounds whose parents were not in the least bit interested in what was normal or conventional and approached the decision in an entirely logical way, thinking: "Who cares what it is fashionable to do to little boys' willies; I don't want my son's foreskin to be painfully removed." I was one such boy, growing up as a cavalier in a roundhead society. I did not thank my parents for that. I felt left out. I was envious of my friends' neat cocks and they seemed confident in their status and flaunted it whereas we few cavaliers were embarrassed about our state.

I was a member of *Acorn* some 20 years ago and with each issue enjoyed a thoroughly stimulating read. After a happy marriage ended, my interest in the subject has been rekindled and I have rejoined. Sadly it is a very different group. When I rejoined, I was given a summary of the members and was depressed to see how old we all are and how few cavaliers. I was also surprised to see how many members had been cut as adults. But I think I now understand what is happening and why the membership (and the contents) has changed so much.

Any one under 40 has had little contact with circumcision. His entire peer group is intact and the only cut ones are those who have had a cock problem (which is embarrassing) or are cut for religious reasons. They have no interest in the subject and so are unlikely to join in a debate. The few under 40 members all seem to be cut, because if you are not cut there is no possible reason to be interested in the subject.

All very sad. So what can we do to make the debate more interesting. Well I wonder if those that are left can do more to contribute to an interesting newsletter. Most of us are not going to sit in front of our computer and write a long letter such as this. But we may be prepared/interested in responding to questions. Why does not the editor pose 2 or 3 questions each issue and then report back the responses in the following issue?

We could all think of some interesting questions:

- \* Of your best friends, how many are cut/uncut?
- \* When you meet someone, do you wonder if he is cut?
- \* When you meet a gorgeous woman, do you wonder if she prefers a cut cock?
- \* Has your wife/girlfriend ever mentioned circumcision?
- \* What was your wife's attitude to the possible circumcision of your son?
- \* If you are uncut, how often do you peel the foreskin back?
- \* What is the best way to masturbate cut and uncut cocks?
- \* Can you tell whether the person wanking you is used to wanking a cut or an uncut cock?

Give it a try, editor.

*Anon*

[Editor's note: Anon has thrown down the gauntlet and I am happy to take up his proposal. So, there is a first list of questions above – let me have your comments. And if the idea takes off, I will pose a further list of questions each issue.]

## Football Penalty

A soccer team from one part of Western Kenya refused to travel to Bungoma for a Kenya National Football League match against Nzoia Sugar at the Kanduyi Stadium 10 years ago.

Why? Because it was during the circumcision period and many of the players had not been circumcised.

They feared being forced to undergo the rite that is a must among the Luhyas. Nzoia were awarded the match and urged the Kenya Football Federation to take disciplinary action against them for 'deliberately' failing to make it – and as a result 'escaping the knife'.

*From the Internet*

## PPP Serves Hundreds Of Tagpangi Residents

**from a *Philippine Information Agency*  
press release: 21<sup>st</sup> March 2006**

Residents of far-flung Barangay Tagpangi and its nearby areas were able to avail of the basic services offered by the city government when the People to People Program (PPP) recently visited the barangay. City Mayor Vicente Emano, together with the City Council headed by Vice Mayor Michelle T. Spiers, led other city government officials and employees in bringing the various city government services to the people of Tagpangi during the whole-day activity.

A total of 892 residents received free medical consultation and got free medicines, while 72 availed of dental consultations, 48 boys were circumcised and 890 children availed of nutritional feeding.

## Circumcision Battle Lands Parents Of Eight-year-old In US Court

from a report by *Agence France Presse* on 18<sup>th</sup> February 2006

A clash over of their son's circumcision has landed the parents of an eight-year-old Illinois boy in a US court where there is no apparent precedent. A Cook County judge ordered the mother in the case not to have her son circumcised until the court can hear arguments from the child's father, who opposes the operation, and decide if it is in the boy's best interest.

Jews and Muslims circumcise their sons for religious reasons. But this case instead involves shifting medical and cultural preferences, which have recently become a matter of debate in the United States. The mother, 31, is a homemaker from Northbrook, Illinois. She says two doctors recommended the procedure for health reasons. But her ex-husband, 49, a building manager in Arlington Heights, Illinois, has called the procedure an 'unnecessary amputation' that could cause his son physical and emotional harm.

In the 1900s, surgical circumcision, in which the foreskin of the penis is removed usually before a newborn leaves the hospital, was the norm in the United States. But the percentage of US babies being circumcised has plunged from an estimated 90 percent in 1970 to some 60 percent now, data show. The American Academy of Pediatrics no longer recommends routine neonatal circumcision but says the decision should be left to the parents. That has added fuel to the fire where until recently there was little debate on the issue at all among the US Christian majority.

Some staunch opponents of the procedure see it as akin to female genital mutilation. They argue that the procedure is medically unnecessary and morally wrong. Still others have launched support groups for those who have been circumcised and would rather not have been; some have even pursued surgical options for restoration. Legal experts however say that there are no published US opinions to serve as precedents in this case. As such it normally would be determined based on the best interests of the child.

When the divorced parents appeared in Cook County Circuit Court, Judge Jordan Kaplan got the two sides to agree that the child would not be circumcised 'until further order of (the) court'. He also ordered them not to discuss the case with their child. Tracy Rizzo, an attorney for the mother, said the father scared the child by telling him frightening stories about what might happen if he were circumcised. The father's lawyers, John D'Arco and Alan Toback, have argued that the couple's divorce agreement provides that the father must be consulted before any non-emergency medical care.

Male circumcision is much more widespread in the United States, Canada, and the Middle East than in Asia, South America, Central America, and most of Europe.

# ACORN

Issue  
N<sup>o</sup> 4 2006  
Editor  
Ivan Acorn

## Editorial

**M**any thanks to the many members who returned the questionnaires distributed with the last issue. But if your forms are still languishing at the bottom of your in-tray, it is not too late to dig them out and send them to me – we really would value your views.

By chance, two members have written in to comment about their increased confidence in appearing naked since being circumcised. From their observations, they conclude that cut men are much more willing than uncut to leave themselves uncovered. In the locker-room of my gym, in a fairly cosmopolitan area, both cut and uncut abound. I have found that it is the culture of nakedness which is important. If a few men are happy to walk around without being draped in towels, the guys who at first insist on keeping a towel around their waists even to remove shorts or put on underpants, quickly abandon this excessive modesty. They may not remain undraped for long, but they nevertheless are no longer afraid to stand naked whilst drying themselves.

So, is it the fact of being circumcised or the culture of the changing room which is important? Views please!

*Ivan Acorn*

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### *The Circumcision by Gyorgy Dalos — A book review*

As a Hungarian Jew, there is something unusual about Robi Singer – he still has a foreskin. Why was it not removed on his eighth day as laid down by Mosaic Law? His grandmother claims that he was premature, the winter was cold and he was far too puny at birth to undergo the procedure. This of course should have been no impediment to a later snip, but his father died in his first year of life, and for reasons never made clear, his grandmother has no intention of allowing him to be circumcised – she tells stories of men being dragged under the archways of houses, of their pants being pulled down to check whether they were Jews and, if so, of them being thrown into the icy Danube. This had happened during the war, and grandmother is convinced that the war is not over.

Robi is not the only uncircumcised 12 year old Jewish boy – Gabor Blum is similarly untouched by the knife. Gabor's mother claims she repeatedly arranged for the bris to be performed, but something always came up – there was an air raid, or the weather was too cold to leave the apartment. Eventually she forgot her promise to the boy's father as he was being deported to a labour camp to have the boy circumcised at the earliest opportunity.

As half orphans, Robi and Gabor live in an orphanage during the week, returning home at weekends. And Mr Balla, their teacher at the orphanage, is now on their case. Their Bar Mitzvah will soon be due but this cannot happen until they are circumcised. If Mr Balla has his way, their foreskins are doomed.

But this is not a uni-dimensional book and circumcision is just one motif. It is teaming with characters all sharply but fondly drawn. Gizike, the illiterate occasional maidservant, who waxes the floor in return for grandmother drawing up a petition; Uncle David who always brings two pounds of dried prunes when he visits under the mistaken impression that grandmother suffers from constipation; the alcoholic Uncle Vilmos, who his wife reveals is terminally ill with liver cancer, so that there is an embarrassed silence when he enters the room; and Mrs Fleischman who is so distantly related to grandmother that at every meeting they spend so much time in discovering which long-departed uncle or aunt had once been a more or less distant relation of someone in the family, that by the time they have identified the ancestor, they have forgotten the exact relationship and have to start again.

Robi's mother is an overweight neurotic hypochondriac who has at least twenty illnesses and a whole swathe of consultants to look after her. Yet she is sympathetically drawn and when she gets a boyfriend, it remains a secret between her and Robi – Grandmother must not know. Mother causes more confusion in Robi's life by taking him to meetings of the Jewish Brotherhood for Christ; so he is not sure what he believes and when his grandmother has palpitations and seems near to death, Robi prays to both Gods just in case. And Grandmother is of course the character who holds it all together, strong, resolute, overcoming a

lifetime of troubles with strength and resignation. Only once does Robi find her with tears streaming down her face: "I can't take it any more."

So the book is about Robi coming to terms with all these people, and with himself and his life. He is beset by problems. Is spending his whole weekly allowance on liquorice and winter ice cream 'sensible' as enjoined by his grandmother? Dare he reach out and take the hand of his cousin Jutka, his first unrequited love? Most important of all, should he be circumcised? Gabor has a totally different philosophy with a light hearted, fatalistic attitude to life. "You always make such a problem out of everything," he says, and dismisses the problem of circumcision with: "What's so problematic about a small piece of skin." So when the rabbinical court asks Gabor and Robi whether they are willing to submit themselves of their own free will to the circumcision, Gabor immediately answers: "Yes, sir." Robi hesitates: "I need time to think."

His grandmother eventually takes him to a doctor who orders him to pull his pants down and lie on the couch. Robi looks apprehensively at the instruments lying around but the doctor reassures him that the circumcision will not be done today – he will have to go to hospital. The doctor pulls Robi's foreskin up and down repeatedly so that an erection ensues but, as the doctor says: "The troubles begin when it doesn't do this." He touches the uncovered glans with the tip of his finger and Robi hisses. "My, my, aren't we sensitive" comments the doctor. "If you weren't a Jew, I'd still recommend the circumcision, you know. But doubly so as things stand."

So, a short book, 140 pages, but funny, wry and beautifully written. It would be well worth reading even if it wasn't on a favourite subject!

[*The Circumcision* by Gyorgy Dalos, translated by Judith Sollosy, is published by Marion Boyars Publishers at £8.99.]

*Ivan Acorn*

## Another Tale Of Son And Father

**I** am a 37 year-old father of one boy (Trevor, 5 years old) and another on the way (in June) and am happy to see that there's an alternative to all the shrill, fanatical anti-circumcision stuff that's on the Internet.

I myself was not circumcised as a newborn (my parents are from Europe, where it's never been the custom), but when Trevor was born my wife allowed me to decide on that matter and I opted to have him done. Personally, I never had any health or hygienic problems as a result of being uncircumcised, but the medical benefits in regards to infections, UTIs, phimosis, penile cancer and STDs seemed so significant to me that I really couldn't think of a good reason NOT to have my own son circumcised.

Truth be told, the only major trepidation I had of having Trevor circumcised was the fact that I wasn't and that this meant we wouldn't 'match'. My wife and I aren't exactly nudists, but we have what might be considered a 'European' attitude

towards the body and don't believe it promotes good body image to children to always be hiding behind towels and such. I was worried that when he would inevitably see me changing or stepping out of the shower it might cause him some confusion or problems with sexual identification. However, I'd heard of fathers who'd had their son's snipped solely to 'match' them and thought that was silly – after all, kids are smarter than we give them credit for and I didn't see why I couldn't explain that difference to him when the time came.

The procedure was done by my wife's CNM before she and the baby checked out of the birth center and it went great. I was there and watched the whole thing and it was nowhere near as gory and horrible as the anti-circumcision crowd make it out to be. It was VERY quick and he healed in a matter of days.

Anyway, when Trevor was about four years old we were sharing a bath when he finally noticed 'the difference'. I explained to him matter-of-factly why our penises looked different and thought that would be that, when he said: "I wish mine looked like yours". You can imagine my distress! Little boys, of course, idolise their fathers and always want to be like them. I responded by telling him that I actually wished mine looked like his. He seemed to accept that, but I could tell the difference still bothered him.

So I found a simple solution: I got circumcised myself! My wife and friends thought I was crazy, but I figured that if he couldn't 'match' me I could still at least 'match' him. Besides, it was something I had thought about since my teens. I had it done with a local at the urologist's office, which wasn't bad at all. It was pretty rough going for the first week, but after that pain wasn't the issue so much as having to wait two months to resume 'relations' with my wife.

Once I was completely healed, I took another bath with Trevor and he noticed the difference right away. "Oh!" he cried. "Yours looks like mine now!" I just explained to him that I wished mine looked like his and so I went to a doctor and had him snip the skin so that it would. He seemed very impressed by this and it seemed to completely dispel any issues he'd had before. He's very proud of his penis now! [Maybe a little TOO proud, if you catch my drift. :-) ]. So while I think the whole 'matching' argument seems silly on the surface, I think there are real issues there that need to be taken into consideration.

*From the internet*

## Pride

I had always noticed in the past that cut guys were far less self conscious than uncut men. A bit after I was cut a couple of years ago I found that I was forgetting to take my towel from the showers into the locker room, or vice versa. Previously I had been careful to drape myself in it for the short journey. So maybe there is something in the observation.

*J.G. – Surrey*



## Showing Off

Having read the many experiences of *Acorn* members over the past few years, there is a trend in attitude that is hard to ignore. The writers frequently refer to their envy of others who sport circumcised cocks. This is all well and good, but it is the perceived view of the effect that circumcision had on the objects of admiration that crops up with intriguing frequency. It is the view that those who were circumcised enjoyed their status so much that they consciously or unconsciously wanted others to admire their cocks because they were cut. Phrases like “They seemed so proud of their circumcised cocks” and “Taunting those of us who were not [circumcised]” indicate that a sense of superiority was prevalent due to their cut status. Other views of the envious relate to the fact that circumcised boys at their school were always the most popular, confident and good at sports – an attitude that often continued into adulthood. The writer frequently feels inferior due to his (then) uncut status and cannot avoid being jealous of his cut peers.

Of course this doesn't always happen, but is the apparent ease of social nudity among the circumcised brethren the case? In an earlier article of mine, I wrote that I attended an all-boys' school where swimming lessons were done completely in the nude (masters as well as boys). Whilst the circumcised boys were in the minority it always seemed to me that they frequently were not in the least embarrassed by baring all and seemed to be just that bit superior in attitude to the rest of us uncut boys. Maybe I'm sounding snobbish, but there seemed to be a definite correlation between the social status of the boys and whether they were circumcised or not. Perhaps the higher up the scale you are, the more confident and assured you felt with others, even when naked. A few of the younger masters at the school participated in swimming in the pool and as far as I can remember, they were circumcised to a man. The fact that they were probably all born in the 1930s or early 1940s makes this a not unlikely event.

Even though I am now fully circumcised (at 23), I still cannot avoid checking out the circumcision status of any man that I have the opportunity to (furtively) look over. There is without doubt a strong feeling of solidarity when I view another permanently bare knob. Not long after my circumcision, I became an enthusiastic regular at the pool of the local YMCA in the last days when it was still men only and swimming trunks were strictly forbidden. There was a notice at the entrance of the pool that stated ‘Gentlemen only beyond this point’ long after it became a mixed and (sadly) clothed facility. But back then I was quite shameless in my desire to be seen as a proud roundhead. It was clearly the case that the majority of the men in the pool were of the circumcised brigade though once again, the age of those participating must indicate that this would be very likely. But to me, it seemed obvious that the roundheads present had no problem in allowing the world to see their shorn cocks and that the uncut minority in those days seemed to be much more modest in their rush from the changing rooms to get into the water. The circumcised members seemed much more inclined to walk around the pool and sit casually on the edge in no apparent hurry to take the plunge.

Now I am not as young as I used to be, I attend the gym of a private health club in order to try and maintain some fitness. My cock watching experience reveals inevitably that the majority of the men in the changing room are uncut and that my comrades in circumcision are almost definitely going to be over 45. Again there seems to be a strong link in the attitude of nudity of the two groups. The cut (older) men have no problem undressing and walking naked to the showers whilst many of the younger, uncut, men seem to be astonishingly shy. They hurriedly wrap a towel around their waists as they walk all of three or four yards to the showers and cover up again for the return journey. The few young men who are circumcised don't seem to show any reluctance to hide their status, though the numbers are so limited that it is difficult to spot a strong trend in their case.

This is a difficult subject to discuss with other men, but others who I have broached the topic with have used expressions like 'pride', 'esteem' and 'self-respect' to indicate their delight in having a circumcised cock. And whilst they are at it, what's the harm in flaunting it a little (as long as it's legal!). There doesn't seem to be any significant difference in attitude of men routinely circumcised in infancy and those who achieved their ambition as an adult. Perhaps it's the very fact that when naked, you can show off to the world that every bit of you is bare and that your status symbol is clear for all to see. As for me, I always feel a slight thrill of satisfaction on undressing in the changing rooms, that anyone who sneaks a peek at my cock will see that I am a well-circumcised man and that I am very happy about it. You may think this smug or even a little strange, but there is nothing wrong in feeling just that bit better than the unlucky ones – and the good thing is, that it will last forever!

*Peter – Manchester*

## Loss Adjusting

**Y**ou were right about the problematic prepuce! The narrative and illustrations in the Editor's Column (issue 3/2006) demonstrate that nature doesn't always get things right. Foreskin problems can indeed be distressing, even hazardous to health. But it must be remembered that the overall majority of foreskins are retractable by the 5 year old owner. By ten years of age, the troublesome element is about 1.5%. This cannot justify the widespread routine circumcision that continues in the USA, bearing in mind that almost 50% of the penile nerve endings are removed with the foreskin. In addition, the permanently exposed glans surface becomes thickened and desensitised.

Some Eastern people, notably the Japanese, retain the retracted foreskin with a string, so that eventually the glans remains permanently uncovered. 'Kawakamuri', skin covered, can cause great offence as a mark of bad taste in the communal bath, medical examination or locker room. Here is a circumcised appearance without loss of skin or nerve endings.

Jewish circumcision removes most of the outer layer, leaving most of the glans covered with inner membrane. This is torn and reflected behind the glans, retaining most of the inner layer with the sensory nerve endings. With other circumcisions

which leave most of the inner membrane, the scar line is well down the penis shaft, and most of the sensory potential is saved.

My radical circumcision in 1945 entailed the removal of all foreskin and frenulum except for a thin ribbon of skin edges to suture behind the glans. Gone with the foreskin were about 1,000 nerve endings, half the erotic capability I was born with. Though it has taken almost a decade for me to restore glans cover by skin expansion techniques, I still had that nerve ending deficit. (My mother once told me that circumcision was an advantage!) Currently my glans has become more sensitive, moist and membranous with a dramatically reduced coronal flare. As I use a hair dryer on the surfaces prior to restorative tensioning each day, there is no smegmatic accumulation to offend, only a slight masculine muskiness whilst drying. Though I feel confident covered, no longer exhibiting that threateningly flared glans and ugly scar, I still have only 50% of the erotic potential. (If my foreskin had survived into adulthood, it would be 15 square inches unfolded.)

If constant glans exposure can be achieved without tissue loss, the erotic potential is unimpaired. Where surgery is necessary, the Jewish shield guided technique sacrifices only a little of the sensory capability in terms of nerve ending loss.

Though I believe that the decision to be circumcised should be by the person involved, if it has to be done in childhood, the parents should insist that, in successfully baring their son's tiny glans, the nerve ending loss should be minimal. Perhaps surgical techniques should be modified to ensure this result in every circumcision. The glans can be bared without inflicting a lifetime of sensory deprivation. This loss adjusting would be of great 'assurance'.

Anthony

## Balanitis And Medical Examinations

I came across this question and answer in Doctor Feelgood's advice column in *Scotland on Sunday*. There is certainly no reluctance on the part of this doctor to recommend circumcision.

*"Q: My five-year-old son had to be prescribed cream for an infection on his penis recently, yet he bathes regularly. Why did he get this infection?"*

A: This sounds like balanitis, which is an infection boys commonly get affecting the foreskin. Balanitis (not to be confused with a balalaika, which is a triangular musical instrument from Russia) often appears because the foreskin is a bit tight, so maintaining good hygiene is really important. Careful washing should be encouraged and should form part of the bedtime routine.

Any infection should always be treated promptly. A few days of applying an antibiotic cream will usually do the trick. If it recurs, and balanitis sometimes does, circumcision is often advised. This is a really straightforward little procedure for boys, and will sort out the problem."

I was interested in the recent article about the medical inspection of schoolboys and the idea that the penis should be examined from the side to check the frenulum. I met a 19 year old English guy two years ago and he told me about his school medical in York. After an examination of his testicles and penis standing facing the doctor, he had to turn sideways while the doctor retracted his foreskin – presumably to examine the frenulum.

I remain amazed that the medical care of our young men is so patchy in the UK. Young men from abroad – from Holland to Brazil – expect genital examination during school health checks and circumcision is performed if required. Even if the foreskin is easily retractable and the frenulum does not distort the penis, such examinations provide an ideal opportunity for a short illustrated lecture on the importance of penile hygiene.

*J.T. – Scotland*

## **Conservative Treatment Of Primary Phimosis In Adolescents**

[Editor's note: Several members have asked for more details about the masturbatory method of curing phimosis which I briefly referred to in my Editor's Column 'A Defect of Nature' in the last edition. Here is a shortened version of the original paper by Michel Beaugé MD, translated by Dr J. P. Warren]

### **Introduction**

**B**eing in charge for over ten years of the routine examination of college freshmen as part of the preventive medicine programme of the university, I diagnose a significant number of phimoses among older children and young adults. Among this male population aged 18 to 22, we have observed that nearly 10% have various degrees of tightness of the foreskin, ranging from total inability to expose the glans to a simple ring which gets stuck in the sulcus. In this report the word phimosis is used to mean the diameter of the inferior preputial ring is smaller than the diameter of the erect glans.

The conventional treatment of phimosis is surgical: circumcision which removes the foreskin, or simple plastic surgery which preserves the fold of skin but widens the orifice. For a number of reasons I have come to reject this therapeutic procedure. Instead, remodelling of the foreskin should be considered.

### **Masturbatory Techniques**

The study of observed cases reveals that adolescent or young adult subjects suffering from phimosis have habits of masturbation different from others. Conventionally the pursuit of solitary pleasure is done with the dominant hand closed over the penis making alternate back and forth movement over the shaft, the hand going down towards the pubis, uncovering the glans which the index finger or thumb may now and then stroke lightly, reproducing the sensation of

intercourse. This exercise results in moving the penile skin in the same way as will occur in vaginal intercourse, and therefore it is a preparation for adult sexual relations.

I have established a classification of the other methods of masturbation and have often seen them among patients with phimosis.

- 1 Some boys never masturbate! We may doubt their assertions, but the tightness of their phimosis suggests their statements are correct. Ejaculation takes place during sleep (nocturnal emissions), and more rarely spontaneously while awake prompted by stimulating events, among those subjects who attach guilt to contact with the penis.
- 2 Others stroke the glans through the foreskin in the usual way, but attempt to pull the skin towards the tip of the penis instead of pulling it back toward the pubis. We find among these boys the persistence of a long tubular foreskin such as is seen in infants.
- 3 In some cases the boy rolls the penis between two palms or between one hand and another surface such as the abdomen, the thigh, a table, the edge of a chair (in particular the toilet).
- 4 Mechanical stimulation without use of the hands is perhaps found most frequently (perhaps causing less guilt). In general, the boy, flat on his face on his bed, labours as if for intercourse with the help of his pelvic musculature, and rubs his penis against the mattress, the bolster or a pillow.

### **The Treatment**

Faced with a man suffering from phimosis, I propose:

After analysis of the patient's method of masturbation, it is necessary to explain to him the roles of masturbation during adolescence. The discussion has the advantage of removing feelings of guilt, if necessary.

Next it is advisable to instruct him on the technique that seems to be most useful, attempting thus to pull back the foreskin by exposing the tip of the glans. In fact it is only rarely possible for a boy who has developed for himself a method that leads to orgasm to replace it initially by another. Generally the new method fails to give pleasure and may even tend to impair the quality of the erection. This could explain why boys fail in their first attempts at sexual intercourse; a man who has become accustomed to rotational movements on his penis for several years will be quite unable to use this technique in the vagina. Therefore I 'prescribe' alternating a few pleasurable manipulations known to be stimulative with the remodelling manipulations. It is of course essential that the preputial opening be stretched round the circumference of the fully erect glans. This technique meets the requirements of the kinesitherapy of soft tissues, gradual stretching. In some cases I have recommended instrumental dilatation with the use of a dilator in patients who agree to this procedure, or I have advised the introduction of two fingers into the opening of the foreskin to stretch it.

It is the erect glans acting as a mould (or mandrel) which dilates (and models) the orifice. Thus the boy can progressively expand his foreskin until the diameter

is equal to that of the erect glans, allowing him subsequently to proceed to sexual intercourse without risk of paraphimosis.

During the course of this remodelling there will come a time when the foreskin is sufficiently dilated to uncover the distal part of the glans but is still too tight to go over the proximal and larger part; due to the conical shape of the glans we can then imagine that a strong enough pull might succeed in sliding the ring into the sulcus, but that the reverse movement might be impossible, causing paraphimosis during masturbation. This appears to me unlikely since the manipulation is done under the visual control of the subject who is well able to detect the degree of tension in the foreskin, unlike the situation during sexual intercourse, particularly when it occurs for the first time.

## **Results**

I recommended this treatment for 30 to 40 boys annually and therefore have observed several hundred cases. Follow-up in preventive medicine is not usual and many were not seen again. However about half did return to report a satisfactory outcome.

In a few cases patients agreed to be photographed with the foreskin stretched on the erect glans at the start, with a second photograph taken four weeks later. These demonstrate that retraction of the foreskin was achieved as a rule within this time. I did not come across any failures, but this does not mean that they did not occur since such cases may have failed to re-attend. It should be pointed out that an attempt at conservative treatment does not prevent subsequent recourse to surgery should this prove to be necessary.

## **Circumcision: Did You Know?**

**[from the weekly column of Daniel Cullen, a non-degree student in liberal studies, in *The Daily Barometer*.]**

**T**he debate about neonatal non-religious circumcision is over. According to the *American Academy of Pediatrics (AAP)*, neonatal circumcision is the result of ignorance, bad medical practice and American social and cultural pressure. Regarding the three most commonly cited justifications for neonatal circumcision (penile cancer, venereal disease and penile hygiene), the AAP now states that the benefits are negligible, which means that the majority of American men are walking around without foreskins for no good reason. Yet, the barbaric practice shows no sign of abating, and for this reason I plan to shed some light on the cultural dark spot of circumcision.

The U.S. stands alone as the only country in the world (including developed, developing and undeveloped countries) where neonatal nonreligious circumcision is routine for physicians and their unwitting patients. In contrast, 80 percent of the planet does not practise circumcision, and since 1870 no other country has adopted it. China, Japan, Belgium, France, Germany, Switzerland, Austria, Scandinavia, Holland and Russia have never condoned the practice (except for

religious purposes), and of the other countries that do practice neonatal nonreligious circumcision (Canada, Australia and Great Britain), there has been a regimented decline in circumcisions by about 10 per cent per decade in accordance with the advice of each country's own respective medical institutions.

If we take a look at the latter group of English-speaking countries, the statistics show just how wildly disproportionate the U.S. endemic is when compared with its English speaking cousins. In the second-highest-instance countries, Australia and Canada, the amount of neonatal non-religious circumcisions is estimated to be about 30 per cent, compared to Great Britain where only 1 percent of males can expect to have their foreskins cut off before they have even acquired one-word language acquisition to be able to say "No!". In the U.S., however, the number of circumcised males is estimated to be approximately 80 percent. Only in America has medical science taken a back seat in the fight for the foreskin.

As Edward Wallerstein aptly points out in *Circumcision: The Uniquely American Medical Enigma*, "[i]n 1971 and 1975, the American Academy of Pediatrics Task Force on Circumcision declared: '...there are no valid medical indications for circumcision in the neonatal period'." Subsequently, this decision has been endorsed by The American College of Obstetricians and Gynecologists in 1978 and by the AAP in 1999. And yet, Wallerstein highlights that "[t]he 'firm' declarations should have caused a marked drop in the United States circumcision rate. They did not." The truth is that neonatal circumcision is deeply rooted in American culture: so much so, in fact, that many American parents actually believe they are doing their sons a service, when, in only one foul slice, the dangers of penile cancer, venereal disease and bad hygiene are purportedly quashed (along with premature ejaculation, masturbation, and general ugliness). But American parents have been grossly misguided.

The AAP affirms that the majority of reported benefits by which parents justify circumcision are groundless hearsay. Notably, penile cancer might be preventable through circumcision of the foreskin, just as the potential for most diseases is eliminable by the complete removal of the vulnerable body part – I bet I could guarantee you would never contract Hotchkiss brain disease if you let me cut your head off too – but the fact is that the foreskin is an important, healthy and irreplaceable part of a child's body, and in the absence of overwhelming medical evidence proving the link between retention of the foreskin and penile cancer, the AAP has had no choice but to disregard this cultural claim.

Furthermore, as far as the argument that circumcision reduces the risk of contracting venereal diseases goes, Wallerstein crucially highlights that 'health' circumcision originated in 19<sup>th</sup> century England, where the theory emerged that masturbation was responsible for such things as asthma, hernia, gout, kidney disease, rheumatism and even alcoholism. The Victorian aversion to all acts sexual was fertile ground for genital mutilation to take root and, since the English cultural practice stormed the U.S., beliefs about the purported benefits of the practice have barely changed, while Great Britain has become a born-again circumcision virgin. Consequently, the link proposed between any disease and the foreskin is outdated fallacy – including venereal diseases. In fact, the AAP even produced a

recent report that states that circumcised men are more likely to engage in oral sex to compensate for the loss of sexual pleasure that circumcision causes, which actually increases men's chances of contracting venereal diseases.

As if that was not enough, the AAP also states that "there is little evidence to affirm the association between circumcision status and optimal penile hygiene". Consequently, parental supervision of the foreskin is a far more appropriate measure for reducing the chances of infection in a boy's penis than a radical surgical procedure, especially when the short-term effects of circumcision can include anything from changed sleeping patterns to psychological disruptions in feeding and bonding between mother and infant, profuse bleeding, subsequent infection from surgery, and even death. Moreover, the AAP recognises that circumcision causes extreme pain and trauma for infants, since circumcised infants exhibit deterioration in pain threshold as much as six months later when receiving mandatory vaccinations, while the long-term physical and psychological damage is undocumented.

In short, the idea that neonatal circumcision is the answer to all of men's ills is erroneous. Like the Jewish religious practice of circumcision, American non-religious circumcision is dependent on the acceptance of cultural beliefs, and the sad truth is that Americans hold to the norm as tenaciously as they hold to the scalpel, although they do not entirely know why because they are not being told. But American men are missing out on a world of sensation, and for what? So that the threat of penile cancer might possibly be removed, maybe. So that Victorian ignorance toward venereal disease is perpetuated, definitely. So that the possibility of penile infection is avoided by sundering one of the most sensitive parts of the male body. And so that the normal act of masturbation can be substituted for a lifetime of misspent Vaseline.

Religious circumcision is one thing, but circumcision for no good reason ... well, what is the sense of that? There is none! Removal of the foreskin is a forgivable cultural mistake, but a mistake nonetheless, and I hope that on reading these facts you will break the ghastly cycle if the choice ever becomes your own. It's about time the foreskin became sacred too.

## **Children In Wait For NHS Treatment**

**[by Helen Puttick, Health Correspondent,  
*Scottish Herald*, 10<sup>th</sup> April 2006]**

Children face longer waits for operations because of a massive backlog of religious circumcisions. Requests for the procedure represent one in 10 referrals to surgeons at the Royal Hospital for Sick Children in Yorkhill, Glasgow. Hundreds of infants are on a waiting list for the procedure, a rite for Jewish and Muslim families. Consultants fear it is becoming near impossible for them to deal with the workload, saying the queue of 400 would occupy a surgeon for a year.



There is also concern that, if the hospital abandoned the procedure, it would be done in the community by people without medical training. Every year Yorkhill is said to treat a handful of infants suffering complications after circumcisions which have been performed outside the hospital. Peter Raine, who retired as a general paediatric surgeon from Yorkhill hospital a week ago, said: "Most of us are a bit concerned that we are being less than totally clear about what we are doing. We are saying, 'Yes, we will put you on a waiting list', but thinking it can never be done. We are agreeing to something that we cannot see ourselves doing. That is quite serious. We might be storing up quite a lot of bad feeling there."

The issue has been brought to light due to a shake-up of the way waiting lists are managed. Religious circumcisions are one of a number of non-urgent procedures excluded from waiting time guarantees but this system is being scrapped from the end of next year. By then, the Scottish Executive expects waiting times for all procedures to be cut to 18 weeks. Mr Raine said: "There are so many of these (religious circumcision) cases that we would be perpetually dealing with those at the expense of medically driven cases. There is no alternative if circumcision cases are not given some sort of exclusion."

Surgeons based at Yorkhill have written to NHS Greater Glasgow and Clyde about the issue and are said to be frustrated at the lack of response. Mr Raine said the paediatric surgeons did not want to encourage anyone else to do the operation. He said: "We see a handful a year where the circumcision has been done outside the hospital and the child turns up with an infection or bleeding or an unsatisfactory result. There are people whose lives have been ruined by having a badly done circumcision in childhood."

Bashir Maan, Scottish representative for the Muslim Council of Britain, said: "They have got to do something to deal with the backlog. The health board should look into this. It is not the fault of the doctors. There are obviously not enough doctors there. If they had enough staff it would not have happened in the first place. I think they should encourage people to come to the medical centres and discourage people to get it done in the community because that is dangerous."

Dr Mona Saddiqui, senior lecturer in Islamic studies at Glasgow University, said she believed that medical operations should take priority. She also questioned why GPs could not perform the procedure, saying: "If you can find a GP or a practice where it is safe and you know the doctor and they are qualified to do the operation then how is that different from taking the child to hospital? In fact, it is less traumatic." Health authorities covering the Lothians, Tayside and Grampian, which also offer the procedure, indicated that they did not have significant waiting times for religious circumcisions. A spokesman for NHS Greater Glasgow and Clyde said: "This procedure is a matter of low clinical priority. However, circumcisions are still being carried out and we have increased capacity at Yorkhill to ensure any child waiting for this procedure will receive treatment by December 2006."

While members of the Jewish community believe that the procedure should be carried out shortly after birth, the Muslim community is less strict about this.

## Picture Gallery



## Ask The Sexpert

### Dr Mahinder Watsa answers questions about foreskins and circumcision in the *Mumbai Mirror*

*I am a 20-year-old boy. I experience a little pain during masturbation, when too much pre-seminal fluid gets collected at the urethral opening. But this pain is occasional. Kindly suggest a remedy.*

Move your foreskin daily up and down to loosen it up enough to slide it back up to the base of the head of the penis.

*I had a pea-sized growth on the area that connects the foreskin with the head of the penis. Doctors diagnosed it as a cyst and asked me not to worry, and I underwent a minor operation to remove the same. After the surgery, the pleasure that I experience during an orgasm as well as my sexual desire has reduced to almost half. What can I do about this?*

The area that has been removed is where the most pleasure-nerves are. Try different positions to ascertain what will be most pleasurable. Try stroking more vigorously. I believe the sensation will improve with time.

*I am a 17-year-old boy. It seems that I have an infection on my penis. The foreskin itches and some red rashes have appeared all over it. There is no burning sensation. The itching gets unbearable at night and also early in the morning. The itching had once healed when I applied Candi Derma cream on my foreskin, but now it has resurfaced. Please suggest some remedy to cure this problem completely.*

Please do not try to be your own doctor. Consult a doctor who will be able to suggest a simple remedy to your problem. Meanwhile, apply the same cream.

*I am a 27-year-old man. I will be getting married soon. How important is circumcision for a healthy and satisfying sexual life? I have had sex several times using a condom. I can easily pull my foreskin back. Is it necessary to have it done before having sex without condoms?*

If you can easily slip your foreskin up and down over the head of the penis then you do not need a circumcision.

*I am a 30-year-old man and will be marrying soon. I masturbate three to four times a week. My problem is that the veins on my penis show clearly and the skin on its tip does not stretch back beyond an inch. What should I do so that it does not affect my sex life?*

You seem to be normal. Consult a doctor and he will clear all your doubts. You may need a circumcision.

*Since the last one week I have been finding small, paper-like, pale yellow substance on the tip of my urethra. Initially, the deposit used to be less frequent. It does not hurt me, but the presence of these particles makes me very uncomfortable. Could*

*these be kidney stones? I drink three glasses of milk every day. So, could it be excess calcium?*

Send some of the deposit and a morning urine sample to a pathologist and get them tested. It is possible that it is smegma – a normal secretion that deposits under the foreskin. Do you retract your foreskin and clean it daily?

*I am a 35-year-old man. I had sex a year back, which resulted in cuts on my foreskin. Ever since I have developed some white spots on my foreskin, which, I suppose, is vitiligo. Even the skin does not retract like before. What should I do?*

Kindly consult a doctor. It could be more than vitiligo.

*I am 21-year-old boy. In one of your replies to a query in this column, you had mentioned that it is normal if the left testicle is lower than the right one. But in my case it is the reverse. Is this normal too? Also, is it necessary that the foreskin retracts while having sex? I have had sex a couple of times but my foreskin does not retract. Is there something wrong?*

It is as normal to have the right testicle lower than the left and vice versa. If you are able to have sex successfully without the foreskin retracting, then that's absolutely normal too. But later a tear may occur due to vigorous stroking and that can be painful; so please consult a surgeon.

*I am a 55-year-old healthy and active man. I wish to get myself circumcised. Is it harmless? If yes, from where can I get it done?*

Circumcision is harmless. If correctly done, it can be very useful during sex. It also helps avoid infection if one has a tight foreskin that cannot be pulled back. It is a simple surgery that any good surgeon can perform.

*I am a 20-year-old boy. My girlfriend and I recently started enjoying a good and healthy sex life. Both of us are able to enjoy as well as give each other pleasure. Earlier my foreskin could not retract at all but now it goes back completely when the penis is flaccid. However, when erect, it does not retract fully as the circumference of the skin is less than that of the penis. The foreskin is attached to the skin within. Is this why my foreskin does not completely retract? How can I make it do so? I don't want to be circumcised. Will stroking the penis hard help?*

The foreskin is naturally attached at the lower base of the head of the penis. You need not worry about this till the time you experience any pain during intercourse. Do not do anything except slipping back the foreskin gently every day.

*I am a 25-year-old man. My foreskin is attached to the tip of the penis and is quite tight. Do I need to undergo circumcision to have an active sex life or will it get detached on its own during intercourse? What are the disadvantages of not having it detached? I have never masturbated.*

I would suggest that you consult your family doctor in this case. If you have a tight foreskin it might need a simple surgery.

# ACORN

Issue  
Nº 5 2006  
Editor  
Ivan Acorn

## Editorial

This edition contains reports of two circumcisions carried out by Dr Zuhair Zarifa. One was an adult revision circumcision; the other was on the 8 year old son of one of our members.

Dr Zarifa practises at the Custom House Surgery in East London (<http://www.circumcisions.co.uk>). Many parents wish their sons to be circumcised, whether for personal, social, cultural or religious reasons. Unlike so many doctors, Dr

Zarifa respects such wishes. He is also sympathetic to those adult men

***NHS doctors have  
virtually closed  
down circumcision  
as an option***

who recognise the hygienic and sexual advantages of circumcision and elect to undergo the procedure. He therefore carries out circumcisions on patients of all ages; from babies of a few days old, through to toddlers, schoolboys, teenagers and adults. What is more, his fees are reasonable, certainly compared with many cosmetic surgery clinics who charge exorbitant amounts for what is a relatively trivial operation. And all the reports of his work are good, with many satisfied customers (including our two members).

NHS doctors have virtually closed down circumcision as an option. Dr

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Zarifa is opening up choice again by bringing circumcision within the reach of the many. There are few like him in the UK. Would that there were more.

Ivan Acorn

## Editor's Column

### The Silent Problem

Two issues ago, my editorial concerned a defect of nature – the phimotic prepuce. My editorial this time concerns another foreskin problem – balanitis.

Phimosis is a well-recognised condition and the parameters for treatment are clear – either a conservative stretching technique, possibly with the aid of a steroid cream, or the removal of the foreskin by circumcision. Phimosis varies in severity but in all its forms it probably affects about 10% of men.

Balanitis is a condition which receives far less attention but it is more insidious than phimosis and probably affects many more men and boys at various stages in their lives. In short, it is inflammation of the foreskin, or the glans, or both. It is usually accompanied by severe itching and discomfort, and can be particularly troublesome in hot or humid conditions. Here is a typical case:

*“For the last 2 weeks I somehow encountered a strange itchy rash directly underneath the head of the penis in the fold of the skin... the area gets swollen with the use of cream or antibiotic ointments...when using just a powder it shrinks the swelling, but doesn't cure the problem. There are no blisters or bumps...just inflamed and itchy skin. I first thought it might have been jock itch, but the remedies for that don't help either. I work in construction, and my whole body stays wet from sweat daily. That's why I figured it may be jock itch. There isn't any other symptom except for red, swollen, itchy foreskin.”*

Balanitis has three main causes – bacterial infection, yeast infection and contact dermatitis. Because the area under the foreskin is moist and warm, environmentally it is an excellent bacterial breeding ground. A bacterial infection can result and this needs treatment with antibiotics. The other common infection is candida or thrush – a yeast related infection. Treatment is by a course of anti-fungal cream or tablets or both. Thrush can be passed during sexual intercourse so if the female partner is infected and remains untreated, the thrush can easily be passed back to and re-infect the man.

The inner foreskin, being mucosal in nature, is particularly vulnerable to contact dermatitis. Inflammation can be caused by the latex in condoms, by the chemicals in lubricants, by the perfume in soaps, by the detergent in which underclothes are washed. This is more difficult to treat. Whilst steroid creams may help, these have to be used extremely sparingly since they can thin the skin, and the skin of the glans and inner foreskin is already delicate and sensitive and therefore susceptible to damage. A cure can only be effected if the irritating agent can be identified. This requires a process of elimination which can be as difficult and time-consuming as identifying a food allergy, and can be equally unsuccessful.

How many boys and men are affected by balanitis? Any estimate is likely to be an undercount. Men are notoriously bad about seeking medical advice. How much more hesitant they are likely to be when the problem is genital. Doctors may have seen and heard it all, but it's still embarrassing to say: "My foreskin is itching" especially if the doctor is female. So it is probable that many men suffer in silence – hence the silent problem of my title. Nevertheless, it is estimated that 11% of cases seen in genito-urinary clinics are diagnosed as balanitis. If such clinics are mainly concerned with sexually transmitted diseases; if the cases of balanitis referred to the clinics are only the most persistent, with the majority being treated by the GP; and if anyway only a small proportion of men go to their GP; it can be seen that the disease is an enormous iceberg of which the men appearing in GU clinics are only a small tip.

We have to recognise the potential of the foreskin to create an unhealthy environment. In a recent report by a team from Ealing Hospital in London the presence of "sub-preputial penile wetness" was noted. The researchers studied clinical reports of 386 uncircumcised men who were free of genital lesions or discharge. Physicians who examined the men observed approximately 80 per cent of the men had a slight degree of wetness around the penis, 19 per cent were judged to be wet, and 2 per cent to be very wet. In contrast, only one of 36 circumcised men they examined had wetness.

This is why a rigorous hygiene regime is necessary for uncircumcised men and boys. An uncircumcised boy or man should be meticulous about cleanliness, retracting the foreskin at least once a day to wash thoroughly the inner foreskin and the glans. The area should then be dried completely before the foreskin is pulled forward again to cover the glans – otherwise moisture can be captured under the foreskin. For urination, it is preferable that the foreskin be fully retracted, otherwise it becomes soiled by urine and remains damp. If hygiene is neglected, then debris and smegma collect under the foreskin and this can cause a rash and irritation.

Yet how many males are even aware of this hygienic necessity, yet alone observe it. They are taught to wash and bathe by their mothers, who may not be aware of the intricacies of penile anatomy and are anyway warned against trying to retract the foreskin in early years. Full school medical examinations are a thing of the past so the foreskin remains unchecked and, in many boys, undisturbed. Such boys grow up completely ignorant of how the foreskin functions and it is sometimes a complete surprise when the foreskin withdraws for the first time, perhaps only at puberty – or even later.

For some men, balanitis is a one off occurrence or an occasional nuisance. The condition responds to improved hygiene, supplemented by treatment of the area with an antiseptic cream. But for others, however meticulous their hygiene, whatever prescriptions or palliatives they try, the condition is at best kept under control. Outbreaks are frequent or almost continuous – they have chronic balanitis. They live for long periods with unbearable itching and a red, sore foreskin and glans. For such cases, circumcision is the best answer. In the vast majority of cases, as soon as the foreskin is removed, the problem ceases. When can a case be

viewed as sufficiently severe to warrant circumcision? Two bouts in fairly frequent succession is a warning. Three bouts, even spread over a period, indicate that the foreskin is susceptible to balanitis – circumcision at this point will save an almost certain future of periodic suffering.

Of course, foreskins vary in length. Whilst in some uncircumcised men, the foreskin just covers the glans, in others there is significant overhang with a rosebud ending. A long overhang virtually guarantees that there is a closed environment under the foreskin with little opportunity for air to circulate and with all the potential for a warm damp breeding ground to be created. It is boys and men with this type of foreskin who have a high probability of suffering from chronic balanitis. For example:

*“When I was born in Canada in 1958, my ‘revolutionary’ doctor decided that I would be left intact at a time when more than 90% of my peers had what I came to call ‘dinks with skin cut off’. What followed were years of chronic infection of the glans and foreskin (balanitis), the humiliation of exposing my foreskinned member to medical practitioners, and repeated trips to the pharmacist for creams and antibiotics.”*



I shall immediately get letters from Acorn members telling me that their rosebud foreskin has never caused a moment's problem. Of course, many long foreskins do remain problem free but there is a high degree of risk that this will not be the case.

Is the risk sufficiently great to justify routine circumcision for babies or boys with long foreskins? At one time, doctors used to refer to a long foreskin overhang as “redundant foreskin”. This was often used as a reason when referring patients for circumcision. Whilst this is not a strict medical term, doctors from their experience probably knew that such foreskins were a potential source of problems and were better removed. Of course, it is no longer politically correct to recommend circumcision for prophylactic reasons. But then, how PC is an irritating foreskin? Another case to end with:

*“I have developed an itchy and sometimes stinging foreskin. My partner and I haven't had sex for some time because of my problem. When soft my foreskin can be very itchy, and urination can have a short-lived but painful stinging effect.”*

I bet he now wishes that a little snip had been arranged for him earlier in life.

*Ivan Acorn*



## My Muslim Son – Part III

Long term *Acorn* readers may recall how I came to the decision to have my eldest Anglo-Indonesian son circumcised (*My Muslim Son* – issue 2/2003) and then went ahead with it in Jakarta in July 2003 (*My Muslim Son: Part II* – issue 1/2004) accompanied by my then wife.

The journey I took with his younger brother could not have been more different. The starting point with him was in 2005 with my village GP who seemed sympathetic to my concerns that at the age of 7 my younger son should at least be able to retract his foreskin a little, and therefore referred us to Mr Martyn Williams, a paediatric urologist at Addenbrooke's hospital, Cambridge. It became so very clear that this NHS urologist only wanted to know if there was any ballooning on urination to which my son said "No", and remarked that the foreskin would be retractable through masturbation by the time he needed it for sexual intercourse. If I had still wanted him circumcised, it would have to be done privately, and he would have done it for about £1000 by general anaesthetic!

Undeterred by the discouraging but predictable response from the NHS, I deliberated and checked that I still had my ex-wife's consent (her view has never changed; all Muslim boys are routinely circumcised in Indonesia). Finally, I made the decision to go ahead on the grounds of conformity (his grandpa, dad and brother are cut) and because there was no way of being able to clean under his foreskin without causing discomfort. I felt that at the age of 8 it was the right moment and the start of the summer holidays the best time.

Through the recommendation of *Acorn* member Douglas, I made contact with Dr Zuhair Zarifa, a Palestinian Christian of Custom House Surgery in London's Docklands. Along with my two sons, we arranged our appointment for Monday 24<sup>th</sup> July at 1 pm, when the surgery was closed for NHS but open for private procedures. Apparently there were to be three other circumcisions that lunch hour; two boys of Bangladeshi parentage and an African baby so the pace in the waiting room was brisk. Having signed the consent form, paid £240, gone through a leaflet entitled *Circumcision Aftercare Instructions: Babies and Boys*, with the Office Manager stressing the need to remove the dressing within 24 hours, and given a tube of anti-bacterial powder called Cicarin to apply lightly after the first bath, we were finally ushered into Dr Zarifa's room by the practice nurse, Ms Pat Monroe.

The big moment had arrived for my youngest son. Shaking like a leaf, he was asked to lie on the awaiting couch and strip below the belt. The good doctor breezed in, asked why my son was going to be circumcised and proceeded to tell my son that there would be a sharp scratch and then he would feel nothing. I could see that he was well used to nervous, jumpy children and my son was quickly seduced by a small bag of sweets. The doctor asked him if he wanted me to hold him, so during the whole operation I embraced him whilst my other son looked on. The operation went smoothly despite my son's initial screams at the injection and his wish to watch his bloody member being reshaped. Dr Zarifa used a freehand technique, cauterizing the bleeding from the wound as necessary.

After a night without having to administer painkillers, the following morning saw me guiding him gently into a warm slightly salted bath at my flat where the aim was to allow the dressing to soak for a long time before removal. It was at this point my son showed his desire to be in control and I proudly watched him gradually and gently lift it off, an experience which all *Acorn* roundheads will know is unpleasant.

Two months on all has gone well. During the healing there was only one occasion when there were a few spots of blood around a suture. There is complete exposure when flaccid, a ring of inner skin behind the glans and apparently the frenulum was cut. And the reaction of my son? Throughout our post-operative holiday he constantly examined himself. In the showers of our local swimming pool he confidently washes naked with me, flaunting his knob without a care unlike his shyer brother. At school he tells me a classmate asked why his willy skin had been chopped off: and his reaction: "It's none of your business!"

H.F. – Cambridge

[Editor's note: The author has provided a copy of the leaflet *Circumcision Aftercare Instructions: Babies and Boys*. If anyone wishes to receive a copy, please contact me.]

## My Re-circumcision

**Monday 21<sup>st</sup> August 2006**

The day I had been waiting for had arrived. I made arrangements to meet Vernon Quaintance over the internet. He kindly volunteered to escort me from Euston to Custom House. The journey took under one hour.

I entered reception and stated that I had an appointment with Dr Zuhair Zarifa. From there, we were directed upstairs and waited for Sylvia Nicholas. She took my particulars and payment for the procedure, after which she gave me a phial of Cicatrin powder, with instructions on when to apply.

Shortly afterwards, I shook hands with Dr Zarifa and sister Pat. Vernon asked if he could watch the procedure, I said yes. We waited a little longer, then I was ushered into Dr Zarifa's office for the consultation. I told him my reason for requiring a re-circ. He examined me and drew a diagram of my penis with an explanation of the procedure. I was then asked if I wanted to continue – I said yes and signed the consent form.

From there we immediately crossed to the surgery, where I was introduced to Pat again. I slipped off my shoes, socks and briefs. I lay back on the bed, lifted my shirt and waited for Dr Zarifa to commence. Dr Zarifa cleaned and disinfected (if that is the correct term) the appropriate area. He then administered local anaesthetics and after a short period my re-circ began. I lay back with my hands at the back of my head while Vernon watched my circumcision.

There was nothing to worry about, Dr Zarifa diligently setting about his business. Even the smell of cauterised skin did not bother me. In no time at all, Sister Pat

was assisting. Later, bandages were applied, Sister gave me a pad to place in front of my penis for extra protection. Dr Zarifa advised wearing tight briefs for support. I was then advised to rest a while, he gave me 500ml of water and told me to drink plenty. After about ten minutes we left with handshakes and best wishes. I thanked Sister Pat for her role in my re-circ. Vernon and I went for a meal across the way, then back to Euston to say farewell.

### **Saturday 30<sup>th</sup> September 2006**

It is now five weeks since my recirc. My penis is healing well, although the shaft is a little swollen especially underneath where the frenulum was removed. The overall result looks good and I would recommend Dr Zarifa to any boy or man requiring circumcision.

During my circumcision, I commented that the number of men being circumcised for whatever reason could start a fashion trend. Obviously he saw nothing wrong with that. If the information and comment provided by the internet is anything to go by, then I would deduce that circumcision is practised now more than ever before. Men don't seem embarrassed by the subject as they used to be when I was first done. Perhaps organisations such as the *Acorn Society* can take some credit for that. Having regard for what I have just said, I am very aware of organisations opposed to male circumcision and they are entitled to protest – however, I am glad that I don't possess a foreskin.

*Robert – Manchester*

## **Nudity And Circumcision**

One of the recent and excellent newsletters raised the subject of, and solicited comment about, nudity and circumcision, and the apparent sensitivity of some gents who are not circumcised and their awkwardness over their undressed bodies. It is quite noticeable here in the USA where most men are circumcised, especially in more affluent communities. I laugh at the comments of those who say that in all their travels they have never seen an uncircumcised man in USA locker rooms or shower rooms; certainly these gents are not seen because they avoid being seen. I was not circumcised until I was 30 years old and know what it is like to be in situations where almost everyone is circumcised. In the US Army I was one of the few uncircumcised guys in my unit. I was very embarrassed when I was put in a Military physician's circle and the physician made us form a circle of perhaps 20 to 30 guys. My group were almost all African Americans and there I was the only guy with a foreskin. While minority men were more likely uncircumcised, a minority among the minority guys were circumcised in the Army while overseas but I never sought the operation when in service. Wish I had!

While in the service, I arranged to shower later at night when there weren't so many people using the showers. I had what is known as a redundant foreskin and in the USA it is easily noticeable among the roundheads. It is so rare and odd looking that stares are possible and one Jewish guy went ballistic seeing what he obviously had never seen before and shouted about my difference. Over the years, I learned to suffer in silence and make huge efforts to avoid scrutiny.

So, with that as a background and as a fitness swimmer for the last 30 years, I definitely notice the discomfort of the uncircumcised. They make huge efforts to either avoid the shower room or to even shower with their swimsuit on and then carefully hide in some corner to dress. I generally try to engage them in conversation to comfort them as I wish others had comforted me in my embarrassment so long ago. No words are passed about the other's difference; it is the weather etc. which is discussed out of courtesy to those who are uncomfortable.

But in perhaps the last few years, a big change is very apparent. As I finish in the locker room, a group of young boy swimmers will sometimes arrive and curiously all dress under huge beach towels. For me, it is a reflection on what I would have done had the culture allowed back then. It called more attention to oneself than if you simply moved fast and perhaps went unnoticed. (Redundant foreskins cannot be kept retracted back successfully.)

I would love to know the beginnings of this practice. But asking why would not be cool, so I simply notice the change. I suspect it is caused by the feminist movement which has lumped together female and male circumcision and brought about the feminization of the American male, with perhaps some well meaning mom dictating even how boys should avoid being seen. Perhaps some of these young uncircumcised guys commented to mom about their embarrassment and thus a regulation is born. It is a creepy feeling to be around people who dress thus and the practice is now spreading to some of the young adult swimmers.

On the subject in general, I was surprised to see a men's magazine, *GQ*, advocating that good manners dictate that guys use a towel wrap in the locker room. Feminization again. The male body need not be hidden among other males in my view. When vacationing this year, I found it so odd to see all the men in huge swim suits which of course hamper swimming and the young women in bikinis revealing their entire bodies. Sometimes, I purposely wear the briefest of swim suits to my workout just to force the debate about changing of standards for men and women. When some fool mentions my suit, I generally say that if the gals can show their bodies, why can't I?

One of the swimmers who is uncircumcised will not use the locker room and I am sure there are others who also handle their embarrassment by going home to shower. When I noticed my difference in Kindergarten, my mother told me to not let the other boys see. Hide!!! By the way, I once frequented a large public pool where many Europeans and their children would use the locker room. Dads let their little girls move around in the men's shower room a lot more than Americans like. It would be nice if their attitudes toward nudity were more prevalent here. Then, again, there isn't a lot of difference among their men. Well, I avoided being noticed as the odd man out for many years and hope that no one I know has to suffer such discomfort.

Don't believe that circumcision is on the wane here, it is still about 85% in affluent California suburbs. The large influx of Mexicans and Central Americans whose cultures have not yet adopted circumcision affects statistics much as in affluent London areas. There is even a trend among that group in SF General where one in three boys is circumcised even though their parents are immigrants

from Mexico, etc. Eventually, everyone assimilates and wants their boys to be comfortable in their adopted culture. Anti-circ people try to prevent the poor from being circumcised here by excepting the practice from state and federal medical coverage. I hope they are forgiven their stupidity.

*A Native Californian*

## Swimming

In the last edition, the editor questioned whether circumcised men were really more confident about appearing naked or whether it was all a matter of locker room culture. In my opinion, it's the culture that's most important.

At the school I went to, a minor public school, in the fifties, you weren't allowed any inhibitions. There were no partitions between the showers or the urinals; there weren't even doors on the toilet cubicles, although that might have had more to do with discouraging smoking and sexual dalliances. But it was swimming which set the culture in stone. Unless it was a gala, with outside visitors, no-one was allowed to wear swimming costumes. This applied to masters as well as boys and the games masters who took the swimming periods were probably the first men I had seen properly naked. They were circumcised to a man. They would have been born in the twenties or thirties and no doubt their middle class parents enthusiastically agreed to the doctor's recommendation to have their foreskins snipped. Certainly from then on, I associated the cut penis with manliness and virility.

I can remember the first swimming period when all the boys were lined naked along the edge of the swimming pool, with hands clasped over their genitals. The first order from the (naked) master was: "Everyone put your hands on your head." Of course, this meant uncovering ourselves. "Now," said the master, "just look around at everyone else." We did this shyly and blushing. "What you will have seen" said the master "is that everyone is the same. Everyone has private parts just like you and so there is no reason for you to hide yours. So, no more covering with hands or towels. Just forget that you are naked. Then everyone else will forget you are naked and you will forget everyone else is naked." Of course, this statement was incorrect on at least two counts. Everyone was not the same – some endowments were larger than others, even if none were yet of adult size; some had the start of pubic hair; and most importantly for me over the coming years, some were covered in foreskin and some had knobs exposed.

But the regime at the school certainly meant that you learnt not to have inhibitions about being naked and this has lasted all my life. Whether in locker room or doctor's surgery, the thought of other men seeing my tackle has never given me a moment's concern. Of course, I expect that nude swimming has long since ceased even in the few all boys schools that remain. I am sure that helps explain the timidity of many of today's youth about being seen in the buff. More's the pity, I say. Your naked body is something to be proud of, even if you still have the disadvantage of a foreskin covering.

*Mark – Monmouth*

## Well Circumcised

No doubting the status of the four men featured in our photo gallery this issue. All display the bared glans which is the sign of a good circumcision.





## Is Circumcision The Right Decision?

[By Aly Murphy and Elena Gaudino, *The Daily Campus*,  
University of Connecticut]

If you are interested in hopping into bed with an exotic stranger from abroad, be prepared for a certain party flavor that most males on campus do without. And though accents are a lovely flavor, it's the foreskin that makes most of these Europeans different from American males. Foreskin is the attachment of skin that covers the head of a penis in uncircumcised males. Though many of us, United States and Canadian citizens, think of uncircumcised males as an ancient breed, there's been a growing trend, even in the United States, to avoid the cut and to embrace nature.

According to *cirp.org*, male circumcision is the most common surgery in the United States. However, the popularity of undergoing the snipping procedure has been on the decline since 2000. The rate of circumcised males has seen a significant change starting from the national average of 95 per cent decades ago, to the fluctuating per centage in the 1980s in the North Central region of the United States and 70 per cent in the Northeast region in the 1990s, down to the present day statistics of 77 per cent in the North Central region and 64 per cent in the Northeast region. The most startling statistics derive from the Western region of the United States that boasts a low 31 per cent of circumcised males. These dropping statistics can be attributed to the growing resentment against unnecessary surgery to newborns.

Though male circumcision started up as a cultural tradition, it's now progressed to not only a social standard for some, but a hygienic procedure as well. And though the sensitivity that comes along with uncut members appeals to certain crowds, some factors dealing with an uncircumcised penis can leave others heading for the mountains. For instance, according to University of Columbia's sexual education web site, the cocoon of space between the foreskin and penis can create a breeding ground for bacterial growth as dead skin cells and secretions from small subcutaneous glands (formally known as 'smegma') can easily get stuck there. This creates the perfect recipe for various infections and can even promote yeast infections in males. Therefore, uncircumcised penises require a bit more hygienic attention when it comes to penis up-keep.

However, foreskin, according to *net.indra.com*, isn't just a useless flap of skin over the head of a penis, which is what a majority of the population who haven't seen or dealt with an uncircumcised penis believes. In fact, the foreskin is anything but useless – at least when it comes to sexual pleasure. The web site states that the foreskin is an extremely sensitive continuation of skin that covers the shaft of the penis. It's not only praised as a protector of the head and natural lubricant for friction, but also a tool to create a more delightful sexual experience for the male as foreskin is filled with nerve endings called stretch receptors that are set off when stretched, rolled or massaged.

According to the same site, circumcision actually hinders the sexual experience for men since, without the protection of the foreskin, the mucus membrane of

the head thickens where the nerve endings are, therefore desensitizing the head. Another minus attributed to circumcision is the partial or full removal of frenulum, a Y-shaped web of skin on the underbelly of the penis – the most sensitive part.

So what's the big deal when it comes down to sex when it comes down to the question of cut or uncut in males? While some may have heard the rumor that uncircumcised males can actually enhance sexual pleasure in females, according to *cirp.org* the opinion or difference still remains a mystery. "To date no study has investigated whether this dramatic alteration in the male genitalia affects the sexual pleasure experienced by the female partner or whether a woman can physically discern the difference between a penis with a foreskin. The impact that male circumcision has on the overall sexual experience for either partner is unknown," according to *cirp.org*. Christina Bainton, a 5<sup>th</sup>-semester English and broadcasting major and official UConn Sexpert, also said there is no major technical difference when it comes to their partner, but can be handy for the male himself. "To be circumcised or not to be... it really doesn't matter," Bainton said. "In the long run, they are exactly the same. Their partner will not feel a major difference while the men that are uncircumcised will have more sensitivity, which will increase pleasure. This doesn't mean that circumcised penises don't feel anything. The package is the same, it's just wrapped differently."

## You Are Not Alone

I thought members might like to know about a lesson in foreskin hygiene which features in a 1979 Danish film called *You Are Not Alone*, recently issued on DVD in the USA. It's a very dated-looking drama about the close friendship between a 14 year old boy at a Danish boarding school and the 11 year old headmaster's son – played by Anders Agenso and Peter Bjerger respectively.

In one scene, the two boys – who are both uncircumcised – have a shower together, and the older boy asks the younger boy if he washes his penis, adding "I mean... under the foreskin and everything". The younger boy replies: "Do we have to?", to which the older boy replies: "Yes, otherwise we smell bad".

That section of dialogue has no relevance to the plot, so it seems likely to have been incorporated merely as a lesson in genital hygiene for Danish boys.

The DVD is available from [www.amazon.com](http://www.amazon.com) and other US online mail order companies.

D.C. – Middlesex

## Doubtful Ethics?

In his column in issue 3/2006, the editor, in writing about a correct masturbatory technique to stretch the foreskin, used the phrase: "Setting aside the doubtful ethics of training pubescent boys in such matters". Why "doubtful ethics"? Surely such matters should be part of a normal sex education course, something we are very bad at in this country given our rate of STDs and teenage pregnancy.



Last week a close friend dropped in to show me a message on his mobile. His prostate cancer is being closely monitored in case he should need surgery. The message was from his 24 year old niece in Australia and said "Please masturbate often. It will be good for your health." I don't know whether this is good advice or not, but certainly regular exercise won't do him any harm. I don't know his habits, and don't feel I can ask a 67 year old married man about this. As we swim together I know that he is very thoroughly circumcised so maybe a few tactful questions and a few tactful hints will not come amiss.

But well done the niece, and may we have better sex education in this country.

*J.G. – Surrey*

## **I Was Scared But I'm Proud**

**[From *The Electric New Paper*: 6<sup>th</sup> June 2006]**

**A**syraf Danial Abdul Latiff, 5, was thinking of just one thing – a new bicycle. That was the reward promised to him by his father for undergoing circumcision, the traditional rite of passage for Muslim boys. Asyraf attended a mass circumcision ceremony together with 13 other boys at the Al-Iman Mosque in Bukit Panjang yesterday. "He cried during the half-hour operation," said his father, Mr Latiff Razali, 45.

Mr Latiff said he will keep his promise and reward his son. "He was very eager to go through it after his cousin received many presents after being circumcised last year," said his mother, Madam Adhimah Abdul Rahman, 43. Circumcision is the surgical removal of the foreskin – the flap of skin that covers the tip of the penis. Muslims consider it desirable, as it preserves cleanliness.

The boys, aged five to 13, were decked out in their finest clothes and treated like royalty for the day. Before undergoing the operation, they took part in a procession around the mosque accompanied by a group of *kompang* (traditional hand drum) boys. After witnessing a *silat* (Malay martial arts) performance, a short prayer was said for them before they were led to a room to be circumcised by a Muslim doctor. While waiting for their turn, most of the boys did not seem to fully comprehend what they were about to undergo. Most of them were relaxed and fooled around with each other.

Each boy was given a certificate and there was food for about 100 friends and relatives who attended the event. Their parents had signed them up for the ceremony after word spread that the mosque was holding the ceremony for the first time. One of them, Mohd Naquiuddin Mohd Wahid, 11, said: "I ate a lot of fried chicken yesterday because my mother said I wouldn't be able to eat it for a while or I won't heal properly." The oldest participant, Muhd Effendy Moktar, 13, was the first to go under the knife. He screamed in pain even though he had been anaesthetised. It was the most painful experience he had been through, he said later. "I was a bit scared, but I'm proud that I went through it," he said.

His younger brother, Muhd Raihan, 11, who was next, cried after the operation. According to his grandfather, Mr Hamzah Yusof, the anaesthetic numbs the area but they can still feel some pain. He was in the operating room with his grandchildren. Said Mr Hamzah: "They were a little tense. But I talked to them and held their hands to calm them down. I'm very relieved and happy for them." The boys will have to wear a loose sarong for a week.

The mosque's secretary, Mr Jamari Mohtar, said circumcision is a symbolic transition from boyhood to adolescence. But nowadays, most families hold the ceremony on a smaller scale – either at home or by taking their children to clinics and hospitals. Said Mr Jamari: "Some parents find it's neater and more convenient to have it done in hospitals or clinics, but then they miss the cultural aspect." He said the mosque wanted to recreate the festive spirit that used to mark the ceremony back in the kampung days.

## Precision Circumcisions

[Article by Marc Abrahams, *Guardian*, 25<sup>th</sup> October 2005]

Bryan B Fuller is the world's top expert on skin colour in human foreskins.

Professor Fuller's foreskin research is based at the University of Oklahoma, where he is an associate professor of biochemistry and molecular biology. A research paper he co-authored with four colleagues in 1990 is the most-cited study on the topic. The paper, "The Relationship Between Tyrosinase Activity and Skin Color in Human Foreskins", appeared in the *Journal of Investigative Dermatology*. It makes lively reading. The scientists pre-select their foreskins on the basis of race. The paper explains that "The race of the child was determined from the race of both parents. Foreskins were only used from children whose parents were either racially Caucasian or black. No foreskins from racially mixed marriages were used."

The Fuller process of preparing and utilising a foreskin is complex. Seen from the point of view of a foreskin, this is a many-stage adventure. First, the foreskin is surgically removed from its birthplace. Then it is placed on a gauze pad that has been saturated with a fluid called "Hank's balanced salt solution". It is then trimmed and sliced into five-square-millimetre chunks. Then each chunk is homogenised three times. It is then sonicated three times. (You may not be familiar with sonication. Sonication, in the words of the Hielscher company, which makes sonicators, is "a very effective method for the mixing, homogenising, emulsifying, dispersing, disintegration, and degassing of liquids by means of ultrasonic cavitation".) The foreskin bits are then frozen, centrifuged, and sonicated once more. By this time, the foreskin has been through a lot. But the adventure is really just beginning. Now, at last, the foreskin bits get analysed, but that is a story for another time.

Fuller's patent (US 5589161) for using foreskins to test skin-tanning solutions is the *ne plus ultra* on how to use foreskins to test skin-tanning solutions. One of his main aims, his website informs us, is "to develop skincare products that can

stimulate melanin production (tanning) in fair-skinned individuals". Five of his 11 foreskin-related patents, though, are about how to make skin become lighter. The newest, called "Method for Causing Skin Lightening", features a 1,300-word exposition about foreskins.

Scientists of an earlier generation fondly recall D.A. Pious and R.N. Hamburger's study of 50 cultures of human foreskin cells, published in 1964. Pious and Hamburger, however, had little to say about the colour of the foreskins. And of earlier times, there is little on the record. Most disappointing is the fact that foreskin colour is not mentioned at all in Frederick M. Hodges's instant-classic of a report on "The Ideal Prepuce in Ancient Greece and Rome", which was published in 2001 in the *Bulletin of the History of Medicine*. A Fuller account is wanted.

## **Baby Needs Recircumcision**

**[Article by Chain Klir in *ynet news.com*]**

**E**ighteen months after A's circumcision ceremony, his parents had to have their son re-circumcised under anesthesia after the first mohel "didn't cut off enough." The parents sued the first mohel, and won NIS 45,000 in damages.

'A' was born in springtime. Eight days later, in keeping with one Jewish custom observed by nearly all Israelis, he was circumcised by mohel (ritual circumciser) Rabbi Shalom Ma'atuf. But when the boy was two-and-a-half months old, his mother noticed his penis seemed uncircumcised. The frightened mother called Ma'atuf and asked him to examine the baby, but Ma'atuf never appeared. "Be patient, things will work out themselves over time," he told the mother.

At seven months, she called Ma'atuf again and expressed her concern. "Is the boy chubby?" asked Ma'atuf. The mother confirmed that was the case, and was told once again not to worry. "Once he loses some of the 'baby fat' you will see he is circumcised. Eventually, your kid will be normal," assured Ma'atuf. The scene repeated itself several more times, but Ma'atuf refused to examine the boy, maintaining that things would "work out".

### **Fears confirmed**

When the boy was a year-and-a-half old, his mother finally took him to a urologist, who confirmed her worst fear: the boy was not circumcised properly, and his foreskin was almost completely intact. Dr. Kessler then proceeded to circumcise the boy under full anesthesia. The parents say the surgery put the family through a terrible ordeal. "From a pleasant and smiley baby, our son became a frightened boy, often in pain, and constantly subject to anxiety attacks. We couldn't do anything about it," they told Justice Dalia Ganot of the Rishon Lezion Magistrates Court.

### **Conflicting opinions**

Justice Ganot said the relevant issue was whether or not the boy required corrective surgery. This is where opinions differed. Dr. Kessler, an expert witness for the plaintiffs, claimed that there was excess foreskin, a condition that can

only be treated by surgery and not “over time”. But Dr. Atias, an expert witness for the mohel, disagreed. In his opinion, the boy suffered from “hidden penis phenomenon”, a condition that would have corrected itself as the boy grew up.

Kessler said it was possible to determine that there was excess foreskin by pulling the skin back, towards the penis's shaft. But Atias claimed such an examination can only be done while the penis is erect, and therefore it was not possible to make that determination.

### **Heavy fine**

After reviewing photographs of the boy's penis taken before the surgery, the judge awarded the boy NIS 45,000 in damages for emotional distress, and said the boy should be compensated for all future expenses – psychological therapy, increased diaper usage, medical treatments, etc. “Even to the untrained eye, there is no doubt the penis was abnormal, and that it does seem uncircumcised (from the photos),” said Ganot. “Moreover, while Dr. Kessler is a surgeon specialising in child urology, Dr. Atias is a gynecologist that operates on women. What does a women's doctor know about penises? We live in a Jewish state, where the majority of citizens – both Jews and Muslims – circumcise their sons. Had the boy grown up with a penis that seemed uncircumcised, he would have been considerably different from his friends. There is no telling what psychological impact that would have on his character and personality.”

## **Siriraj Hospital Names Songkhla Doctor As The ‘Finest’**

**[from a report by Arthit Khwankhom in *The Nation*, Bangkok]**

A doctor who dedicated his life to improving health care in his hometown, the predominantly Muslim district of Thepha in Songkhla, has been named finest rural doctor of the year by the prestigious Siriraj Hospital, the nation's oldest school of medicine.

One of Dr Suwat Wiriyaongsakij's remarkable successes came from his integration of modern medicine and religious practices. “Penis infections and bleeding were common among Muslims because circumcisions were not being carried out properly”, said the 41-year-old director of Thepha community hospital. A Muslim must carry out the circumcision, although often no one within a community had the skills to carry out that most delicate of operations. He said some people were also not concerned about the medical problems that arose from badly performed circumcisions.

In response, Suwat organised mass annual circumcision rites, encouraging the community to come to the ceremony where he gathered qualified Islamic medics to provide proper circumcisions. The doctor also trained Islamic nurses in the procedure and the number of circumcision bleedings and infections was reduced dramatically.

# ACORN

Issue  
N° 6 2006  
Editor  
Ivan Acorn

## Editorial

**M**erry Christmas! I hope that this newsletter will provide some interesting and stimulating reading over the Festive Season. Unfortunately, also enclosed is an equally seasonal but less welcome gift – your membership renewal form. I do hope that you will have enjoyed membership sufficiently over the past year to make renewal a no-brainer. Get your cheque book out now!

In this edition, a former member of *Acorn* challenges the Society to become active in promoting male circumcision, including routine infant circumcision. In other words, do we want to talk or act? I would be interested in your views which I will print next time. On the subject of RIC, I reprint an article by *The Times* Doctor which, unusually for a UK medic, comes out heavily in favour of circumcision. But, in another column in *The Times*, a doctor colleague puts a contrary view – leave the foreskin alone! And in another contribution, an American mother bewails having been talked into having her twin baby boys circumcised twenty years before. But what do her sons think now – we aren't told.

In other words, the debate rages on – which is what this newsletter is all about.

*Ivan Acorn*

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## Correspondence

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### Just what is the purpose of circumcision?

What is the purpose of the circumcision operation? This may seem an odd question to ask about a procedure which has been in existence for thousands of years. Nevertheless, there are in fact two distinct and separate reasons for performing circumcision. Some classes of circumcision are undertaken to remove the foreskin; there is a completely different set of classes where circumcision is undertaken to expose the glans. The fact that each is a by-product of the other does not alter the fact that the two purposes are very different in motivation.

Let us first consider those circumcisions whose main purpose is to remove the foreskin. Falling primarily into this group are circumcisions carried out for medical reasons – phimosis, balanitis, frenulum breve. In such cases, the foreskin is defective in some respect – the opening is too small to allow retraction, there is a propensity to irritation or bacterial infection, the frenulum is so short that it causes pain and threatens rupture. The offending piece of skin is surgically removed and the problem is solved. The fact that the glans is thereby exposed is purely a by-product of the operation. In fact, some surgeons adapt the surgical procedure to retain as much foreskin as possible. The dorsal slit is an example, where phimosis is cured by making an incision in the foreskin from the tip roughly to the glans and then suturing the two sides of the incision separately. This leaves the foreskin in two flaps to cover the glans. Frenulum breve is sometimes dealt with by frenoplasty, a technique whereby the frenulum is lengthened rather than it and the foreskin being excised.

Also into this category fall circumcisions carried out for prophylactic reasons, usually in infancy. Prophylactic circumcision first became popular in Victorian times when it was seen as a cure for, amongst other things, masturbation and epilepsy. Nowadays, apart from religious reasons which are considered below, routine infant circumcisions are usually carried out “to save trouble later”. If the foreskin is removed, the boy is future proofed against all the normal foreskin ailments listed above. The boy also gains some protection against sexually transmitted diseases. It is well documented that circumcised men are less prone to such diseases as syphilis and gonorrhoea. Now there is increasingly overwhelming evidence that circumcision provides some protection against the HIV virus. The inner foreskin contains large numbers of Langerhans cells which are particularly susceptible to outside agents. The removal of the foreskin and hence the vulnerable area decreases the penetrative powers of the virus. For the full benefit, of course, a low circumcision removing virtually all the inner foreskin is optimal.

In all the above cases, the removal of the foreskin is the sole motivation and the resulting exposure of the glans is an inevitable but not sought after by-product.

There is however another class of circumcisions where denudation of the glans is the primary purpose. First consider the Jewish people. It was a commandment from Yahweh to Abram that he and all the men folk of his tribe should be circumcised of the flesh of the foreskin. The purpose of the ritual was to expose the glans of the penis and thereby give all males a mark which would distinguish them from

all other males. This was a sign of the covenant between Yahweh and the Jewish people. This covenant continues to today and even in families where most Jewish rituals have fallen into abeyance, circumcision of baby boys on the eighth day of life is still observed. Indeed, there are sometimes anguished accounts of Jewish men who have married non-Jews but are still desperate that their sons should be circumcised, often in the face of resistance from their wives. Of course, to be effective, the sign of the covenant must be apparent. There are therefore rules of procedure for a Jewish circumcision to ensure that the glans is fully exposed. Indeed, at one stage in their history, there was concern that some Jews were stretching the remnants of their foreskins to appear non-Jewish so that they could, for instance, appear naked in the Baths or Greek games. To eliminate such possibilities, a more radical form of circumcision was introduced whereby the inner foreskin was stripped away as part of the ritual.

In times of persecution for the Jews, circumcision has provided proof of identity and has effectively signed the person's death warrant. Nevertheless, circumcision has continued and where, as in the old Soviet Union, the practice was suppressed and forbidden, as soon as freedom came or the men emigrated, they immediately arranged for the circumcision of themselves and their sons.

Whilst Islam does not demand circumcision, it is a tradition which most Muslim males observe in honour of the Prophet. The age at which boys are cut varies from country to country and can be at any time from birth up to puberty. Again the circumcision is symbolic in nature and this demands the demonstrable sign that circumcision has taken place. Hence it is the exposed glans that is again of paramount importance. In many African tribes, circumcision is carried out as a rite of puberty as the boy crosses into manhood. The ceremony itself is an ordeal which the boy must endure stoically. The resulting naked glans is a powerful symbol of the new man's virility, signifying that the penis is stripped for action and fully capable of fulfilling its new sexual function.

Such puberty rites are not just ceremonial. They are carried out in recognition of the benefits to sexual function which denudation of the glans conveys. There are three main benefits. First, the glans in its covered state is hyper-sensitive. This is a consequence of the evolutionary process. The original purpose of intercourse was to fertilise the woman. Therefore, as the penis entered the vagina, it was advantageous for orgasm and ejaculation to be triggered immediately. The glans was designed in its super-sensitive state to achieve this. Nowadays, conception is the objective in only a minority of sexual couplings – pure pleasure is more often the reason. Prolongation of the process is therefore advantageous and some diminution of the hair-trigger reaction of the glans desirable. This is where dehooding the glans can be beneficial. The permanent exposure results in keratinisation of the skin of the glans – the glans becomes accustomed to contact with clothes and does not therefore react so uncontrollably in a sexual situation. However, the man does not sacrifice any pleasure – research has shown that the ultimate sensitivity of the glans and the intensity of the male orgasm is unaffected by circumcision. It is rather like the contact lens process. The eye of a contact lens wearer accommodates to the presence of the lens; this does not mean that the eyeball is any less sensitive.



The second benefit sexually occurs in intercourse. The whole surface of the glans of the circumcised penis is fully exposed to stimulation – in particular the very sensitive rim of the corona and the V-shaped sulcus (especially if the frenulum has been removed). In the uncircumcised man, these areas can become covered by the foreskin on the retraction stroke (the man is partially withdrawing into his foreskin) and thus the stimulus to the coronal ridge is less. The third benefit is the aid to conception where this is desired. The fact that the urethral opening is entirely unobstructed by foreskin means that the semen is ejaculated as far as possible into the woman's vagina without hindrance. With an uncircumcised man, there is the possibility of at least some of the ejaculate being caught in the foreskin.

A further purpose in exposing the glans is aesthetic. Many men and women prefer the appearance of the penis when the foreskin has been completely removed and the glans stands proud and bare. With the glans permanently stripped apparently ready for action, the sexuality and the virility of the male is excitingly on display. This has been compared favourably with the uncircumcised penis where, especially when the foreskin is long, the appearance of the flaccid penis can be almost prepubescent.

The two distinct purposes of circumcision are probably not recognised by surgeons, especially in the UK. They circumcise predominantly to cure medical defects. The removal of sufficient foreskin to cure the immediate problem is the purpose of surgery. This means that they are usually conservative and remove as little foreskin consonant with their primary objective. This leads to loose circumcisions, sometimes with sufficient foreskin remaining to cover the corona. For those undergoing circumcision mainly to gain the benefits of a permanently exposed glans, this can lead to disappointment. Such an aim is only achieved by removing sufficient foreskin (and probably the frenulum) to result in a tight cut. Such radical circumcisions are foreign to most UK surgeons.

But of course this discussion is essentially artificial since a circumcision performed to remove the foreskin automatically confers the benefits of an exposed glans, and vice versa. In this respect, circumcision comes as a two-for-the-price-of-one offer – lose your foreskin and gain the advantages of a denuded glans; expose your glans and dispense with all future foreskin problems. So it's a bonus package and a cut price offer on which there is no time limit. But this is no reason for delay – with the dual benefits that circumcision brings, why hesitate?

*Ivan Acorn*

## **The Direction Of The *Acorn Society***

**M**embers may recall that, two years ago, I no longer felt that the *Acorn Society* was going in the direction I wished it to take and so, with much reluctance after some 10 years of membership, I resigned. The Editor was kind enough to print my Letter of Resignation at that time (issue 3/2004).

Moving on a couple of years to October 2006 I have just been visited by my very good friend and *Acorn* member R.W. – Surrey who, like me, is extremely



pro-circumcision and who introduced me to the Group all those years ago. R.W. brought with him a number of date-stamped envelopes each containing a year's worth of past *Acorn* magazines so that I could catch up on my reading matter and see what I had missed!

I have to say that, while some of the members' articles were of interest – plus the increasing numbers of extracts from the Internet – in my opinion by far the best written and most interesting articles were from the Editor. Indeed, without exception, on concluding the reading of his foreword and especially his page two and three missives where he deals with related topics in some detail, I was left stimulated by his well researched works which were very interestingly constructed, with excellent use of words, grammar and punctuation.

In particular I enjoyed the leading article in issue 3/2005 which dealt with the very positive effects of circumcision on the reduction of the transmission of HIV. Again the article was very well researched and I found it extremely interesting. Then, to my utter horror, I turned to the following issue to discover that both the Editor and his article had been annihilated by *Acorn's* past leader, David, who until then I had always respected for his apparently unbiased views on circumcision. So incensed was he that he 'publicly' resigned over the article the Editor had so skillfully written – and all praise to the Editor for publishing such condemnation! Surely this is all a bit extreme of uncut David ... or maybe he was just looking for a reason to resign from the organisation? Perhaps *Acorn* had become too pro-circ for his liking?

It has been frequently commented that the majority of *Acorn* members are circumcised – or wish to be – and, as I read in *Acorn*, with fewer active members at meetings and a generally falling membership (as David acknowledged), the time must now be right for the *Acorn Society* finally to come off the fence and declare itself as a PRO-circumcision Group. In this day and age of pathetically few male circumcisions, there are regrettably no organisations dedicated to furthering the practice in the UK, whereas there is a plethora of groups dealing with foreskin restoration.

We, the small percentage of circumcised males in the UK, are the ones who have taken positive action (or, in cases such as mine, whose parents have thankfully taken action on our behalf) to enable us to achieve a circumcised organ of which we are proud and it is we who will benefit from a support organisation. Males who have chosen to remain with their foreskins, with all the disadvantages, have not taken any positive action and so do not require organisational support. Put another way: You wouldn't enroll ordinary (non-pierced) people into a club for people with body-piercings!

After lengthy discussions, R.W. and I are proposing that *Acorn*, with all its excellent infrastructure, should as soon as possible become an organisation which enthusiastically promotes male circumcision, including RIC if the parents agree, here in the UK, and makes the many positive advantages of circumcision available to all who wish to know about them (including mothers of male babies). It's time that the tide was turned and, with reborn *Acorn's* help, male circumcision, with

all its advantages both to men and their partners, will again become the norm in the UK.

If the *Acorn Society* decides to continue on its present path of self destruction and not become proactive and pro-circumcision as R.W. and I (and others) would wish, we will take matters into our own hands and form a new Pro-Circumcision group ourselves.

Think about it, *Acorn Society*, if you wish to be here in five years time!

*J.H. – Dorset*

[Editor's note: I would be interested in members' reactions to J.H.'s proposals. To date, the Society's objectives have been centred on informing and supporting members on issues concerning circumcision and the foreskin. How many members would wish to add the promotion of circumcision (including routine infant circumcision {RIC}) to the Society's aims; and how many would object to such a move?]

### ***The Times Doctor Praises RIC***

**[The following question and answer appeared in Dr Thomas Stuttaford's health column in *The Times* on 9<sup>th</sup> November 2006]**

**Q:** A Hertfordshire reader has written about circumcision. She is just back from America, where she read that it is advantageous and she wonders why it is not done routinely in Britain.

**A:** My opinion, which I have been propagating for many years, is in accord with that of David Ferguson, a research worker from the Christchurch School of Medicine, New Zealand. Ferguson has followed the case histories of more than 500 newborn New Zealand boys until they are 25. He has kept a close check on their sex lives as well as their sexually transmitted infections and has related the incidence of the latter to whether they were circumcised. He has made suitable allowances for every known eventuality: the number of sexual partners, their background and whether they used condoms. He found that circumcising baby boys at birth reduces their chances of transmitting sexual diseases, not only HIV, by a half. It has already been indicated that the likelihood of catching HIV from an infected person is reduced by a greater ratio than this.

Circumcision not only reduces sexually transmitted infections but also the number of urinary-tract infections in early life – a time when they may do lasting damage – and also of penile cancer and balanitis xerotica obliterans (BXO), a reasonably common condition of the penis that causes a chronic skin problem with shrivelling of the end of the penis so that the meatus (orifice) may become fibrosed and closed.

Jay Berkelhamer, president of the Paediatrics Society, has suggested that the policy of paediatricians towards circumcision laid down in 1999 in the US should be reviewed. He has been supported by other paediatricians in this plea. Colleagues, including Dr Edgar Schoen, of the Kaiser Permanente Medical Centre, California,

have said that they would like parents to be told by their doctors that the benefit of circumcision now far outweighs its risks.

Thomas Wiswell, a professor of paediatrics from the University of Florida, has made the point that I have been supporting since the early 1970s when I started to practise genito-urinary medicine. It is that, despite increasing evidence of the advantages of circumcision in adult life, so far as STDs are concerned, any decision about circumcision is left to the paediatricians. Paediatricians are concerned only with a child's genitalia and urinary function, whereas it has other uses for the 60 adult years of a man's life.

## Circumcision Fear

**[From a question and answer feature with Dr Jane Collins,  
*The Times*, 30<sup>th</sup> September 2006]**

**Q:** Our eight-year-old son's foreskin will not pull back over the top of his penis. Our GP says he will need to be circumcised, and that it is better to get it done soon. Is there an alternative?

**A:** All boys are born with non-retractile foreskins. In the vast majority of boys, the foreskin will retract by puberty. There is a great deal of data suggesting that, in most cases, boys have a retractile foreskin by 4. But for some this won't happen until 5, 8, even 10 or 11, and this is nothing to worry about.

Don't be tempted to do anything to encourage the foreskin to retract. Eventually the adhesions holding the foreskin in place will begin to break down and it will gradually retract. It would, however, be reasonable to see a paediatric surgeon or paediatric urologist for advice. In the vast majority of cases the foreskin will, in time, retract naturally, without the need for surgical intervention.

## Literary Extract

**[From *After the Victorians* by A. N. Wilson]**

One of the most striking ways in which the British male of this date expressed a feeling of kinship with the Jews was in the popularity of circumcision. "It is a curious fact," wrote Ronald Hyam in his masterly *Empire and Sexuality*, "that outside the traditional circumcising communities (Jewish, Muslim, Melanesian, Amerindian and some African) the only Westerners to adopt it as a common practice were the English-speaking peoples." The plot of George Eliot's last great novel, *Daniel Deronda*, published in 1876, had hinged upon the discovery by the central character that he was Jewish, a fact unknown until his mature years. An American critic of our day remarked that "Deronda had only to look". But not, in 1876, if he had been of Jewish origin, but brought up from birth as if gentile.

In the later generation, there would have been much greater opportunities for confusion. Circumcision became popular among the medical profession in the 1890s. Some attribute this fact to the pioneering skills of a Jewish doctor named Remondino. Others think that circumcision became popular in army medical

circles, especially in India. The periodical literature in the Edwardian period is extensive. For example, the *British Medical Journal* of 15<sup>th</sup> June 1907 contains a learned lecture on the subject by J. Bland Sutton, FRCS, who outlines the history of the custom among Jews, Muslims, the Masai and the Kavindondos of East Africa. Clearly, there were circumstances where British doctors had undertaken the operation for the treatment of specific disorders. Dr Bland Sutton gives as an example: "The Museum of Charing Cross Hospital contains a prepuce removed from a man of 35 years of age, with an orifice so narrow that when urine escaped from the urethra it ballooned the prepuce to the size of an orange and it was then expelled by squeezing. Micturation required fifteen minutes." But this was the consequence of congenital phimosis. The practice of circumcision upon males whose religion did not require it was, for Bland Sutton, a modern development. He notes that in 1906, 54 children were circumcised at his own London hospital, the Middlesex, while at the Hospital for Sick Children in Great Ormond Street in the same year a striking 874 patients were circumcised.

In our own day, once more, something like 1 per cent of the male population of Great Britain is circumcised, and this almost always for ritualistic reasons. In the period of the Empire's heyday, however, especially among the professional and officer classes, the proportion was high. In the 1930s, a survey suggested that two thirds of public school-boys in Britain were circumcised. As the Empire declined, so did the circumcisions. In 1946, a survey of boys born on 4<sup>th</sup> March found that 38.8 per cent of the professional and salaried families had circumcised their sons, with 29.9 per cent of manual and unskilled workers. The separation of Cavaliers (uncircumcised) and Roundheads at private schools, from the Edwardian period to the early years of Elizabeth II, was something with which every privately educated British boy would have been jocularly familiar. Dr Remondino had believed that evolution would eventually lead to the disappearance of the prepuce altogether. Certainly, gentile doctors pointed to the much lower incidence among Jewish children of infant mortality, and there was a belief that circumcision was more hygienic. It is certainly remarkable that the British adoption of the habit coincided with the period, roughly from the 1890s to the 1950s, of the sand and heat of the Empire, though it is hard to see exactly why the popularity of this observance, hitherto in history of unambiguously religious significance, should be seen as "primarily an imperial phenomenon".

## When Do You Want Your Sons Circumcised?

[By Diane Mason, *The Globe and Mail*, Toronto]

**I**t's only a piece of skin. It shouldn't upset me so much. Anyway, there's nothing I can do about it now. Besides, the experts said it was the best choice; in 1986 when my twin sons were born, the operation was *de rigueur*. Back then, circumcision was performed on 85 per cent of North American boys.

I got the whole spiel from the medical folk. I have no religious requirements respecting the procedure, so circumcision was unnecessary in my case – but not according to the hospital staff. If I didn't have my sons circumcised, I was told, they'll be plagued with infections. They'll get cancer of the penis. They'll give their

wives vaginal disorders. What's more, since their dad is circumcised, they'll be confused by the difference, and suffer psychological problems. The nurses assured me it was painless, and over in a flash. The message was: do your duty, mom, and get those little boys snipped!

I wish I could claim total ignorance. But even then there was discussion about circumcision being unnecessary and painful (although it wasn't a very loud discussion). Men – perhaps since they'd forgotten what it felt like to have it done – didn't speak out against it, and women seemed more concerned with “women's” issues. But even though there wasn't enough objection to make me halt the procedure, I was suspicious about the claim it didn't hurt. How could it not hurt, to have a piece of skin lopped from your genitals?

Not trusting my own judgment, I agreed to it. Shortly after the operation, however, I was in the hospital nursery, and happened to see the plastic frame used for the procedure. It was a small device (for babies are small) with a moulded form for the boy to be tied to, so he could be held down easily during the circumcision. I pictured my babies in that device, and instantly recognised what I'd done. Too late. Had I seen that thing earlier – had the hospital shown me what they were really doing – I never would have let them near my children.

Nevertheless, I put the matter aside. It was easy to forget what had been done and the boys healed up, of course. But recently, I've done some reading on the subject, and the whole question of circumcision came back to me. I wouldn't do it to my sons now, how could I do it to my babies?

There is evidence that circumcision is a devastating event that can have intense psychological repercussions. The foreskin is a complex and sensitive tissue, not just an appendix-like, superfluous tag of skin. It has functions. I had no idea, for instance, that the head of the penis is normally a mucous membrane that is permanently changed by the removal of the protective sheath. What remains is arguably scarred tissue. Yet because no baby says: “Hey, don't do that,” and no man circumcised in infancy knows what it's like to have a foreskin, the procedure continues.

Yet this procedure does damage. Why do we imagine that babies don't suffer and don't remember? How dare we take such a risk with their feelings, and their potential, as to do them such an injury? Looking back, my own weakness in the face of the status quo astounds me. But what astounds me more is that years later, this is still going on. We are still letting this happen to our boy babies.

Years ago, when we women suffered ignominy and unnecessary procedures in childbirth – shaving, enemas, being tied down while in labour – we banded together and said no. We changed things. We should be changing this, too. We women in particular should be advocating for our boys. These are our children, and later they become partners and lovers and friends. A man or a boy with the power to declare his choice would not agree to be tied up and submit to an unnecessary operation, without so much as an analgesic, with its attendant psychological, sexual and even physical repercussions. Surely we cannot believe our speechless babies have fewer rights.

We are the agents of our children's choice. I wish I had remembered that, when – as I held my new little boys in my arms – I was approached by the doctor who asked me, “When do you want them circumcised?”

The answer, of course, should have been: never.

### **Responses:**

Diane Mason's essay rankled me, for all sorts of reasons. As a man, because I find the idea of circumcision-induced trauma to be preposterous. By the logic adduced by the writer, even something as superfluous as the umbilical cord shouldn't be cut, since it might cause undue physical strain on the infant. Should the coming generation of children be forced to walk around with a two-foot long tube of tissue coiled up inside their shirts?

I imagine that Ms. Mason's sons will read her article and express a collective “Huh?” to her argument. I have no doubt that they are perfectly well-adjusted boys, and will have healthy and happy sex lives, and might one day choose to have their own sons circumcised. Their mother should just relax.

*Colin Krivy, Toronto*

As a happily circumcised male, I am constantly chagrined at the preponderance of anti-circumcision articles in the media. These articles are, for the most part, written by women, who have no idea what it really is like to possess a penis. When Diane Mason uses phrases like “a devastating event” and “intense psychological repercussions,” and when she infers that the circumcised penis head is “scarred tissue” – I say, what claptrap! The only function the foreskin served was to protect the penis head from injury in the prehistoric days when men ran naked through the jungle.

From my experience, circumcision is a one-time, harmless improvement on nature.

*R. Ware, Victoria*

## **Madonna's New Row Over Tot**

**[By Thomas Whitaker in *The Sun*, 6<sup>th</sup> December 2006]**

**M**adonna is embroiled in a new row with the natural father of her adopted African son. The pop queen aims to have baby David Banda, one, circumcised. But dad Yohanne Banda, 32, says that this flies in the face of Malawian tradition.

The wrangle arose because Madonna, 48, wants to raise David in her Kabbalah religion – and circumcision marks the formal entry into the Jewish community. But potato farmer Yohanne said David had been baptised a Christian. He said last night: “This goes against the Christian religion and is not something we would ever consider in Africa. We don't ever get circumcised here. I would urge her to think again.”

Madonna and hubby Guy Ritchie, 38, are locked in a legal battle with human rights groups in Malawi who have won the right to scrutinise the adoption.

## Foreskin Restoration

Whilst I am very pro circumcision and have been circumcised twice myself, I do appreciate that some members do lament the loss of their foreskin and wish they could restore it or at least some semblance of it. These members may therefore be interested in the following advertisement that appeared in the November 2006 edition of *H & E naturist*:

“CIRCUMCISED? NON-SURGICAL reversal of the procedure using simple but effective device to increase sensitivity and other benefits. Full details from Cavalier Products (H&E), PO Box 160, Lindford, Bordan, GU35 5AN”

As I have no wish to restore my foreskin and consider the sight of the fully exposed glans is far more attractive, I have not approached Cavalier Products. However I would welcome the views of any members who decide to try the product, preferably through the newsletter so that we all can benefit from their experience(s).

C.B. – Cornwall

## Court Rules Circumcision Of Four-year-old Boy Illegal

[from an article in *Helsingin Sanomat*]

Finland's first court ruling on male child circumcision has been handed down by a Finnish court. A Muslim mother faced charges of assault in Tampere District Court for having her four-year-old son circumcised. The incident was reported to the police by the boy's father, who had not been consulted. The court found that the mother's action was illegal. However, it did not assign any punishment. The mother defended her action by saying that she thought that circumcisions performed by doctors were legal in Finland. The case will now go to the Court of Appeals.

The mother said that the procedure is part of the family's religion and cultural heritage. The court found that interfering with personal inviolability could be allowed only in cases specifically permitted by law. “There is a perception in Finland that only girls' circumcisions are banned by law. There is no specific legislation about them; both types are illegal under the same criminal law. After all, in both procedures, part of healthy genitalia is removed without medical foundation, or competent consent”, says local prosecutor Jouko Nurminen. Nurminen says that the “misconception” may have arisen in connection with the drafting of the new constitution, at which time only the circumcision of girls was part of the debate. In its decision, the court notes that not even a long religious tradition justifies protecting the bodily inviolability of boys to a lesser degree than that of girls.

A working group of the Ministry of Social Affairs and Health proposed a few years ago that circumcisions performed under medical supervision in hospitals should be allowed. The working group wanted to avoid complications from operations performed at home, and to reduce the suffering of the child. Legislation is somewhat vague on the matter, and practice varies in Finland. For instance,



a report drafted by the Ministry of Social Affairs and Health in 2004 notes that male circumcision is permitted in all countries. “There is no legislation on male circumcision, but there is also no prohibition. The operations have been performed on the basis of common law”, says Riitta-Maija Jouttimäki, a lawyer for the Ministry of Social Affairs and Health.

## Rash Decisions

[From Love Bites by Sasha, *Eye Weekly*, Toronto]

**Q**uestion: I'm an uncircumcised guy who occasionally gets dryness and irritation under the foreskin. I've stopped soaping the area when I'm showering (I just use the hot water and a bit of friction so things don't get skanky), and that does help, but I'm still uncomfortable from time to time. Would there be any potential hazards in moisturizing the area, or is it just like any other skin on my body? *DRYLY CURIOUS.*

**Answer:** You'll want to have a doctor look at the irritation to see if it's eczema or psoriasis, both of which can be treated (though not cured) with either pharmaceutical or herbal medication. You may certainly moisturize your penis, something many men do with great thoroughness. Some even discover localized allergies to various products this way. Perhaps you recall a letter writer from a few years back who realized he had a petroleum intolerance when his foreskin would swell after he applied Vaseline to it. My favourite part of this story, aside from his vivid description of it looking like “a cinnamon bun,” is that he continued to “sometimes use it to swell [his] penis (just a bit) for show.” As a seduction technique, I must say I found it rather uncommon, sort of like a child trying to impress the bigger kids by showing them the dead raccoon in the field behind the gas station.

When it comes to epidermal products, I would be inclined to give some special consideration to the penis, the skin of which is thin (making absorption easier) and contains lots of sensitive nerve endings. One balm you may find suitable is *Stroke It*, designed with male masturbation in mind, by the Lilith Moon Company.

Lily Fawn, the owner of Lilith Moon/Earth's Herbals, says the plants contained in *Stroke It* (calendula, chickweed, plantain, comfrey, sage) are considered antimicrobial and soothing. Roger Lewis, a chartered herbalist at Thuna Herbals (298 Danforth), confirms that all these plants are used in salves designed to heal cuts and abrasions and are also recommended in salves for women who have cracked nipples from breastfeeding. Your only real concern, after ruling out eczema or psoriasis, would be an allergy to beeswax, which is one of the emollients in *Stroke It*. If this is an issue, simple shea butter would also be appropriate, also available at Thuna.

If you don't use latex barrier protection with a partner, *Stroke It* also makes a handy vaginal (and anal) lube, especially since there's no glycerin or sugar in it.



## The Story Behind The Pictures

When I completed and returned the latest questionnaire, I suggested that members might be prepared to forward photographs of their own (or a consenting friend's) penis for inclusion in the picture gallery. I submitted a few photographs of my penis and the Editor suggested that I might like to write an article giving some background about my circumcisions.

I did write an article 'Childhood Wish Fulfilled' that was included in issue 3/2000 in which I gave a fairly full account of my history. However, in order to give some narrative to the photographs, I will give a further very potted history.

Born in 1948 I was partially circumcised (according to my mother) at ten days old when I had a dorsal slit, in which my foreskin was simply sliced apart along the top of my penis for about half its length; no foreskin was actually removed. It had been my parents' wish that I be fully circumcised but the doctor would not do it. So I ended up with a penis where my glans was partially exposed when flaccid and I had a large amount of baggy foreskin draped around it.

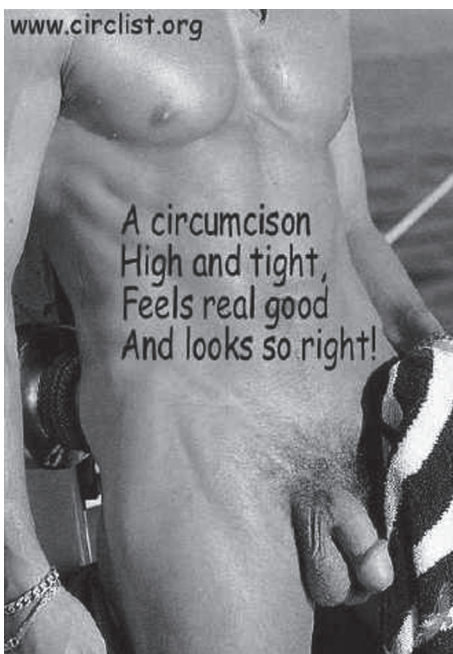
When at school I was the only boy who had been cut like this: all the others were uncut or very distinctly circumcised. The split was about 50/50 circumcised to uncircumcised and of the cut boys two were very radically cut and had fairly high scars i.e. about half way up the shaft. They also had very taut skin on the shaft and very prominent totally exposed heads even when flaccid. The balance were generally loosely cut. Although there was no conflict/bullying etc between the roundheads and cavaliers, there were occasions when one was asked what your status was. I always said I was a roundhead, mainly because my closer friends were roundheads although to look at my penis it was obvious that I had more foreskin than any other roundhead.

I lived with my penis like this until 1988 when after a series of problems I decided, with my wife's full support, to have a revision circumcision to remove all the redundant foreskin. I had a private circumcision at the Surgical Advisory Centre (only cost £190 in those days) and although I asked the surgeon for a tight cut, the result, as you can see from the photographs, is fairly loose.

I am not particularly happy with the result and have made enquiries about having it tightened up considerably. However, costs for circumcisions and revision



circumcisions seem to have spiralled out of all proportion and I am reluctant to line the pockets of greedy surgeons who are prepared to carry out the procedure. I note from issue 5/2006 that some members have suggested using a clinic at Custom House and quote it as being reasonably priced. When I looked on the internet the price for an adult redo circumcision was £800; hardly what I call a reasonable price. I would really like to see a full makeup of how this price is arrived at. Another factor that I have to consider is the time my penis will take to heal up and return to "normal" after the operation. As I am a life model, and am only paid when I work, I would not wish to decline too much work because of a swollen and bruised penis; I would also like the cut areas to have settled down before I expose my penis to students, artists, etc.



Ideally I would like a penis like the one shown on the internet – Circlist Splash Page – How Tight Should I Be Circumcised – Tightness. I would not mind having the body as well but at my age, dream on.

*C.B. – Cornwall*

## **Noel Coward Advises Circumcision**

**The following anecdote appeared at the end of an interview with Derek Jacobi by Sally Vincent, reported in *The Guardian* on 19<sup>th</sup> September 2006.**

Coward and Jacobi spent an evening together in 1966. They went to the theatre, then back to the Savoy for dinner and up to Coward's suite for late night drinks.

The gossip was riveting. It grew late. It was half past one in the morning. Green as grass, young Mr Jacobi rose to leave. "Derek," said the great man, "might I ask you a very personal question." All atremble lest the lovely evening be spoilt by a lunge, he stood his ground. "Are you circumcised?" "No, no, no," he answered. "Why do you ask?" Coward replied: "What a pity. What a great pity. You're a very fine actor, Derek, but you'll never be a great actor until you're circumcised." "Why?" he asked, edging for the door. "Freedom, dear boy," Coward explained mystifyingly. "Freedom." Jacobi was out the door and away.

Next day he wondered: Noel Coward must know something...maybe he should check himself into the London Clinic immediately. He did so want to be a great actor. As it turned out, he decided to risk it.

## Bridling

The bridle is a device to rein in a horse. But when used as a verb, the word means to curb or control, and in this article it is restraint of the male sexual appetite which is under consideration. This was a matter of great concern in Victorian times and still exercises some people today. The ideal is sexual abstinence before marriage, sexual moderation within marriage. Any form of self-stimulation is of course completely forbidden.

Circumcision was seen as a very powerful tool in the bridling of sexual extravagance. If this resulted in some loss of sensitivity, and hence of sexual pleasure, this was something to be applauded as a means to the greater end. Below are some writings which encourage this point of view.

\*\*\*\*\*

Every boy should be so circumcised that the remaining foreskin can never cover the corona, nor even the coronal sulcus just back of it. The frenulum and inner foreskin should be removed. This produces a complete or total circumcision. If the inner foreskin is turned back on the shaft rather than removed the full benefits of a total circumcision are not obtained.

A total circumcision provides the maximum protection against disease and maximum reduction of erotic sensations that lead to masturbation in children and uncontrollable sexual urges in youth and unmarried adults. Sufficient glans sensitivity remains, however, for healthy marital sex. Some doctors do hurried, sloppy, incomplete circumcisions. Be sure your doctor knows you want the frenulum cut, the inner foreskin removed and sufficient outer foreskin excised so that the sulcus behind the glans will never be covered. If your doctor is not in full agreement with this, get another doctor. The ideal time for circumcision is eight days after birth, but it can be done with benefit at any age.

Even adults benefit from circumcision. Much of the ejaculate of an uncircumcised man is lost under the foreskin. An infertile marriage is often corrected by circumcising the man. I recommend that any uncircumcised man whose wife is pregnant immediately gets circumcised (totally) to reduce the stress of abstinence during pregnancy. He will learn first hand the many benefits of circumcision and in nearly every case will want his sons circumcised. It is very unfortunate for the human race that the circumcision rite of the Hebrews did not become also law or custom among all races. Among Christians, it appears that the influence of Apostle Paul took precedence over Apostle Peter with the result that circumcision became an option rather than a requirement for Gentile Christians. Today the health and spiritual benefits of circumcision are well established. Some parents, however, unwisely refuse to have their male children circumcised because it causes a little pain and temporary soreness. In so doing the parents harm the child, subject him to great temptations, to health and hygiene problems and often ruin his life.

\*\*\*\*\*

For the treatment of masturbation in the male, circumcision is undoubtedly the physician's closest friend and ally. To obtain the best results one must cut away enough skin and mucous membrane to rather put it on the stretch when erections come later. There must be no play in the skin after the wound has

thoroughly healed, but it must fit tightly over the penis, for should there be any play the patient will be found to readily resume his practice not begrudging the time and extra energy required to produce the orgasm. It is true, however, that the longer it takes to have an orgasm, the less frequently it will be attempted, consequently the greater the benefit gained. The younger the patient operated upon the more pronounced the effect, though occasionally we find patients who were circumcised before puberty that require a resection of the skin, as it has grown loose and pliant after that epoch. But if we make sure that the skin is stretched tight during erection, then masturbation will become almost impossible and certainly unrewarding.

\*\*\*\*\*

“Some people believe that circumcision is to remove a defect in man’s formation”, said Moses Maimonides, “but anyone can easily reply: ‘How can products of nature be so deficient as to require artificial completion, especially since the function and purpose of the prepuce to that organ is so evident – to protect the glans and thus preserve its voluptuous sensitivity?’”

“The commandment of circumcision has not been enjoined as a complement to a deficient physical creation, but as a means for perfecting man’s moral shortcomings. The bodily injury caused to that organ is exactly what is desired. It does not interrupt any vital function, nor does it destroy the power of generation. Circumcision simply counteracts excessive lust.”

\*\*\*\*\*

The glans gets tanned and loses most of its sensitivity through an early circumcision – and especially if the greatest possible amount of skin is removed – and great care should be taken to excise the delicate inner mucous membrane as totally as possible – thus we can get rid of the most sensitive and exquisite nerve endings. This reduces the penis’ erotic sensitivity and arousal the most, and the removal of the freely moving skin deprives the boy of the ability to masturbate. It is also advisable to cut through the frenulum, as this reduces the sensations of lust even further. Also, in the treatment of seminal emissions, circumcision is the best means of curing that disease, as the glans’ irritability is greatly diminished by the operation.

\*\*\*\*\*

The reduced genital eroticism will help your child live a chaste life. This will be particularly helpful during his teens when sexual temptation is great. When he marries he will be slower in reaching orgasm, a benefit to both him and his wife. Moreover, his wife will always know his penis is clean, and never fear contracting cervical cancer from him.

\*\*\*\*\*

A total circumcision removes the erotically hypersensitive inner foreskin and exposes, toughens and desensitises the glans. The freedom from genital irritations and the lowered erotic sensitivity will protect the child from the temptation to handle his genitals. It is highly unlikely that he will ever discover masturbation on his own. Even if introduced to masturbation by an evil (uncircumcised or only partially circumcised) companion, a totally circumcised child with no freely movable skin will most likely find the act unrewarding and not acquire the habit.

*Ivan Acorn*

# ACORN

Issue  
Nº 1 2007  
Editor  
Ivan Acorn

## Editorial

Circumcision cuts the risk of HIV infection by half. That is the welcome news from a recently published research study in Africa. Indeed the results were so emphatic that the study was ended early – it had become unethical not to offer the intact men in the trial the greater protection afforded by circumcision. I shall return to the implications of the results for Africa and beyond in a later issue of the newsletter. But for now, in countries ravaged by AIDS, the study offers not just a ray but an enormous beam of hope. No wonder that men are already queuing up to get cut.

My Editor's Column reports on the responses to the newsletter questionnaire distributed with issue 3/2006. The very good return rate indicates a high level of interest amongst members. Now please reflect that level of interest by renewing your membership! Many of you have already done so – my grateful thanks. For the more dilatory amongst you, a reminder is enclosed. Please do renew – otherwise unfortunately the *Acorn Society* now has to bid you farewell.

*Ivan Acorn*

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
editor@acornsoc.org.uk

## Editor's Column

### Your newsletter – what you think

**F**orty seven members completed the newsletter questionnaire distributed with issue 3/2006. This is an exceptional response rate and I am very grateful to all of you who took the time to return the sheet.

On the front page of the questionnaire, you were given 27 types of article or feature that appear in the *Acorn* newsletter and you were asked to indicate your degree of interest in each – Very interested, Interested or Not interested. I have ranked the types of article in order of interest (giving greater weight to Very interested than Interested) and the rank order is shown in the table.

The clear winner is Circumcision techniques. This is interesting as the newsletter under my editorship has contained little on this topic. Perhaps this dearth has caused the interest! Anyway, the message has been taken to heart and I will try to make circumcision techniques a regular topic in future. I start in this issue with the forceps guided method (see page 14).

Images of cut penises featured second on the list. Amongst the additional suggestions, which I will come to later, was the proposal that members should submit photographs of their own equipment for publication. In this age of digital cameras and remote control or delayed action, this is a simpler task than when films had to be processed by Snappy Snaps. The photos can be taken in the privacy of your own bedroom and can then be downloaded to your computer; or the camera card can be taken to your local Boots and you can print off the photos personally. Ideally there should be different views – front, side, flaccid, erect, foreskin (if still present) forward and back etc. It would be marvellous if these were accompanied by a short account of when you were circumcised (if indeed you are) and your opinions/feelings about your present state. On the principle that I should not ask others to do what I am not prepared to do myself, it is your editor that features on page 5. Now I can really challenge you all – can we keep “A Member’s member” going as a regular feature?

Third and fifth on the list are members’ accounts of their circumcision and members’ childhood reminiscences and experiences. I am in your hands about this – I will publish what I receive but, apart from a few stalwarts to whom I am eternally grateful, my appeals for material usually fall on barren ground. I am hoping to start a telephone interview process but I need to set myself up in terms of recording equipment first. More on this in a later issue. In the meantime, I have reproduced on page 15 an account from the internet of a tonsillectomy that turned into a double operation.

The level of interest in many of the topics is high. Even as far down as Religious circumcision, over 70% are either very interested or interested. It is at this point in the table that the emphasis turns from circumcision to the foreskin, and it has to be admitted that the level of members not interested shows a sharp increase from this point onwards. Nevertheless, even the final topic in the list attracts a 36% level of interest. This is a large minority, and the overall results would certainly



not justify the newsletter becoming a foreskin free zone. So I shall retain what I hope is an eclectic mix, but I shall try to ensure that the balance reflects the degree of interest shown by members.

- 
- 1 Circumcision techniques
  - 2 Images of cut penises
  - 3 Members' accounts of their circumcision
  - 4 News items about circumcision and foreskins
  - 5 Members' childhood reminiscences & experiences
  - 6 Circumcision styles
  - 7 Masturbation & circumcision
  - 8 Reviews of books on circumcision
  - 9 Members' opinions and comments
  - 10 Medical advice about foreskins and circumcision
  - 11 Literary extracts about circumcision or foreskins
  - 12 Articles arguing the merits of circumcision
  - 13 Personal ads to allow contact between members
  - 14 Celebrities – who is cut and who is uncut
  - 15 Tribal circumcision
  - 16 “Can you tell” quizzes (as in issue 2/2006)
  - 17 Articles in favour of routine infant circumcision
  - 18 Religious circumcision
  - 19 Foreskin retraction
  - 20 Masturbation & the foreskin
  - 21 Images of uncut penises
  - 22 Piercing of the penis or foreskin
  - 23 Jokes about circumcision and foreskins
  - 24 Articles extolling the virtues of the foreskin
  - 25 Foreskin infibulation
  - 26 Articles against routine infant circumcision
  - 27 Articles about foreskin restoration
- 

The second part of the questionnaire gave you the chance to list other ideas for features or articles in the newsletter – and many of you took the opportunity. Some themes emerged. The idea of compulsory circumcision seems popular whether for entry to preparatory or public school or whilst in the armed forces. On a similar theme, circumcision to discourage masturbation also got a number of votes. (The article ‘Bridling’ in the last issue should have appealed to this constituency.) There were several requests for a contact corner where members can advertise their willingness to enter into correspondence. This will be revived from the next issue and will continue to appear for as long as I receive entries from members. Please let me have your advertisements now!

There were suggestions that the newsletter should also cover hoodectomy – the removal of the clitoral hood in women; that is, female circumcision (although that term is now widely misused to describe female genital mutilation involving excision of the clitoris itself and parts of the labia). But I have taken the view that *Acorn* is about male genitalia. This doesn't of course preclude the female voice being heard within our pages. This would be attractive to many of you, so if any member wishes to encourage his spouse or partner to write about foreskins and circumcision from the female point of view I would be happy to print her contribution. And since *Acorn* is a discrimination-free zone, I

would equally like to hear from male partners.

From my point of view, the exercise has been well worth while. It has provided some validation for what has been appearing in *Acorn* under my editorship but it has also shown the emphases that you, the readers, would like in the future. I shall certainly use the table to audit the make up of the newsletter over a series of issues to ensure that I am covering all topics of interest.

But remember, many of the topics can only be covered with your help. Why not make 2007 the year that you write, as well as read, about your favourite subject?

*Ivan Acorn*

## **Circumcision Etc – Some Personal Comments**

My late father was a doctor, but I don't think he entered into any discussion about my circumcision with the obstetrician who delivered me. I had a high shaft foreskin amputation which left a considerable section of my penis denuded of prepuce and a long white scar. If father had had any collusion on the style of cut, I'm sure it wasn't his intention to discourage masturbation in later life. He never actually sat me down and taught me how to do it but during my adolescent years, whenever I was in a stropky mood, he would consign me to my bedroom with the not-to-be-disobeyed instruction to "go and toss yourself off – you'll feel in a much better mood afterwards!" ...Sound advice which I have followed ever since into my 74<sup>th</sup> year.

I started masturbating in earnest at the age of nine but couldn't ejaculate until I was about 15. I recall that my circumcision was never commented upon by my school friends though the late appearance of my pubic hair fascinated them to the extent that I began shaving it off as soon as it began to appear, to give me an excuse for having so little. I have remained shaved, incidentally, to this day! Being "cut" never interfered in any way with my masturbatory activities. I have been at least a twice-a-day man since the outset and that, as an aside, represents 14 wanks a week, or 628 a year, or 30,164 in the 48 years since I could first "cum" at 15. Turn that into approximately 4 ml of ejaculate per time, and that represents over 120 litres of my semen that have flowed under the bridges of time.

But I am not a "big man" down under. I could never manage more than about six and a quarter inches and I have sometimes wondered whether the tightness of my circumcision scar along the shaft of my penis has had a splinting effect which has constrained its size. After all, they used to bind the feet of Japanese Geisha Girls to keep them small and petite.

The status of my penis has never been of the slightest concern to me. Apart from a teenage craze for creating various rubber gadgets by cutting the ends off sausage balloons and condoms to fit over my glans to see what it might feel like to have a foreskin, I've never bothered one jot about my cock. If other guys don't like it they can lump it! Cut or not cut – I couldn't give a toss!

*Ray Hamble*



## A Member's Member

Unfortunately my mother was opposed to infant circumcision so I remained intact during my childhood. By my late teens I had decided that I preferred



the cut look but circumcision on demand was just not available in those days. It took several years and feigned medical problems to persuade a surgeon to operate and I eventually lost my foreskin in my mid-thirties.

The cut was very neat but quite loose – bunching around the corona and particularly on the underside in the frenular region. By this time the Surgical Advisory Service was advertising circumcision and I underwent a revision at the hands of Mr Hassan. This removed all the excess foreskin and my frenulum so that I now have a radical, low, tight cut. The photos reflect this.

I have always been pleased to be circumcised, both physically and psychologically, and have never suffered the loss of sensitivity that circumcision is claimed to cause. Having been both intact and cut during my sexual maturity, I can speak from experience! Consequently I am very supportive of men who wish to be circumcised as adults.

*Ivan Acorn*

## **Snip That Saves Lives**

**from an article by Sarah Boseley in the *Guardian***

Circumcision can halve the risk of a man acquiring the HIV infection that leads to Aids, US scientists reported in December. Two major trials, in Kenya and Uganda, have confirmed what doctors and campaigners have suspected and hoped for several years. The results have major implications for the fight against the AIDS pandemic raging in Africa and Asia.

Kevin de Cock, head of the World Health Organisation (WHO) HIV/Aids department, said it could cut the numbers of infected men by “many tens of thousands, many hundreds of thousands and maybe millions over coming years”.

Participants in the trials were randomly selected either to be circumcised or not. All participants were counselled on other HIV prevention methods. In the Kenya trial there were 69 infections among the 2,784 participants, 22 of whom were in the circumcision group and 47 of whom were not. In Uganda 65 men out of 4,996 were infected with HIV, 22 of whom were in the circumcised group and 43 in the uncircumcised group.

The two trials should have gone on into next year but were called to an abrupt halt by the funder, the National Institute of Allergies and Infectious Diseases (NIAID), after an interim review of the data showed a halving of the risk of infection among those circumcised. Now that the point is proven to the satisfaction of scientists, it would be unethical to continue. All the uncircumcised participants will be offered the procedure. With a vaccine still decades away, the circumcision results are the best news in a long while out of the AIDS pandemic. But there are questions still unanswered and a lot of work still to do.

Anthony Fauci, director of NIAID, said the 48% reduction among men in the trial in Rakai, Uganda, and the 53% reduction among those in Kisumu, Kenya, “could

be negated by small reductions in condom use or the addition of additional sexual partners". It was vital, he warned, that people understood the need to continue to protect themselves by condom use and safe sex. Circumcision dramatically cuts the risk of HIV infection, but Mr de Cock said: "It is not a magic bullet." There was no sign that the 2,784 men in the Kenyan trial and the 4,996 men taking part in Uganda had become reckless in their sexual practices, said Dr Fauci, "but now the announcement is out, we are cognisant that there could be [an effect]".

Mitchell Warren, executive director of the AIDS vaccine ASdvocay Coalition, said the results were "a milestone in the history of the AIDS epidemic" but urged that circumcision be rolled out only in the context of other prevention measures.

There are other serious issues. Circumcision was carried out by skilled medical professionals in the trials and all those involved had aftercare in case of complications. The WHO intends to tell governments to ensure that circumcision is carried out in a similar hygienic and skilled fashion. But that will necessitate setting up clinics and giving staff the skills to carry out the surgical procedure and follow patients up. It is likely that, now the good news is out, a booming trade in adult male circumcision will develop among those who have no medical qualifications with potentially harmful consequences.

There are also cultural obstacles to overcome, because for some groups circumcision is not normal practice. In India Muslims are circumcised while Hindus are not. At the International AIDS Conference in Toronto in August Bill Clinton warned that if the trial results went the way they have: "We will have a big job to do. It is important that as we leave here we all be prepared for the green light that could have a staggering impact on the male population but that will frankly be a lot of trouble to get done." Scientists say there are several biological reasons why circumcision may decrease the transmissibility of HIV. The mucosal surface of the foreskin contains large numbers of cells particularly susceptible to being targeted by the virus and the area under the foreskin is moist.

A further study continues, investigating whether women whose partners are circumcised are less likely to become infected.

## **No Skin Off My Dick**

**A report of the anti-circumcision conference in Seattle  
by Dave Maass in the *Seattle Stranger*, 31<sup>st</sup> August 2006**

**T**he Ninth International Symposium on Circumcision, Genital Integrity, and Human Rights is part academic conference, part anti-circumcision rally. This year's symposium, running 24–26<sup>th</sup> August, is in Seattle, home to the national organization Doctors Opposing Circumcision. DOC's executive director is local attorney John Geisheker. He's busted his balls bringing the event to the University of Washington.

The International AIDS Conference was held a week earlier in Toronto, where Bill Clinton voiced support for controversial HIV research involving circumcision. The report claimed that men with foreskins are 60 per cent more likely to contract HIV

than circumcised men. In reaction, a petition is circulating around the symposium entreating the Bill & Melinda Gates Foundation to pursue a vaccine instead of “embroiling Third World citizens as test subjects in a giant experiment that has already proved a failure in the U.S.”

The lobby is filled with books, videos, T-shirts, and “Not circumcised? Lucky stiff!” bumper stickers. There are more than 40 presentations, including anthropological data, gruesome medical reports, legislative and judicial updates, stories of desperation and inspiration, and a musical lament for the foreskin by local songwriter Jess Grant: “Every time I go to the bathroom to take a pee/I’m holding the evidence of what they did to me...”

Many of the attendees are males, or mothers of males, who were damaged physically and psychologically by circumcision. They claim they won’t surrender while boys are still being subjected to the same trauma. “One of the deepest instincts we have is to protect our reproductive organs. If someone did it to you right now, you’d hunt the bastard down,” says William Stowell, the first American adult male to sue a doctor over neonatal (newborn) circumcision. He’s counselling Arthur Coons, a 19-year-old student at UW who’s contemplating a similar lawsuit. “That was my mindset. It’s not anymore.” I ask whether Coons’s circumcision was “medically successful” or “botched”. “Is there a circumcision that isn’t botched?” he replies. “I’m a runner and it hurts like hell. It’s not comfortable, a lot of problems came from it. So, no, I don’t think there is such a thing as a medically successful circumcision.”

On Friday, I see Dr. Paul Tinari, an intactivist celebrity and last-minute presenter: At age 8, priests at Tinari’s boarding school circumcised him as punishment for masturbating. Earlier this year, Tinari became the first Canadian to have his provincial health service pay for foreskin-replacement surgery. I follow Tinari to a basement classroom where 17 grey-haired doctors are gathered for box lunches and a strategy discussion. Tall, gaunt, and furious, Tinari hijacks the meeting. “Everyone I hear are waving their arms and saying we don’t have a stick big enough to hit back at this issue,” Tinari announces. “I’ve come to the conclusion, after years of studying, that no appeal to morality will ever end circumcision. You have to make it so financially painful that it ends by punishing practitioners. How do you do that? I may have the tool that we’ve been looking for.”

Tinari’s big stick is “nanobacteria”, a slowly replicating pathogen that is transmitted in the same ways as HIV. In a letter to the Centers for Disease Control and Prevention, Tinari links nanobacteria to everything from Alzheimer’s disease to breast cancer and claims nanobacteria enter the body through neonatal circumcision. Thus, the door is open for lawsuits against doctors and hospitals. Tinari’s fiery-eyed delivery energizes some doctors, especially the delegation from England. Others, including Dr. Fleiss, are sceptical. Tinari’s doctorate is in engineering, not medicine. In Canada, he’s “Dr. Future,” a futurist who once told the Vancouver Courier that cyborg insects will one day be used for military reconnaissance. Geisheker tells Tinari he doubts the plan’s feasibility, considering the prohibitive legal costs. Geisheker has funded several cases out of his own pocket. “I find it weird,” he tells me later. “I’m perfectly open to the idea, but I

need to see the science before I run it up the flagpole.” Later, Tinari contributes his strategy for combating Islamic circumcision: “You casually say ‘show me the verse in the Koran which calls for circumcision.’ There is none. Then you can really hit them: ‘Well I guess you want your kids to look Jewish.’” The doctors burst into hysterical laughter. Especially the Jewish ones.

I sneak off to bum a clove cigarette from Primus Lake, an Indonesian STD researcher whose stumbling English keeps him from mingling. As we talk and smoke, he presents a conundrum. Imagine you’re out in the Indonesian drylands, educating non-Muslim men about the dangers of their adult-circumcision ritual, which requires them to screw three women to purify their open circumcision wounds. They already believe the rite makes them impervious to disease. Now, imagine that globally recognized authority figure Bill Clinton announces that circumcision can prevent AIDS. “It will be a disaster,” says Lake, who attended the Toronto conference. “Logically, [HIV transmission] is connected to our behaviour. If you’re having risky sex and don’t use a condom, although you are circumcised, you are still at risk. “I told them, ‘we can help people do it the right way, but don’t promote it!’”

## **The Direction of *The Acorn Society***

**In issue 6/2006, an article by J.H. of Dorset urged the Society to become exclusively pro-circumcision and adopt a more campaigning stance.**

**Here are the responses of members.**

### **Become pro-active**

I am very pro-circumcision as you will have realised from my paper describing my experiences – A Clean-Cut Young Sailor – published in two parts (issues 2/2005 & 3/2005).

However I wouldn’t go to the extent of buttonholing strangers in the street to try to convince them of the benefits. Nevertheless, since there is overwhelming anti-circumcision propaganda – in print and on the internet, I think it would be a good idea if our Society changed its policy of even-handed neutrality to become pro-active.

*F.E.*

### **Money well spent**

J.H. has mentioned me in his article and my views agree with his. It is a great pity that Great Britain does not emulate Israel and institute neonatal circumcision for all males. I am convinced that it would be money well spent by the NHS in saving a lot of later expenditure on the huge range of problems a foreskin can cause – HIV, STDs and cervical cancer to name a few.

I genuinely feel that *Acorn* can help to bring this about if we get off the fence and actively preach the gospel.

*R.W. – Surrey*



## **Fanaticism is dangerous**

I wholeheartedly disagree with J.H.'s views on the direction of the *Acorn Society*. The great joy of reading the magazine is the balance of views expressed and the ability to consider both sides of the issue of circumcision.

Having been cut only a few years ago, I am well situated to understand the multitude of sensations and emotions that are involved. Although I had a desire for circumcision from boyhood onwards, it was only by becoming entangled in a virulent pro-circ on-line group that I took the final steps. The result has not given me sex "a million times better", as the group was claiming, but on the other hand I am not bitterly disappointed. On balance, I have no real regrets, but do feel that the benefits of circumcision were grossly over-played.

Fanaticism in all its forms is dangerous, as the world has witnessed in recent years. It is far more constructive to take a balanced view of everything, whether in matters of religion or politics or general attitude to life. One must never forget that the other person's view might be right. If the *Acorn Society* becomes one of these fanatical groups, then this will be my last subscription.

D.B. – Askham, Newark, UK

## **A forum for debate**

I would like the *Acorn Society* to remain as it is; a forum for discussion by both circumcised and uncircumcised men. Even if the membership slant is pro circumcision, I feel we will lose the ability to debate issues if we exclude the uncircumcised views. I am pro circumcision and said so in the article I wrote for the last newsletter. However I also sent news of a foreskin restoration facility advertised in *H&E Naturalist*. If we exclude from the Society the uncircumcised members who wish to retain their foreskins, how many members will the Society lose? I would quite like to know how many members there are currently – I have sent a cheque for £12 for 2007; have all the 2006 members re-joined and if not why not?

I would like some details of how J.H. proposes to promote circumcision to the "masses" in the UK. I thought the *Gilgal Society* were promoting circumcision and have been for some years; I have not noticed them having much success. I note from *The Times* article reprinted in issue 6/2006 as 'The Times Doctor praises RIC' that the surgeon was keen to see circumcision make a comeback and he put forward some compelling arguments; but I do not see much support for this action elsewhere in the UK. I wish there was.

Another point I have noticed is that Parenting and Baby books these days do not even mention circumcision as "an option" when talking about care of the male child. These books used to discuss the reasons why circumcision is carried out: religious, social, medical, but tended to advise against the procedure. Now, it seems, the authors of these books feel they have so removed the thought of circumcision from the knowledge of most parents where circumcision is not a religious requirement that they no longer need even to mention the operation. Consequently circumcision appears to have been relegated to the shelf to be

brought down only if there is a medical problem; much the same as any other operation for “childhood medical” problems – appendectomy or tonsillectomy. These operations are not considered to be in the routine category and available to parents on request, and circumcision, so it seems, has now joined the list. Whilst I agree parents should have the right to decide whether they have their son(s) circumcised, information about the procedure and reasons for it seem to be withheld.

In addition the cost parents are going to have to pay for a circumcision may be prohibitive to many, particularly if as a result of the birth the mother’s income is going to be lost or much of it used for nursery care etc. For single mothers, paying for a circumcision is, I would suggest, not only far from their minds but financially totally prohibitive.

With the NHS in its strapped for cash situation it is unlikely that free circumcisions will be available to the masses. Politicians are looking at ways to save money not increase the burden on the Service. Look at the way NICE is trying to block some drugs which are proven to help a number of mental disorders, bone diseases, arthritis etc purely on the grounds of cost.

I would suggest that unless the pro circumcision lobby can show to the NHS that paying for the circumcising of young boys will show significant monetary savings to the NHS then it is very unlikely the procedure will again be made generally available. A very sorry state of affairs to the likes of me and others. But I am a realist and unless J.H. has some ideas of how to change the minds of the ‘Powers That Be’ I cannot see the situation changing.

*C.B. – Cornwall*

### **A dedicated organisation**

Although I am not a resident of Britain, I am interested in the incidence of circumcision in the land of my birth. There seems to be a sad lack of that operation for boys in Britain today.

I strongly support the suggestion that *Acorn* become an organisation that is dedicated to furthering the operation of circumcision. There are quite a number of apparently well-financed (financed by whom, I wonder?) groups who are rabidly against circumcising boys. I would like to see those balanced by as many pro-active groups who advocate male circumcision including RIC. I would therefore personally prefer *Acorn* to be a group which actively promotes male circumcision.

*D.B. – New Zealand*

### **Circumcision is beneficial**

I would like to see *Acorn* promote circumcision, including RIC with parental consent. With *NORM-UK* at the other end of the spectrum, we need to have a clear identity of what we believe in, i.e. circumcision is beneficial to males.

*H.F. – Cambridge*

## **Not just pro-circ**

The article 'Just what is the purpose of circumcision?' (issue 6/2006) provides detailed and balanced information on the subject, and I cannot agree with J.H.'s blinkered comment that "If the *Acorn Society* decides to continue on its present path of self-destruction and not become pro-active and pro-circumcision as R.W. and I (and others) would wish, we will take matters into our own hands and form a new pro-circumcision group ourselves."

Surely the intention of *Acorn* is not simply to act as a pro-circ forum – the *Gilgal Society* fulfils that role quite effectively – but to provide information for both circumcised and intact men concerning foreskin and penile related matters that are difficult or embarrassing to discuss openly. Besides, becoming a pro-circ forum would mean fighting a losing battle, because the medical establishment is generally anti-circumcision.

G.B. – Kent

## **Work to be done**

Like J.H., I too had a few years absence from the Society because I wearied of the anti-circumcision content which seemed to be in the ascendancy at the time. In doing so, I did, and still do, appreciate that the editor has to represent the contributions received and can only publish what members submit. Since my return, the balance has been better, indeed, it has now swung much the other way, I guess the anti-circumcision tendency are the ones drifting off now.

One argument for keeping both sides in one society is that it is a catalyst for debate and should produce more lively correspondence. But, in practice, whichever side of the debate you live, you soon realise that mindsets are just that. Therefore as Herrick said: 'He who is not open to conviction is not qualified for debate.'

Our prejudices are born from our experience and if circumcision has been a boon and a blessing to us (as in my own case) no one is going to persuade us it can be otherwise. Likewise, those who remain intact can never know the joy of unfettered foreskinless sex, unless they take the irreversible step to have their prepuce removed. Of course, I equally concede those of us who were cut in childhood, before our first sexual experience, cannot attest to the efficacy of 'natural' intercourse. 'What you've never had, you never miss' may be a comfort to circumcisees, but it highlights the difficulty for intact guys in making the decision to part with their foreskin.

Binding such disparate groups in one Society makes strange bedfellows. (No pun intended!). If we are to have objects, as any Society should, then they should be broadly in common. If reports on the disposition of our current membership are correct, then *Acorn* should change to reflect it and become a PRO circumcision group. However, I would never be the one to snuff out free speech in any organisation. If *Acorn* magazine is to become a pro-circ platform, it would also be healthy for it to have a regular feature in every issue fenced around and called: 'A Dissenting View'. I would envisage this be occupied by one negative letter or article from the media or internet, posted for anyone who cared to read it.



There is certainly a *raison d'être* for a PRO circumcision Society in the UK today. Widespread ignorance of the benefits of the procedure prevail everywhere in the media, and, more surprisingly, in the medical profession. A generation of doctors and parents here has arisen where few fathers outside religious communities are cut. Those few will be the result of medical expediency to cure a foreskin problem. Only a tiny minority will have had sensible parents who, privately, perpetuated the tradition within their families from which, they perceived, they themselves had benefited.

What a sad, far cry from the situation which prevailed in my day, 50-60 years ago. Today, suggesting to most proud parents of a newborn son that they might consider circumcising him for similar prophylactic reasons as they will value for vaccinating him, will be met with shocked astonishment and thought as 'weird'. Such has been the success of anti-circumcisionists in managing the public perception of the procedure that advocates are howled down with downright untruths. One favourite is: 'There is no medical reason to circumcise.' So why does the NHS, which is largely opposed to circumcision on both medical mindset and budgetary reasons, perform over 30,000 of them every year? Foreskins foster many problems for a surprisingly high proportion of males.

So there is work to be done for those of us who would like to see this situation changed. It means writing to correct the media when it fails to give proponents a fair hearing. Invariably articles are launched from the standpoint that circumcision is outdated, questionable and anachronistic – a curiosity which has no value. At the same time these same editors are running hand-wringing reports on the increase in sexually transmitted diseases, the spread of which circumcision mitigates and often prevents.

Each one of us has a circle of friends and acquaintances whom we should inform whenever the subject arises. We could question those we know who are health care professionals if we are on good enough terms to argue and persuade. *The Gilgal Society* – [www.gilgalsoc.org](http://www.gilgalsoc.org) – which exists to promote circumcision has a range of leaflets which are available at nominal cost and can be usefully distributed or left in strategic places.

Whilst this may mean acting as individuals, it would be good to do it as part of *The Acorn Society* where we can report strategy and exchange ideas.

G.D.

## Is Superman Jewish?

In a *BBC radio 4* programme with the above title, the origin of Superman was traced to the Jewish American, Jerry Segal, who dreamt of the superhero character during the depression. Jewish immigrants with suitable talent worked for comics, being banned from reputable print. For the first appearance of superman in 1938, Joe Schuster drew the Segal character. In Nazi propaganda, Jerry Segal was referred to as "that circumcised chap".

So Superman has a Jewish origin but a circumcised superhero too? In the 1978 film the young naked arrival from Krypton was clearly circumcised. With babies clipped on Krypton, “Clipped on” would have been a more suitable name for the exploded planet. The *New Yorker* used the term “cheesy looking” (despite Superman’s absence of foreskin!).

Anthony

## Circumcision Techniques 1

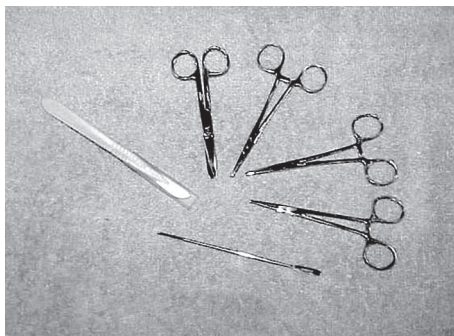
### The Guided Forceps method

**T**he guided forceps method is an adaptation for older children and adults of the Jewish Shield and Knife method used for babies. With the foreskin in a natural “resting” position, the intended line of the incision is indicated with a marker pen; the line should correspond with the corona just under the head of the penis.

The foreskin is then grasped at the 3 and 9 o’clock positions with two artery forceps and the foreskin is pulled forward and out in front of the glans. These forceps are placed on the natural apex of the foreskin in such a way as to put equal tension on the inside and outside surfaces of the foreskin. If it is not done correctly, there is the risk of leaving too much mucosal skin or removing too much shaft skin. Sufficient tension is put on the foreskin to pull the previously made mark to just clear of the glans. Taking care not to catch the glans, a large pair of forceps (Artery forceps) is then clamped across the extended foreskin, just proximal to the mark, and immediately in front of the glans at an angle parallel to the base of the glans (the corona), not straight. Once the forceps is in position the surgeon should feel the glans to check that it has not been accidentally caught in the forceps.

A scalpel is run along the outside edge of the forceps to remove the foreskin, in much the way a barber might hold a lock of hair between his fingers and snip it with a pair of scissors. The metal arm of the forceps guides the incision. The forceps have the dual function of stopping bleeding and safeguarding the glans from injury. Once the clamp is released, the outer layer of skin retracts, and the inner layer is then manually retracted to expose the raw area. Bleeding vessels are identified and clipped with artery forceps. The two edges are then sutured together.

The tightness and relative amounts of inner and outer foreskin remaining depend on adjustments made before the forceps are fully closed although this method can leave a little bit of extra foreskin around the ridge at the bottom of the glans. There will be a V pointing towards the tip on the ventral (under) side of the penis, and a matching V pointing towards the base on the dorsal (upper)



side of the penis. The frenulum will still be present although it can be removed either before or after the circumcision if desired. Since it is hard to stretch the skin exactly equally, one or other V may be more prominent, and there may be other irregularities in the scar line.

## Topped And Tailed

As a child, I always seemed to have a sore throat, and visits to the doctor were a regular occurrence. He could not do much – this was in the days before antibiotics – but my mother had an agenda. She wished to have my tonsils removed. She had had the operation herself as a child and she was quite convinced that it would be a cure for me. The doctor, unusually, resisted, for at that time tonsillectomy was still a popular operation. “The child will grow out of it,” he used to say. But on one visit, he gave a hostage to fortune. “You will see, by the time he is thirteen or fourteen, sore throats will be a thing of the past.” Two attacks of tonsillitis at thirteen gave my mother her opening, and this time the doctor conceded, whether through weariness with my mother or because he was now convinced a tonsillectomy would be useful, I don’t know. “Very well. I will arrange a hospital appointment for him.” But this was not good enough for my mother. She claimed that panel patients (she hadn’t really accommodated to the introduction of the NHS) had their tonsils guillotined whereas private patients had the operation done properly. She insisted on a private referral and a few days later we found ourselves at a house in the expensive part of town with an appointment to see the recommended surgeon, Mr Nightingale – a wonderful name for an ENT consultant.

Mr Nightingale took my history, examined my throat and not unexpectedly, recommended a tonsillectomy. He was hardly going to give up the opportunity of a nice fee. Near the end of the appointment, whilst he was still looking down at his notes, Mr Nightingale coughed discreetly and murmured: “May I ask whether the boy has been circumcised?” Flustered at being asked such an intimate question, my mother went bright red and stuttered: “No. We did enquire at the clinic when he was a baby but, being wartime, they said they didn’t have enough doctors.” Mr Nightingale sighed sympathetically. “I’m afraid that that was so often the case but it meant that a lot of boys were disadvantaged. But” his tone brightened “I can perform a circumcision at the same time as the tonsillectomy. It is only a small operation and the boy can convalesce from the two operations at the same time. Most parents are pleased to take the opportunity to remedy the situation.” “Well” said my mother, “if you think it is for the best.” “Oh yes,” enthused the surgeon “it is much cleaner and healthier, and,” he lowered his tone “it does discourage unfortunate habits as the boy grows older. He will thank you for it in later years.”

Thus the fate of my foreskin was decided. I was not consulted – the conversation took place as if I was not in the room. Today, no doubt, a thirteen year old would have no hesitation in putting his point of view vociferously, but times were different then, and children were still seen but not heard.

At the beginning of the Easter holidays, I entered the private ward of the local cottage hospital. The surgeon came to see me the evening before the operation and checked my throat. Then I was asked to lower my pyjamas. Mr Nightingale looked down at me and addressed me in a loud voice as if I were deaf or an idiot. "Now, young man," he boomed. "Tomorrow, when I remove your tonsils, I am also going to circumcise you. This means that I shall cut away your foreskin" (he picked up the offending part of my penis) "so that the head is permanently uncovered like this." (He pulled back my doomed foreskin and exposed my glans.) "It will be a bit sore for a few days, but once it has healed, it will be much better for you." He looked across at the nurse and shook his head. "It ought to have been done years ago," he said. The next day, I lost my tonsils and my foreskin.

How did I feel about being circumcised? I was a bit resentful at first, but then I gradually realised that I liked the look and feel of my remodelled penis. The surgeon had given me a very thorough circumcision – no spare skin and the frenulum completely gone – and since I have quite a large glans, it is displayed in all its glory. Whatever people say about circumcision reducing sensitivity, my member has given me, and others, a great deal of pleasure during my life, and it has played its part in the conception of my two sons.

They still have their tonsils but their foreskins were harvested soon after birth. I bypassed the NHS and found a Jewish mohel who was willing to do some Gentile moonlighting. He gave them neat cuts with their glans nicely denuded. I am pleased to say that my grandson has also been circumcised, but that may have something to do with his having been born in the US.

Oh – and I don't get sore throats anymore.

*From the Internet*

## Ask Emma

**[The following question and answer appeared in the *Guardian* on Saturday 13<sup>th</sup> November 2004]**

*Q: I am 37 and have lichen sclerosis on my penis. I was recently hospitalised because scarring had begun to affect my ability to pass urine. This condition is chronic and the medical profession has little idea of the cause. Any ideas on treatment would be gratefully received.*

A: Although not fully understood, lichen sclerosis is thought to be related to two major causal factors: an overactive immune system or a bacterium that may cause the immune system to become active. A natural antibacterial such as Goldenseal may be helpful in the long term. Because the foreskin hardens with this condition, omega 3 and 6 fatty acids will be good for their moisturising and detoxifying properties. Crucially, you need to consider circumcision, where usually the condition disappears. I'd also advise treatment from a homeopath or naturopath.

# ACORN

Issue  
Nº 2 2007  
Editor  
Ivan Acorn

## Editorial

A very large proportion of the articles in this issue have been submitted by members. This is an excellent state of affairs. Please, keep up the good work!

Routine prophylactic infant circumcision has long been a lost cause in the UK, certainly as far as the NHS is concerned. The appearance of a petition on the Downing Street website urging NHS access to circumcision for infants is therefore interesting. Is this just spitting in the wind or is it perhaps a straw in that wind indicating that the potential health benefits of circumcision are again about to be recognised?

Meanwhile, my article 'Bridling' at the end of last year, which quoted mainly Victorian sources extolling radical circumcision to prevent masturbation, has caused some comment. One member is astounded by its severity, but two others commend total circumcision as optimal. Is there a trade-off between tightness and sensitivity – the greater the loss of foreskin, the greater the loss of sensitivity – or does tightness actually bring the ultimate in sensitivity? Will there ever be a consensus on the issue? Your opinions and experiences would be very welcome.

*Ivan Acorn*

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### Circumcision And The Control Of HIV

**L**ate last year, a report was published demonstrating that circumcision reduces by more than a half a man's chances of becoming infected by HIV. This may be the most significant news for Africa for a generation.

To get some measure of the problem, just consider Swaziland. Here, staying clear of the virus is hard – close to 40% of adults are living with HIV/AIDS, the highest infection rate anywhere in the world according to the United Nations Children's Fund (Unicef). HIV prevalence among 20 to 30-year-olds is already nearing 50%, even higher than the national adult average. These are frightening figures. Potentially one in two young adults faces illness and a drastically curtailed life expectancy. The disease threatens the very survival of their society. Few plagues are this virulent. And plagues usually target the weak disproportionately. It is the old and the very young who succumb. Devastating though this is for the families affected, the adults at least survive so that the economic life of the community is preserved and more children can be conceived to replace those lost. AIDS acts in exactly the reverse manner. It is the most sexually active whom the disease targets i.e. the young adults who would normally be economically active and producing children. As they die, the society collapses and the very old are left to care for the very young in conditions of abject poverty.

The new study offers hope. In two carefully controlled trials, one in Kenya, one in Uganda, uncircumcised men were allocated randomly into two groups. The men in the first group underwent immediate circumcision. The men in the second group remained intact. Both groups were counselled about safe sex precautions. The results of the studies were startling. For it was found that the number of uncircumcised men contracting the HIV virus was more than 50% higher than in the circumcised group. Both studies were concluded early on the grounds that it was unethical not to offer immediate circumcision to the men in the uncircumcised group.

With a vaccine against HIV years if not decades away, circumcision comes to the fore as potentially the most potent weapon against the scourge of AIDS. African governments are interested in the findings not least because of the epidemiological implications. As the resistance of the population as a whole rises against a particular disease, so the disease has a greater problem in maintaining its presence in the population. The measles vaccine is a good example. This not only protects the individual child. If a sufficiently high proportion of children are vaccinated, there are few left to host the virus and its occurrence falls away. Thus measles became a rare disease in the UK. It is only in recent years when the unfounded scare about MMR reared its head and parents stopped having their children vaccinated that the disease reappeared. Similarly, if circumcision offers at least some protection against HIV infection, the number of men susceptible will decrease. As the number of infected people decreases, so the number of opportunities for infection, measured by the number of sexual acts in which at least one partner is infected, will fall away. The virus should abate, even if it does not die.

The results of the trials cause immense problems for the anti-circumcision lobby. They have pointed to the USA where a high proportion of men are circumcised at birth but where the AIDS epidemic took hold. But that epidemic was primarily in the gay population and it is likely that the main route of infection was anal intercourse with the passive partner the person infected. They have also argued that, even if the results of the trials are true, circumcision only reduces the risk. Further, circumcised men will tend to think themselves immune and will feel free to indulge in profligate, unprotected sex. It would, they argue, be far better not to circumcise but to encourage safe sex precautions as the only guaranteed way of remaining disease free. The pilot studies actually showed that the number of relationships of the circumcised groups was the same as the intact groups i.e. circumcision did not encourage a change in sexual behaviour. The anti-circumcision lobby also needs to be aware that in many African societies, 'real men do not use condoms'. A campaign predicated on increased condom use is doomed to failure.

A finding of another study showed that circumcision could increase the chances of women becoming infected, if a recently circumcised HIV-positive man has sexual intercourse before the operation wound is properly healed. This is logical; any seepage of blood from an incompletely healed wound is potentially dangerous. It shows one more area in which careful counselling post-circumcision is vital.

With circumcision offering a potential lifeline to countries ravaged by AIDS, many African governments are now considering whether 'circumcision for all' is a policy which they should adopt. Of course, it is one matter to recommend a policy of universal circumcision, it is another to achieve it. Circumcision must be carried out by trained practitioners in sterile conditions. There is indeed a fear that, in a country like Swaziland, if the demand for circumcision is too great for the medical resources available, traditional, untrained practitioners will emerge. Not only might the operation itself be dangerous (witness the deaths each year in South African traditional circumcision camps), the operation carried out in unsterile conditions might also be the means of transmitting the very HIV infection which the operation seeks to prevent.

At the government hospital in the Swazi capital Mbabane they are trying to satisfy soaring demand for operations. Doctors are being trained and are asked to help out on special 'circumcision days' when the procedure is offered free of charge. These occasions typically see about 40 men operated upon, but up to 100 others are routinely turned away because there are not enough professional medical staff to carry out the circumcisions. More doctors are needed. If 200,000 men wanted to get circumcised – a figure deemed conservative – it would require 40,000 operations to be performed annually for the next five years. There is a suggestion that any campaign should first focus on circumcising the 15 to 30 age group as it runs the highest risk of infection.

This is obviously an area where international aid could be of enormous benefit. A programme aimed at training circumcisers and providing sterile clinics in which to operate could be funded. Circumcision is a relatively simple operation and does not necessarily need a fully qualified surgeon (witness the excellent work of Jewish



mohelim) nor fully equipped operating theatres. Good but basic facilities could initially offer circumcision to all males. These facilities would then be available for the circumcision of future boys and men as they reach the requisite age.

This raises the interesting question as to the best age for circumcision in these countries. We are used in the West to circumcision, when practised, being carried out in infancy or early childhood. There are good arguments for this – the operation is trivial when carried out at this age, and there are a range of effective operating techniques – clamps, Plastibell, freehand. In Africa, circumcision is far more practised as a ritual for entry into manhood. In such cultures, this is a powerful motivator – boys willingly submit to circumcision in order to become men. It may well be therefore that the period immediately before puberty is the optimal solution for these countries. Circumcision could then be combined with education about safe sex.

WHO and the UNAIDS Secretariat have convened an international consultation in early March to examine the results of the new trials and assess their policy and programmatic implications for countries. The consultation will address a range of policy, operational and ethical issues that will help guide decisions about where and how male circumcision can be best implemented, promoted and safely performed. Obviously, there are many developments yet to come in the story and I will give up-dates from time to time in the newsletter. I will also explore the implications of the studies for the United Kingdom. At the moment, the studies' relevance is being considered largely in an African context. But are the lessons also applicable at home?

*Ivan Acorn*

## **A Bridge Too Far**

I was circumcised as a child (late 1940s) and have no recollection of the operation or the reasons why it was done. All I know is that it seemed a fairly common occurrence amongst my school mates and this applied at the local grammar school as well as the local public school both of which I attended.

I had noticed for some time that the head of my penis was unusual when compared with those of others in that it had a bridge of skin attaching the crown of the penis to the shaft on the left side (looking down). This sometimes became sore if not dried properly and did little for the aesthetics of that particular part of my anatomy. After joining the *Acorn Society* and investigating numerous websites, in 2006 I decided that I would discuss the matter with someone or persons on the Circumcisers List supplied by the *Gilgal Society*. I visited two and at the second, Dr D'Silva of the Circumcision Agency based in Luton, I had a preliminary consultation (small fee) and was booked in for an operation under local anaesthetic three weeks later. At the consultation I was told about what would be involved and advised to read the text on the website about pre and post actions to be undertaken by me.

I duly arrived and was met by friendly staff and ushered into a waiting room. Children were obviously being attended to on that day as one could hear them in



adjacent rooms. I was subsequently introduced to Dr Van Bussen, an American practising as a doctor in an adjacent county, who would be assisting Dr D'Silva with my 'revision'. I was given the local anaesthetic and the medics got to work, chatting with me all the while. Within 20 minutes I had had the bridge removed and some excess skin at the back of the shaft had also been removed. I was sewn up and a bandage tightly wound around the shaft and it was explained what post op action I needed to take with Cicatrin powder and bathing. I was left to rest in an adjacent room and after about 30 minutes I was free to leave. I subsequently attended a meeting at Reading that afternoon and even when the painkillers began to wear off there was no pain and only slight discomfort.

I removed the bandaging after about a week and also the remaining stitches – probably the most painful part of the whole business – and called in on the surgery a few weeks later as I was in the area to get the all clear from the doctor. The process had cost me around £325.00 and I am pleased with the result. I was advised that a tuft of skin on the crown where the bridge used to join would remain as the likely loss of blood in removing it could not be justified. Good medics, pleasant property for the operation and friendly staff – good value all round.

*Walt*

## **Survey Of Acorn Society Members 2006**

**[In issue 3/2006, a questionnaire was distributed which asked members to comment on membership issues. Walt has now collated the results.]**

*1 How long have you been a member of the Society?*

- a) Less than a year: 2
- b) One to five years: 14
- c) Six to nine years: 8
- d) Over nine years: 19

*2 If you reside in the United Kingdom, in which county/unitary authority do you live?*

Cambridgeshire 1; Cornwall 2; Cumbria 1; Denbighshire 1; Derbyshire 1; Devon 1; Dorset 1; Edinburgh 1; Essex 2; Gloucestershire 1; Hertfordshire 1; Kent 2; Lincolnshire 1; London (Greater Authority) 3; Manchester (Greater) 5; Norfolk 2; Northamptonshire 1; North Wales 1; Nottinghamshire 3; Shropshire 1; Suffolk 1; Surrey 2; Sussex (East) 1; Wiltshire 1; Yorkshire (West) 1.

*3 If you reside outside the United Kingdom, in which country do you live?*

Ireland 1; USA 3; Australia 1

*4 How did you find out about the Society initially?*

Forum Magazine 8; Internet 11; Word of mouth 1; Gay Times 2; Yahoo Circlist 2; Chuck Thompson 2; Membership of NORM 1; Friend 8; Magazine advert 2; Magazine article 1

5 *Has membership met your aims in joining?*

Yes: 41

No: 2 – one of whom was disappointed that it had not led to meeting/contacting others.

One response per comment unless shown otherwise:

Fascinated by circumcision; knowing others were interested in non-religious circumcision 6; informed decision on circumcision 3; good discussion on issues and procedures 2; enjoys reading views of others 2; living abroad makes 'involvement' difficult; reading both sides of argument; erotic pleasure; well edited newsletter; seems to be few uncircumcised members (!); good information on penile topics 2; would like to see the Society's constitution; good articles 2; met interesting people; great service; balance of pro and anti; meetings can lead to enjoying status; need better contact between members.

6 *The subscription fee provides for six editions of the newsletter per year. Do you find the newsletter interesting and what improvements/topics would you wish to see in future?*

35 found the newsletter interesting

Inputs and topics:

More of the same; more member experiences; pictures are good 2; no more school accounts; well edited 2; more natural state items; more info on who is circ'd and who isn't (presumably people of note); can be dry and clinical.

Some fictional stories; update annually on doctors and provincial circumcision costs and results obtained; individual experiences; military circ'd experiences; colour photos; contact corner; circumcision styles; female comments on male circumcision; list of inexpensive circumcisers; more personal accounts 4; pay more for monthly newsletter; could be more interesting with more personal experiences; no fetishes.

7 *The Society attempts to hold one national (UK) meeting a year and in recent years this has been held at Leicester, in November, usually on a Saturday.*

a) *Are you interested in attending these meetings?*

Yes: 20

No: 19

Maybe: 4

Comments: depends on agenda; like to meet like minded souls; no need to attend as get all info from newsletter.

b) *In favour of Leicester:*

Yes 15; No 14

Leicester is too far; Leicester is OK but not city centre.

*If “no”, where would you prefer to have these meetings?*

Within or close to M25: 1; Closer to Devon: 1; London centre: 4; Manchester: 3;  
Move around the country: 2; A fun location: 1; South East England: 1; York: 1

*c) Is November a convenient month for you?*

Yes 22

No 5

*If “no” which month would you prefer?*

Alternatives: prefer Feb/March; March/April; Sept/Oct; October 3; Bonfire night weekend caused a problem for pet owners.

*d) Is a weekend meeting convenient for you?*

Yes: 21

No: 3

*If “no” when would be more convenient and why?*

Prefer mid week 3; single day only.

*8 The meetings have tended to be informal, without a particular theme, each year. Is there a topic that would entice you to attend if it was billed as being a special presentation with a knowledgeable presenter? Please describe:*

Circumcision instruments and techniques; a presentation by Dr Zarifa; meetings need better direction; a talk by a religious circumciser; presentation by a surgeon; contributions by those unable to attend actual meeting; formalise the meeting to get constitution and committee sorted; talk on tribal and religious circumcision; circumcision styles and merits; female views 2; AIDS/circumcision studies; better meeting structure; adult elective circumcision; advance distribution of agenda; foreskin restoration; talk from someone who has attended a circumcision; film on tribal circumcision.

*9 Do you have any ideas which could be considered for widening the awareness of the society and/or increase the participation of its membership in the Society’s meetings, newsletters and other activities, irrespective of whether you live in the UK or not? Please bear in mind that funds are not unlimited. Please describe:*

(Some seem to relate to meetings)

New members welcomed and introduced; widen options for discussion; get interviewed in magazines; take adverts in Forum 2; get other websites to allow links to ours; more about enjoyment of being circumcised or not; report of AGM to be sent out; better advertising 6; need to define Society’s purpose; hold meetings in sauna; nude swimming; advertise in newspapers; female views; member to member contact; more member email details; provide stand at events; penile health; introduce a contacts section.

## Circumcision Techniques 2

### The Gomco Clamp

There are a number of clamp devices available to aid circumcision. They are all designed in one way or another to crush the foreskin and cut off the blood supply. With some clamps, the foreskin is then excised immediately; with others, the clamp is left in place until the skin necroses and the clamp falls off of its own accord. The Gomco clamp is of the former type so that the operation is completed before the clamp is removed.

The Gomco clamp has four parts. The first part is shaped like a plunger with a hollow bell and a stud on top. The bell fits over the glans and protects the glans during the operation. There are various sizes and one appropriate to the penis of the person being circumcised is chosen. The second part is a base plate which has a hole at one end and a screw bolt at the other. The hole is fitted over the bell and the foreskin is drawn through it. The third part is a top plate (or rocker plate). One end fits to the stud of the bell, the other over the screw bolt on the base plate. The fourth part is a nut which fits onto the screw bolt. As the nut is screwed on, the base plate tightens over the bell and exerts a crushing force on the foreskin at the junction of the bell and plate. The clamp is left on for a few minutes to achieve haemostasis and the foreskin can then be excised.



The operation is carried out as follows. First local anaesthetic is injected at the base of the penis and allowed to take effect. The foreskin is then grasped on either side of the midline with two haemostats, taking care to avoid the urethral meatus. A third haemostat or other instrument is carefully inserted into the preputial ring down to the level of the corona. The instrument is used to tent the foreskin away from the glans to avoid the urethral meatus. It is then gradually swept around the glans on both the right and left sides, to separate any adhesions between the inner mucosal layer and the glans.

The foreskin is then grasped between the haemostat on the dorsal aspect (the upper side of the glans) from the tip of the foreskin to a point of the foreskin about 1 cm from the coronal sulcus. The foreskin is then crushed along this line to prevent bleeding when the foreskin is cut. Taking care to avoid the glans, the crushed skin is now cut along this line with blunt-tipped scissors, thus creating a dorsal slit. The foreskin is peeled back from the glans, ensuring that all adhesions

have been separated and the glans and sulcus are completely exposed. Failure to completely free mucosal adhesions from the glans penis so that the entire coronal sulcus is exposed is the most common reason for a poor cosmetic result. If the adhesions are not completely separated, not enough mucosa will be removed and the glans will not be completely exposed.

The foreskin is drawn back over the glans with the haemostats and the foreskin is checked to ensure that the mucosa is separated from the outer skin. The bell of the Gomco clamp is now inserted over the glans. The hole of the base plate is manoeuvred over the bell and the foreskin so that the hole sits on the bell near its base, catching the foreskin between it and the bell. The foreskin can be temporarily held in place with a safety pin through the two edges of the dorsal slit. The amount of skin to be excised is evaluated and the amount drawn through the hole may be adjusted for length and symmetry. The amount of penile shaft skin to remain after circumcision should be assessed before the actual circumcision. One way to do this is to mark the circumference of the shaft skin with a marker. Sufficient skin should be excised for the glans to be fully exposed after the operation. Otherwise, there is a danger that the skin will adhere to the glans during healing, creating the need for a further operation at a later date.



The rocker arm (top plate) of the Gomco clamp is now attached and brought around into the notch of the base plate. The nut is tightened, crushing the foreskin between the bell and the base plate. The clamp is left in place for a few minutes until clotting and coagulation have occurred. A scalpel is now used to excise the foreskin at the level of the base plate. The nut is then loosened, and the top and base plate are removed from the bell. The shaft skin is then eased off the bell at the line of incision using a gauze with mild traction.

Provided sufficient skin has been removed, the incision line should lie on the shaft of the penis below the corona. In an infant, there should be little or no bleeding along the scar line which should heal naturally within a few days: older children and adults will require the line of the cut to be sutured. A bandage will then be applied to limit swelling and keep the wound clean during healing.

For those with access to the internet, there is an excellent training video on the use of the Gomco clamp at <http://newborns.stanford.edu/Gomco.html>.

*Ivan Acorn*

Though circumcision is a minority condition in Britain, I disagree with D.H. (issue 6/2006) that there are “pathetically few male circumcisions”. True, less than 1% of babies are routinely circumcised (excluding those for religious reasons), but there are about 30,000 NHS hospital circumcisions each year. Hardly pathetically few; and then there are the circumcisions in doctors’ surgeries, private clinics, and by mohelim at home or in the synagogue (on about 2000 Jewish babies annually). Most of the therapeutic operations are conveniently undertaken in late infancy before school, between primary and secondary education, or before puberty. D.H. should have stated that routine infant circumcisions were few, but not circumcisions!

The concept of ‘total circumcision’ presented in the same edition under the title ‘Bridling’ rather astounded me in its severity. It is clearly intended to maximise the reduction of sensitivity, sexual pleasure and skin mobility, exposing both the glans and its sulcus even when the penis is flaccid. (Most may be aware of the radical freehand surgery so popular in the mid 20<sup>th</sup> century. In my form at school in the 1950’s, 45% were radically circumcised, including me; of course that was before the advent of the Plastibell and its UK adoption by physicians and surgeons.)

Total circumcision as described requires the removal of practically all foreskin, inner membrane and frenulum, discouraging handling, masturbation and eroticism, minimising penile stimulation during intercourse. This is the ultimate bridling of male sexuality, a puritanical measure indeed, rendering baby boys chaste for life. How Dantesque!

Mentioned is the ‘circumcision rite of the Hebrews’ with the lamentation that it did not become law or custom everywhere. Note that Jewish circumcision is neither ‘total’ nor ‘radical’ in the accepted sense, as it removes very little of the inner membrane and leaves the frenal area untouched. After the adhesions have been broken, the foreskin of the baby’s erect penis is stretched forward. More of the outer layer is drawn forward than the mucosa. The shield is applied at an angle greater than the slope of the glans so cutting avoids the frenulum and most of the mucosa. After cutting, the outer layer retracts over the glans leaving the inner mucosa covering all but the tip of the glans, including that bearing the frenulum. The mucosa is torn and reflected back over the glans to join the cut edge, and bandaged in place after peri’ah (mouth or cup suction). Two strips of lint are applied.

Most of the erotic tissue is thus retained, assisting the sexual function in later life. Because no sutures are applied, the possibility of stitch tunnels is eliminated. Skin bridges are never encountered as the reflected mucous membrane is bandaged against the shaft throughout healing, avoiding any glans contact.

I feel circumcision is a matter of individual choice and shouldn’t be imposed on unconsenting babies for puritanical or fanatical reasons. However done, RIC deadens, desensitises, diminishes and destroys – not much of a legacy for life, although the Jewish and Plastibell circumcisions are the least drastic. In a book,

Paul McCartney's brother revealed that both boys had been Jewishly circumcised, the Queen's sons were attended to by a mohel, whilst babies circumcised for non-religious reasons are now usually 'Plastibelled'. Circumcision, yes, but kinder.

*Anthony – Devon*

## Turkey Neck

In 2004 I had a re-circumcision performed by Dr Zarifa at the Custom House Surgery, London. "As tight as possible" was a special request on my part. The circumcision scar is now between 2 and 3 cm above the glans. There is so little remaining penile shaft skin that it never rolls forward, no longer forming a 'collar' on the sulcus as was the case prior to my re-circ.

As can be seen from the photo, the scrotal sack is pulled noticeably forward on my tightly circumcised penis during erection. Even so, there is no discomfort as a



result of the re-circumcision, only a pleasurable tug on the glans. It would therefore interest me to know whether any circumcised *Acorn* readers feel some discomfort from a forward tug of the scrotum, known as 'turkey-neck' by Americans. Also, has anyone circumcised as an adult noticed glans enlargement after having been permanently freed of foreskin – my glans seems to have increased in girth after my re-circ?

I am aware that the cash-strapped NHS will only circumcise if a Consultant recommends it, but as circumcised men are much less likely to become HIV infected, one really has to ask oneself why the procedure is not more easily available on the NHS. If done on infants with a Gomco clamp or Plastibell device, it could be carried out on a routine basis at minimal expense.

*G.B. – Kent*



## Out Of The Window

In an edition of *Out Northwest* last autumn, an advert for the Terrence Higgins Trust showed a page of penises. Out of 21 cocks, only three were cut. This is now the trend of today. Circumcision has gone out of the window, no longer in fashion as it was some 30 or 40 years ago. As most young men nowadays are uncut, so will be sons born to them. Most young girls who get pregnant have never seen a circumcised penis and I'm sure don't even understand the word as it is something they have never come across.

I can foresee a time when circumcision will only be performed on religious grounds. This is a pity as a cut cock looks so much better and is so much easier to keep clean.

*D.B. – Lancs*

## Advocating Full Circumcision

The article 'Bridling' (issue 6/2006) quotes pro-circumcision comments from Victorians. They seemed to have the right idea about advocating full circumcision with total frenulum excision, although perhaps for the wrong reason. Today we would agree that boys should be circumcised but for cleanliness, aesthetic and sexual reasons. Pain and soreness as a boy provides better health, appearance and sexual results for life. Full radical circumcision should be carried out to provide a penis a boy can be proud of, with a totally exposed knob and tidy scar, the shaft skin cut back very tight and every trace of frenulum removed.

I also enjoyed H.F.'s article 'My Muslim Son – Part III' (issue 5/2006) on the circumcision of his youngest son, aged eight years, this being done so that he complied with his grandfather, father and brother – all cut. Other families could well follow his example. I personally agree with Adam (issue 3/2006) that 11 or 12 is a good age for a boy to be circumcised. I am aware that circumcision can be carried out at any age, from RIC to adulthood; but immediately prior to puberty a boy can understand the reasons for and the results of his foreskin and frenulum being totally removed.

*D.B. – New Zealand*

## Harry Potter In The Nude!!

Well, it is actually Daniel Radcliffe, the 17 year old who plays Harry Potter, who is in the nude. I note from the *Acorn* newsletter that members voted: 'Celebrities – who is cut and who is uncut' the 14<sup>th</sup> most popular topic. Unfortunately Daniel Radcliffe is uncircumcised which I suppose is not too surprising considering his age and the current anti-circumcision thinking in England. For those who want to see the nude picture of Daniel Radcliffe they need to go to: Google search – Images – Daniel Radcliffe. Page 1, about half way down the images, click on 'Daniel Radcliffe slammed for smoking', scroll down



the page and you will see a full frontal nude picture of Daniel Radcliffe with a horse behind. I know how unreliable some images can be and many people put up 'scam' photographs but I think this one is genuine as Daniel Radcliffe has a leading role in the play *Equus* which opened on 27<sup>th</sup> February 2007 at the Gielgud Theatre, London W1. Using a fake would therefore seem to be pointless as all is revealed during the play. The page also gives a web site: [http://thebosh.com/archives/2007/02/daniel\\_radcliffe\\_slammed\\_for\\_smoking\\_going\\_nude.php](http://thebosh.com/archives/2007/02/daniel_radcliffe_slammed_for_smoking_going_nude.php). I have not visited this site so cannot advise what else is on it.

*C.B. – Cornwall*

[Editor's note: The picture referred to by CB is printed below. Members will come to their own conclusions but I have some doubts about authenticity. First, the photo looks like one from the publicity set. Would the photographer taking the publicity shots really have risked his career by releasing a nude shot when the source would be obvious? I also doubt that Daniel would even have been required to remove his knickers during the shoot. Second, Daniel's torso is slim with little musculature. The thighs in the photo are by contrast very well developed and muscular. Do the two halves of the body fit?



Further doubt on his intact status is cast by an interview Daniel apparently gave about two months ago to an Australian early morning news and chat programme. He said that his mother is Jewish (father not) – and that he is not religious at all. The interview is on youtube (<http://www.youtube.com/watch?v=qp7IlvZuGdU>). Since the mother married out, she would not necessarily have had Daniel circumcised. But since the racial line is through the mother, Daniel would be accepted as Jewish and it would have been prudent of his parents to arrange a bris in case he wanted to claim his religious inheritance at a later date.

All this speculation could be put to rest by a front stalls view at the Gielgud. Has any member been? If not, your Editor might just have to sacrifice himself and purchase a ticket in the interests of establishing the truth!]

## Contact Corner

**L**ong term member of *Acorn* who enjoys being circumcised would like to correspond with others, particularly any considering circumcision.

*R.W. – Surrey*

## All Hands On Dick!

I read Ivan's article on 'Bridling' with immense interest and not a little amusement. The Victorian attitude on the value of circumcision in curbing masturbation is almost beyond belief. Did they really believe that circumcising boys (and men) would really lead to a "maximum reduction of erotic sensations that lead to masturbation in children and uncontrollable sexual urges in youth and unmarried adults"? As far as masturbation is concerned, the males of the world are divided into two groups – those who say they masturbate and those who lie about it. As is well known, most of the *Acorn* membership has been circumcised and every one of us has masturbated at some time in our lives. And I would bet that the majority still does it. I have to go along with what Mae West said about sex (not that she talked about much else) when she said, "Sex is like a game of bridge. If you haven't got a good partner, you'd better have a good hand." If you don't have a regular partner in life, then you can't fail by pleasuring yourself with your right (or possibly left) hand. On discovering the joys of masturbation at a very early age I have continued to enjoy it on a regular basis. Some men feel a bit ashamed of admitting to masturbation in adulthood, but can there be a more harmless activity that promotes maximum pleasure?

I can say without a trace of doubt that my enjoyment of masturbation increased enormously after I was circumcised as a young man. Gone was the slackness that so masked the full pleasure of a self-induced orgasm. Before being circumcised, it really was like the old adage that it was like eating chocolate with the wrapping still on. My circumcision completely liberated my cock to terrific sensual pleasure and there was absolutely no 'bridling' effect whatsoever. To be honest, I soon felt that I hadn't been circumcised tightly enough and went for a second circumcision a year later. Sex was now even better than before. My shaft was tauter and I seemed to have no difficulties in getting an erection that led to a wonderful explosion of delight when I came. Like virtually everyone reading this article, I have never had the slightest regret in getting circumcised. Whilst my techniques in masturbation may have changed a little to accommodate the increasing tightness of the shaft, there has never been a moment's doubt that I am not in a position to fully appreciate masturbation. After the first circumcision I could still jack-off 'dry', but with the second, I found that it was much more pleasurable to use a little lubricant. My preferred one is baby oil rather than the traditional Vaseline as it allows for a full stroking technique from base of shaft to top of the knob. This way every bit of my cock receives maximum attention.

So despite what the Victorians would have us believe, masturbation is not evil and on being circumcised it is not even remotely 'unrewarding'. I certainly concur with the belief that circumcision is to "remove a defect in man's formation" but on the physical side rather than spiritual. In all my years of having been circumcised, I never found the slightest loss of sensitivity and it had absolutely no impact on my 'moral shortcomings'! So much so, that after many years of prevarication, I finally went in for a third circumcision last year. There always seems to be a desire in roundheads that you can always go a little further in achieving the desired effect of a drum-tight shaft with no noticeable movement. As my first circumcision was

low, the subsequent ones had to continue in that style. I realised that I could never have the much-wanted 'high-and-tight' cut that we associate with the Americans, but as far as I was concerned, the tighter the better would suffice. So I have now got what the article refers to as a 'total' circumcision – in their eyes (and mine!) a highly desirable result. Once the scar had thoroughly healed, I found that erections were almost unbearably exquisite in their tightness as the skin stretched and strained to fit my new perfectly smooth shaft. I also had the remains of the frenulum completely removed, which I feel gives my cock a much more aesthetically pleasing look. The wait to try out my third circumcision was frustrating but I felt sure I would be rewarded for my patience. Needless to say my first jack-off was performed with just a little caution, that was quickly carried through with vigorous abandon. There was no play in my shaft at all which was exactly what I had hoped for. Since then, I have continued to self-pleasure myself whenever I felt like it without any feelings that being circumcised had 'counteracted excessive lust.'

I get the feeling that routine infant circumcision continued in Britain for so long because whilst men could say they thought it was a good idea morally and hygienically, they actually knew how gratifying it was sexually. To say that it didn't prevent masturbation would be to admit that a man had had a great time in his youth! Forget the term 'self-abuse', it is so loaded with guilt. Think more of it as 'self-satisfaction'. So why deny your sons the fun you had yourself once circumcised?

Oh yes, as far as the title of this article is concerned, I admit to borrowing the name of an 'educational' film (thinly disguised porn) I once saw. It promoted the immense value of masturbation as the best form of ideal safe sex, which I cannot argue with. And as the film was American, all the men in it had tightly circumcised cocks and had not the slightest difficulty masturbating to copious climaxes. Good for them! (And good for us.)

*Peter – Manchester*

## **Tight Circumcision**

I appreciated the editor's story and pictures in issue 1/2007. The shaft skin is very smooth, the perfect result.

I'd like to make one small observation on the matter of sensitivity: I think that it can take up to about 8 or 9 months after a circumcision to regain FULL sensitivity; about 90% comes back quite quickly but that last little bit does seem to take some time.

A little observation of my own, and one which I obviously fully support, is the move to very tight circs over the last year or so. Much of the correspondence from UK men on the various internet groups has been about requesting and getting tight circumcisions/revisions. Quite different to the state of affairs over here when I had my original circ almost 30 years ago, when there was no information whatever about such things as styles and methods. What a pity we've had to wait this long to get the fuller picture.

Certainly Dr Zarifa seems happy to provide virtually as tight a result as anyone could want. I also think that the results he gets are at least as good, in aesthetic terms, as the pictures included on Dr David Cornell's own website. I also saw a report on a satisfied customer of Morris Sifman – I went to see him about a year ago before my last revision, but he was keen to avoid using sutures, using a tight strapping instead, which I was worried would not hold. In this instance he suggested to the patient that he might not use sutures, but the patient was strongly against the idea and insisted he did use them, which he did. Perhaps I should have been firmer against the idea, but Dr Sifman was so adamant that I did not feel I could go against his recommendation if I allowed him to do the job. A pity, as I would have enjoyed being the owner of a genuinely Jewish circumcision – the mohelim do seem to do a good job on others, possibly because they remove all the inner skin to get a good and tight result.

Does anyone know of any other doctors around at the moment who are highly regarded, other than Drs Zarifa, Sifman and D'Silva? I often reply to letters asking for suggestions of suitable surgeons, and would have thought that a few other names might be cropping up occasionally.

*C.F. – East Sussex*

## **Petition To The Prime Minister**

The Downing Street website now allows members of the public to mount electronic petitions to the Prime Minister. One of the most publicised in the recent past has been the petition against road pricing which gathered over a million signatures. But at the end of March, a petition about infant circumcision appeared, urging the Prime Minister to make adequate provision for access to infant circumcision on the NHS. The petition reads as follows:

“We the undersigned petition the Prime Minister to facilitate the provision of access to prophylactic neo-natal circumcision in NHS hospitals.

“Recent months have seen more evidence accrue in favour of the health benefits of circumcision, which is best performed neonatally. However, unlike in countries such as the USA, there is a complete lack of adequate provision for circumcision in NHS maternity hospitals and units, except in a few areas which cater to sizable Muslim populations. Circumcision reduces the risk of HIV infection by over 50%, the risk of urinary tract infections by a factor of 12, penile cancer by a factor of 22, prostate cancer by 50%, and also cervical cancer in partners. Current policy and provision should be amended to reflect the scientific evidence, and this option should be made available for all new parents.”

Go to the website <http://petitions.pm.gov.uk/circumcision/#detail> if you wish to sign the petition. The closing date is 23<sup>rd</sup> March 2008. I will keep members updated in future newsletters about the numbers of signatures the petition attracts.

*Ivan Acorn*

# ACORN

Issue  
Nº 3 2007  
Editor  
Ivan Acorn

## Editorial

Summer is here and many of you will be heading for the beaches. This will be an ideal opportunity for our naturist members to check out the status of the European male. Remember that we will be interested to hear of your observations, particularly according to age. Are there any young cut men out there or is circumcision really a dying custom?

Sensitivity is raised in several articles this month. One new member considering circumcision is naturally concerned as to whether he will be sacrificing any sexual pleasure. Two other contributions indicate that he may be – to a greater or lesser extent. Research does not necessarily support this conclusion and I hope to devote a future editor's column to this issue. In the meantime, I would like to gather anecdotal evidence from members – especially those of you circumcised as adults. Was the sexual experience for you more or less pleasurable after circumcision, and in what ways, if any, did sensations differ? Let me know your conclusions and I will print them either as part of my article or separately.

*Ivan Acorn*

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E-Mail may be sent to:  
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### Is circumcision against nature?

The foreskin consists of healthy tissue and is a fully functioning part of the penis. In routine circumcision, the foreskin is excised for no good medical reason. Circumcision is therefore against nature and is a violation, some would say a mutilation, of the body.

These are potent arguments and they cause great concern to parents considering whether to have their baby boy circumcised. Can it be right to remove a healthy part of the body in this way? Is it even moral so to breach the integrity of the baby's body and his rights as a human being? Parents may well be convinced by the arguments that circumcision is an offence against nature and so decide to leave their son intact.

But what, we might ask, does natural and unnatural mean as far as the human race is concerned? All living species are the product of evolution. Over millions of years, each species of life has evolved, gradually adapting to its environment to ensure best its survival. Nature is full of the wonders of such evolution and adaptation. Thus the camel evolved to survive in drought conditions, the polar bear in extreme cold. The process of evolution is one of constant improvement in the living entity so that it can better survive in its environment.

Man, like all the species with whom he shares the planet, followed the same evolutionary path. But at a certain point in his history, an important change came about. Impatient with the painstakingly slow process of evolution, man started to adapt his own body, first through medicine, then through surgery. The purpose of the body's immune system is to fight disease. The immune system has been honed during the evolutionary process, a very real example of the survival of the fittest. Those whose immune systems were inferior quickly succumbed to disease whilst those with superior immune systems survived to pass on their better quality genes to succeeding generations. But then man found how to give the system a boost or a helping hand, originally through plants and herbs, which have gradually been developed into the vast array of pharmaceutical drugs available today. Similarly surgery has progressed from crude amputations and removal of tumours, carried out in unhygienic conditions without anaesthesia, to today's sophisticated range of surgical techniques.

Vaccination carried the process one stage further. The immune system can now be 'taught' to 'recognise' and eliminate potentially serious or fatal diseases. By these means, smallpox and polio have been virtually eliminated and rubella is no longer the scourge of the pregnant woman with its deadly threat to the foetus she is carrying.

Medicine continues to advance. With the unlocking of the human genome, the role of individual genes in particular diseases is being identified. Gene therapy holds a real potential to eliminate diseases and conditions which today have no cure.

Man has come a long way from his naked origins and probably has much further to go. When the mechanism of ageing can be fully identified, man may well become immortal in an earthly sense, with all the benefits and problems that will bring. So is man still 'natural'? The answer must be 'no', if we consider any modification to the body and its workings to be unnatural.

So where does circumcision fit into this picture? The origins of circumcision are lost in time. Some suggest that it was introduced as a religious rite – as it remains for Judaism and Islam today. But this does not explain the existence of the operation in widely different geographical areas of the world – the Middle East, many parts of Africa, Australasia. Religions are very good at incorporating established practice into their rites as a way of embedding religious belief into the community. This is probably how it worked with circumcision, i.e. circumcision was a practice which was already in existence and which religions then adopted. So why should circumcision have come into existence in so many different places throughout the world? The answer must be utilitarian – circumcision was found to be a useful practice. Why should this be?

The glans is the key part of the penis as far as sexual functioning is concerned. It is ideally shaped to facilitate penetration of the vagina during intercourse. It is the depository of the sensory nerves which give pleasure to the male and which when sufficiently stimulated brings orgasm and ejaculation. When the penis first evolved, man was still in his naked state. Protection of the glans against damage from the natural habitat – brambles, bushes, insect bites, even the sun's rays – was important. Thus the foreskin came into being to provide the necessary cover – neatly designed to withdraw at the crucial moment to allow full exposure of the glans. But then, when man started to wear clothes, the foreskin obviously began to cause problems. At that point it started to be judged as inconvenient, superfluous to requirements and better excised.

It is not hard to conjecture what those reasons might have been because they are still with us today. First balanitis – irritation of the foreskin and glans. It is probably no coincidence that circumcision tends to be endemic in hot countries. Where humidity is high, the space under the foreskin can easily become damp and the humid environment encourages the growth of bacteria and consequent inflammation and infection. Where the atmosphere is dry and the environment dusty, dirt and grit can penetrate the space under the foreskin causing severe irritation. One can well envisage a situation where a large proportion of the male population was affected by such symptoms which the removal of the foreskin was found to relieve and cure. It is then a small step to introducing universal male circumcision as a preventive measure.

Second, we have phimosis and frenulum breve. Probably between 5% and 10% of males have a malformed foreskin in that it does not retract back over the glans, or, if it does, the frenulum is so tight that tension causes pain. Such malformations inhibit sexual intercourse, impregnation of the woman and hence continuation of the race. In conditions where child mortality is probably high, anything which further threatens the production of the next generation is a threat to survival itself. With a relatively high proportion of men being affected by such



problems, it is better to eliminate the potential problem in all men – thus all males are circumcised.

So circumcision came about as just another of those measures which man took to give evolution a helping hand and adapt himself to the prevailing conditions. Is the situation any different today? We still have a situation where a relatively high proportion of males require circumcision for medical reasons as boys or men with all the additional costs, inconvenience and embarrassment that causes. We still have hot, humid or dusty environments where the foreskin can easily become prone to irritation and infection. We have growing evidence that the removal of the foreskin gives some protection against urinary tract infections in infancy and sexually transmitted diseases, including AIDS, in adults. The case for prophylactic circumcision is still as strong as ever.

So, is circumcision against nature? Surely, circumcision must be viewed as just one of the many means by which man has come to terms with his body and his environment. The conclusion must be that circumcision is only against nature if man's progress itself is against nature. To condemn circumcision as unnatural is similarly to condemn as unnatural the whole development of medicine over the past thousands of years.

Parents have many pros and cons to consider when deciding whether to have their sons circumcised. But the 'against nature' argument should not detain them – it is spurious and should be dismissed as such.

*Ivan Acorn*

## The Circumcision Fetish

The exposed glans undoubtedly has a fascination for many men. Mine started from the age of eight, when I first discovered that I could pull back my foreskin. At boarding school I was envious of those who had been circumcised, so I started becoming a skinback, first for a few minutes at a time, then gradually extending the period to a whole day, a whole week, and even a whole month. I was lucky that the geometry of my penis is such that the foreskin would stay retracted behind the prominent corona.

Puberty brought with it embarrassing moments, because, although I had experimented with skinbacking, I could not bring myself to make this the permanent state. Every night I would go to bed with a covered glans, only to awake with it naked, causing frequent wet dreams. So I gradually accustomed myself to more and more of the skinned-back state, although I could not bring myself to appear in this manner when naked on public nude beaches until the age of 30, when I finally decided that this would be my normal state.

However, this did not diminish my inner desire to be 'properly' circumcised, so, thanks to the internet, I achieved my ultimate goal on 4<sup>th</sup> December 2001, but not without problems.

I had agreed to have a circumcision and a frenulectomy, as the frenulum had always been somewhat tight and pulled the glans down when fully erect (see





picture 1). But the first op was not satisfactory so I returned for another, which proved to be a real 'cowboy' effort. Realising that I was not getting what I wanted, which was a smooth underside, with no pulling on the glans, I complained again and this time was given the full job, which actually turned out to be very painful, as the doc had to inject into the glans itself. But the result was good.

How do I feel six years later? No regrets, but a degree of disappointment. There is a loss of sensation with the removal of the stretch sensors that were in the foreskin, and the frenulum area is less erotic. Intercourse is still good (when I can get it!) and masturbation is still enjoyable, though different. But, I am convinced that circumcision is not for every man, as the result will differ according to each individual penis. The perfect penis does not need circumcising. Now, what is the perfect penis? How can it be described? Who has one?



*D.B. – Notts.*

## Circumcision Techniques 3

### The Plastibell

The Plastibell device is a disposable, single-use circumcision aid, designed to circumcise by strangulating the blood supply to the foreskin. The device consists of a plastic bell with a handle attached at the apex. The bell, which fits over the glans, has a groove close to its rim. The foreskin is partially slit so that the glans can easily be exposed and the appropriate size Plastibell is placed in position. The skin is then pulled forward over the bell, and a tie is fixed tightly around, compressing it into the groove. The surplus skin is cut off in front of the tie, which prevents any bleeding. The snap-off handle of the Plastibell is then removed, leaving the ring in place. In 5-10 days the ring, with the tie and the fringe of now dead skin in front of it, falls off leaving a clean, healed line.

The first part of the operation is carried out in the same way as for a Gomco clamp. First local anaesthetic is injected at the base of the penis and allowed to take effect. The foreskin is then grasped on either side of the midline with two haemostats, taking care to avoid the urethral meatus. A third haemostat or other instrument is carefully inserted into the preputial ring down to the level of the corona. The instrument is used to tent the foreskin away from the glans to avoid the urethral meatus. It is then gradually swept around the glans on both the right and left sides, to separate the adhesions between the inner mucosal layer and the glans.

The foreskin is then grasped in the haemostat on the dorsal aspect (the upper side of the glans) from the tip of the foreskin to a point of the foreskin about 1cm from the coronal sulcus. The foreskin is crushed along this line to prevent bleeding when the foreskin is cut. Taking care to avoid the glans, the crushed skin is now cut along this line with blunt-tipped scissors, thus creating a dorsal slit. The foreskin is peeled back from the glans, ensuring that all adhesions have been separated and the glans and sulcus are completely exposed. Failure to completely free mucosal adhesions from the glans penis so that the entire coronal sulcus is exposed is the most common reason for a poor cosmetic result. If the adhesions are not completely separated, not enough mucosa will be removed and the glans will not be completely exposed.

The plastic bell is now slipped over the glans and the incised foreskin is pulled over the top of it. The incised foreskin is brought forward until the apex of the incision is above the string placement guide on the device. It is essential that the foreskin is pulled sufficiently forward so that the Plastibell removes an adequate amount of foreskin. However, the skin should not be pulled too tight before being tied off. This is because if pulled very tight there will be considerable tension backwards after the bell has been tied in place. The end of the bell will be pulled into the glans and may easily compress the urethra to the extent of making urination very painful, if not impossible.

The foreskin is clamped across the handle of the Plastibell with a straight clamp to keep it in place. The string is placed around the foreskin and the Plastibell

device in the groove that acts as the string placement guide. The area is examined to make sure the device has not slipped out of place and the apex of the incision is distal to the placement of the string. The string is then tightened and tied in a simple square knot. An adequate result is obtained when the skin just distal to the string blanches without the string breaking.



The excess foreskin is excised after the knot is tied. This reduces the volume of dead foreskin which will drop off. The handle is then broken off the device. The thread cuts off the blood supply to the foreskin which withers and drops off, taking the Plastibell with it, in 7 to 10 days.

Sufficient local anaesthesia should be given to ensure at least 2 hours continued anaesthesia after the operation. The action of the thread in the groove of the bell is such that within this time not only has the blood supply been cut off from the foreskin, but the nerve endings at, and forward of, the

thread are rendered ineffective. All the boy will feel is a slight pressure from the bell on the glans. Because no stitches are used with a Plastibell there is no need for dressings, antibiotics, etc which makes things very much simpler, especially with young children who cannot easily co-operate.

As noted above, the foreskin should not be pulled so far forward as to put it under undue tension. This necessarily results in a looser circumcision than can be achieved with the Gomco clamp. Furthermore, the frenulum is protected by the bell and will never be cut when using the Plastibell. The position of the scar line behind the glans is determined only by the distance from the back of the glans to the groove in the bell. For a given glans circumference (and hence Plastibell size) the longer the boy's glans the further back the resulting scar line will be and the looser the circumcision will be.

The Plastibell has gained some favour in Denmark as a means of carrying out a partial circumcision; most boys there are left natural and leaving some foreskin makes a circumcised boy less 'different'. On the other hand, it is also very popular in Saudi Arabia where a fully uncovered glans is required. Thus the extent to which the skin is pulled forward before the tie is applied can give a range of outcomes, though a certain amount of free skin usually remains.

Only small size Plastibells are generally marketed and hence the method is only suitable for pre-pubescent boys. The largest Plastibell generally commercially available in the United States and Great Britain is designed to fit the 'average' 11-12 year old boy. Well developed boys of this age may well have too large a glans to use the Plastibell, whereas very late developers may be able to be circumcised with it to 14 or so years old. Determining the appropriate size of the device is

important. A fit too small can cause tissue strangulation and necrosis, and one too large may result in too much foreskin being removed and penile denudation. The Plastibell is primarily used on infants in the United States. The Plastibell is used in nearly 60% of all routine infant circumcisions in the United States with 39% being done by the Gomco Clamp.

The advantages of the Plastibell are:

- No bleeding
- No infection since it is difficult for infection to ascend beyond the point where the circulation is cut off
- Little pain since the clamping cuts off the nerve supply
- No dressings required
- A neat symmetrical circumcision line

The main disadvantage is the relatively loose cut and the retention of the frenulum. However, if the circumcision is performed in infancy, the excess skin, if not too great, may be 'absorbed' as the boy grows and the frenulum may fail to develop fully.

*Ivan Acorn*

## A Sensitive Question

I have just joined the *Acorn Society* and received my first issue of the newsletter. Something that immediately concerned me was the idea that the *Acorn Society* should become exclusively pro-circumcision. The *Acorn* web site seemed to stand against this taking-of-sides, which is precisely why I joined. The other organisations all take sides, and for that reason I had no interest in joining any of them. I hoped that I would find one that served the pursuit of truth rather than an agenda. Surely, the whole purpose and value of the *Acorn Society*, and probably what makes it unique, is that it should encourage objective and honest discussion from both sides.

There are still areas that need full examination and research, and one of these interests me particularly. It was touched on by the editor in the last issue. I was circumcised at the age of four, and so I have never had the opportunity to know how circumcision affects sexual sensation. This is an answer that only those who have had the operation during sexual maturity can give, and I believe it is based on a question that has troubled many of those circumcised during infancy. I was surprised this didn't reveal itself in the survey. Perhaps, generally, some of those who have been cut are angry because they fear they have lost sensation that was their birthright in a natural, uncut state, and consequently speak out against the procedure; or perhaps some others have sought comfort by deciding, regardless, that no loss of sensation has occurred, and so encourage others to be like them.

I really don't know what the objective answer is, but it could be achieved from some simple and honest research, with the possible distortions of attitude factored

in. There has been a little scientific treatment of this area. For example, I came across an article, 'The prepuce: specialized mucosa of the penis and its loss to circumcision' (*British Journal of Urology*, 1996, vol. 77, pp 291-295), available in any university medical library. This indicates that the normal foreskin has an important role in sexual sensation. Of course, bias can (but should not) enter medico-scientific articles, but at least they are presented in a way that enables full analysis and criticism. I must confess I would rather have been left uncut, if only because that was what nature intended and I remain unsure about what I might have lost in sexual sensation. It seems such an important, interesting but neglected field for research. (But please let me know if I've missed some full examination elsewhere.)

That's why information from those who have had sexual experience in both states would be so interesting for people like me, uncluttered by any predetermined allegiance to circumcision or non-circumcision. Please don't allow *Acorn* to become propaganda!

D.W. – Cumbria

[Editor's note: I am hoping to devote a future Editor's column to the issue of sensitivity. Meanwhile, I would welcome contributions from any member who has experience of being sexually active in both an intact and a circumcised state.]

## Glans After Circumcision

Just wondering what effect other guys think having your foreskin removed has on the glans of the penis. I was circumcised earlier this year and the effects are massive. Even though it was only my foreskin that was removed, my glans has gone from being moist and sensitive to being constantly dry and virtually numb. It's also changed from being a pink colour to grey. The texture feels different. It's no longer soft, it's become much tougher and rubbery. The constant exposure and chaffing seems to have desensitised it.

My GP says my penis looks like a normal circumcised penis and that the change of colour and texture are normal for all men after circumcision. I don't know if maybe I've had more skin removed than some – I guess when it's done as a baby/child the foreskin removed is very small. I was given my foreskin back to me in a jar before leaving the clinic where I had it done and to be honest, the skin removed looks massive. When unfolded it's bigger than my hand but the doctor who cut it off told me that it's normal to remove that much skin during a circumcision. The procedure certainly seems to have been done correctly. What I don't understand is so many other guys posting messages saying that being circumcised makes no difference and some saying they prefer it. Before I had it done, I really didn't think the effects would be much but I guess I didn't speak to anyone else who'd had it done as all my mates are uncut. Whenever I have sex, I struggle to ejaculate. I am frequently unable to ejaculate and end up having to go to sleep with a full erection after not ejaculating. Even sometimes when I do eventually ejaculate, the semen spurts out of my cock but I don't get an all-over-body orgasm that I always used to get. What do circumcised men do to make their glans sensitive? And how come

so many guys say they prefer sex after being cut? i.e. how can less be more? I know some say it's cleaner and I guess it is and my girlfriend certainly likes the look of it cut, but surely that can't be worth the loss of sensitivity. Or is it that many like me have their foreskin cut off thinking it won't make any difference and then are too embarrassed or ashamed to admit it to others? I would think if you have it done as a baby, you never know how much feeling you are missing as you'll never have experienced sex with a foreskin. Or maybe once you realise that what's done is done that you want to sound as positive as possible about sex and the state of your penis. For example, I am being as honest as I can in this forum, as no one knows me, but in the showers with football mates who can all see I've recently been circumcised, I say that I like the fact I've been circumcised as why would I admit to other guys that there is anything dysfunctional about my dick. Frankly, I just get really fed up with guys going on about how great it is to be circumcised. The foreskin has many nerve endings adding to sexual pleasure and how can anyone suggest that a desensitised glans gives more pleasure than a sensitive one.

*Comment from the Men's Health internet forum*

## **Call For Circumcision On NHS As Study Finds Procedure Halves Risk Of AIDS**

**[An article from *The Scotsman* by Eben Harrell in December 2006]**

Scottish patients who wish to have their male infants circumcised should have the procedure paid for by the NHS to prevent the transmission of AIDS, a World Health Organisation (WHO) expert has said. The comments come in the wake of a large US study that showed that circumcision reduces by half a man's risk of contracting AIDS from heterosexual sex.

The NHS, while performing a small number of infant circumcisions, discourages the procedure, claiming that the benefits of surgery do not justify its cost and risks. The majority of non-medical circumcisions in Scotland are undertaken privately by religious leaders or private physicians. "The presumption against male circumcision in Scotland should be lifted," said Dr Tim Hargreave, a urologist at Edinburgh University and a senior adviser to the WHO. "There needs to be a policy shift in the light of this evidence. Parents who seek circumcision for non-religious reasons should have ready access on the NHS."

Scottish AIDS campaigners welcomed Dr Hargreave's comments and suggested that NHS doctors should recommend circumcision to male adults known to be promiscuous. Roy Kilpatrick, the Chief Executive of *HIV Scotland*, said: "It makes us wince a bit, culturally, but major health organisations like WHO have made strong statements endorsing the potential benefit."

Male circumcision has also remained unpopular in Scotland because of ethical concerns regarding infants' inability to consent to the procedure. But Dr Hargreave said the evidence of benefit was now quite clear. The National Institute of Health, the US government body that undertook the study, had to halt two clinical trials,



in Kenya and Uganda, on the grounds that not offering circumcision to all the men taking part would be unethical. The success of the trials confirmed a study done last year. "There is an enormous anti-circumcision lobby that has very real concerns. But you have to separate the science and the evidence from the emotional baggage", he said.

This year saw the biggest annual rise on record in the number of HIV cases in Scotland. Of the 405 new HIV patients in 2005, a rise of 11% year-on-year, two-thirds were men. Even so, Dr Hargreave said, HIV was not prevalent enough in Scotland to justify universal male circumcision. For one thing, circumcision did not prevent transmission by anal sex or drug injection, ways the virus commonly spreads in Scotland. There is also concern that the new evidence will encourage circumcised men to be more careless.

A Scottish Executive spokesman said: "We will examine the results of these trials, but we have no plans to change our current policies. We would never advocate circumcision over the use of condoms as the best protection against HIV transmission."

*Submitted by J.T. – Edinburgh*

## Scottish Rates Of Circumcision

The above article from *The Scotsman* says that male circumcision is unpopular in Scotland but, despite this, circumcision in Scotland is not so rare. I concede it is not often done at birth but it appears on a list of common operations and their waiting times in a report in *The Scotsman* in March this year. Unfortunately, this shows that the median waiting time for circumcision has increased from 64 days in 1998 to 84 days in 2006.

I can think of nine men I know who are circumcised. They are all Scottish, aged from 28-45. These are workmates or guys I see in the pub – not close friends I can discuss the matter with. From general conversations over the space of ten years or more, I know that none are circumcised for religious reasons and that all were born or educated in Scotland. I also know from conversations with two Scottish guys who were at school 20 years ago that these nine men would have undergone penile examination as part of school medical examinations.

In general I think that the article in *The Scotsman* reveals that medical opinion on the question of circumcision is changing. I don't suggest that there are container loads of Gomco clamps on the way from the USA at the moment but I do believe that circumcision will, over time, become more common. Parents who read such articles in the general press will obviously want what is best for their sons and a reduction in the risk of contracting HIV will lead to a demand for the procedure.

I enjoyed the Editor's article on 'bridling' in issue 6/2006. It is an interesting concept but, if the intention is to prevent masturbation, it is doomed to fail. I recently watched an American DVD featuring guys aged 18-22 who wanted to 'star' in porn movies. All were American and all were circumcised, most

displaying the dark ring on the penis indicating use of the Gomco clamp. Some were circumcised more tightly than others – some retained the frenulum – two of the guys had no loose skin at all during erection but none the less appeared to enjoy masturbation.

J.T. – Edinburgh

## African Medicinal Plants

Whilst on holiday in South Africa earlier this year my friend and I visited the Kirstenbosch National Botanical Gardens in Cape Town. These gardens nestle at the foot of Table Mountain and are home to a very wide variety of plants from Africa and elsewhere.

The gardens are mainly laid out with plants grouped according to type, but there is a large 'educational' section displaying many different plants which are regarded as 'useful'. Some provide materials for thatching and other construction work; others are foodstuffs or produce flavourings for food. A large selection are used by the native peoples as various forms of medicine or as 'lucky charms' to ward off evil of various sorts.

Prominently displayed right at the front edge of a large plot bordering a main path, two 'medicinal' plants in particular caught our attention. These were the icholocholo and the isicwe. The labels read: 'Crushed & warmed icholocholo leaves are used to dress wounds, including circumcision wounds.' and 'Felted isicwe leaves are used as circumcision dressings, and to cure septic wounds & sores.'



Note that teenage Xhosa boys of the region (even those living in townships) are generally circumcised in 'Initiation Schools' held around September time (Spring in South Africa).

Vernon – London

## No To Compulsory Circumcision

I must comment on the seemingly growing trend for men to advocate mandatory or compulsory circumcision. There are far too many parts of our lives being made compulsory for political reasons – I hope circumcision isn't another one



of them. I am definitely pro-circ myself. In my opinion the naked glans is a great improvement on the foreskin, especially when the penis is erect. However, mandatory circumcision is a different matter. If it became law, it would degrade all men beyond words, because there would be no female equivalent. Therefore compulsory circumcision is a 'cut' too far. To implement it would create a state where boys and men would become second class citizens. If a woman told me to get circumcised or the relationship would end, I would dump her straight away – unless she reciprocated by having her clitoral foreskin excised.

All circumcisions should be voluntary or at the discretion of the individual, not for religious reasons. Where young boys are concerned, a full explanation should be given by a sympathetic person, male or female. If a man or boy requires a circumcision for health reasons (balanitis), a full explanation must be given. If an adult was to ask for my advice on this subject I would give my full support provided he knew what was involved. Not only does it look better, it is easier to maintain and offers protection from women.

Some people seem to find the subject erotic, even to the point of fetishism, as some events advertised on the internet have shown. Personally, I have nothing against such meetings, as it may bring relief and companionship to some men. I suppose it will always be a topic for more debate.

R.W. – Manchester

## Comments On Survey Results

**I**t is saddening to note that out of a membership of nearly 100 only 43 members bothered to reply to the survey. Surely the other half of the membership could have afforded the few minutes needed to complete the form and post it back?

Some comments in the responses deserve a reply, so here goes.

*“Would like to see the Society’s Constitution”, “Formalise the meeting to get Constitution and committee sorted out” and “Need to define the Society’s purpose”.*

The matter of a Constitution was discussed at a couple of meetings a few years back and the general feeling at the time was that it was better to have a Society which was not tied down by ‘rules’ and ‘red tape’. We therefore do not currently have a formal Constitution. If members feel that we should have one please write to the Editor who, if there are sufficient requests, will see that one is prepared and put to a future meeting for approval.

*“Contact Corner”, “Member to member contact”, “Introduce a contacts section” and “more member email details”.*

Contact Corner has always been available and was a regular item, but can only be included when members send in adverts. *Acorn* is not, however, a ‘dating’ magazine! The last issue did include a Contact Corner. Many members are, understandably, reluctant to publicly disclose their identity or contact details. The editor will always pass on letters for other members. Write your letter and seal

it in its own envelope with stamps to cover the onward postage – do not address this envelope. Write a note to the Editor giving the name or other contact details of the intended recipient (eg R.W. – Surrey, Page 13, Issue 2/07). Put this and your sealed envelope in another and post to the PO Box address on the front cover of *Acorn*.

*“Pay more for monthly newsletter”, “List of inexpensive circumcisers”, “Colour photos” plus various other suggestions for content.*

The newsletter used to be produced 8 times a year; but the editor depends on members' contributions to fill the pages without having to repeat items that have been on the Internet or in various newspapers. The flow of material was often insufficient to make a new issue possible and so it had been decided to reduce the frequency to 6 times a year. A monthly publication would not be possible because of other commitments by the production team (e.g. work and personal holidays) as well as public holidays for Christmas and Easter interfering with the schedule.

Colour photos would, regrettably, increase the cost by up to 3 times. Furthermore, the present magazine is copied, collated, folded and stapled all in one go. This can only be done if all pages are in monochrome. Hand finishing would be required if any pages are of a different type and this could take too much of the production team's time.

Newly discovered doctors who will circumcise are often mentioned in *Acorn*. Providing a regular listing would take up a lot of space as well as needing constant updating. Since *The Gilgal Society*, <<http://www.gilgalsoc.org>>, already maintains a comprehensive list (a 40-page A5 booklet) and provides it in the UK for only the cost of post and packing, members are advised to use their services.

The variety and content of the magazine depends mainly on what members contribute. Unfortunately many have never contributed and most articles come from a tiny handful of members. If you want more variety, or a particular type of article then please contribute something – **it's your magazine!**

Vernon – London

## A Scar That's A Ring Of Confidence?

A mother once wrote about her son's beautiful circumcision; he had been circumcised by a mohel who had happened to be attending the maternity ward to initiate a Jewish baby. Yes, beauty is in the eye of the beholder, but can the perfect circumcision be judged dispassionately? I believe so, with five simple criteria for making the assessment, viz:

- 1 Conspicuousness: Is the scar prominent and noticeable or hardly visible?
- 2 The shape: Is the scar irregular, lopsided, off-centre or neatly symmetrical?
- 3 The prominence: Is the scar lumpy with skin tags, weal-like, or not raised at all?
- 4 The colour: Is the scar brown, slightly darker, pink, or as the shaft itself?
- 5 The position: Is the scar far down the shaft, midway or near the glans?

Observations should be made with the penis erect, the condition that the mohel requires to assess that the operation complies with the Denim of Milah. Scoring is as follows from lowest (worst) to highest (best)

1: 0-1-2

2: 0-1-2-3

3: 0-1-2

4: 0-1-2-3

5: 0-1-2

This implies that the perfect circumcision scar would be hardly visible, neatly symmetrical, not raised at all, shaft coloured and near the glans. This aesthetically superb finish would score  $2+3+2+3+2=12$ . No freehand or forceps guided circumcision could possibly score 12. The perfect circumcision would be one performed using a bell or clamp like the Gomco clamp, although the Gomco sometimes leaves a noticeable brown ring at the line of skin crushing. I suggest the perfect circumcision would result from expert application of the Hollister Plastibell.

Would not most *Acorn* readers agree with these criteria? As for a perfect circumcised penis, all other penile attributes would have to be considered especially the glans, its flare, and the curve and shape of the shaft and sulcus.

Amongst my school mates of long ago, baby boomers from the end of World War II, freehand circumcision was de rigueur, and, from the 45% roundhead component of form 3G, I doubt if anyone would have scored more than 6. Though many *Acorn* members would better my score of 4, I doubt if any would reach 9 or 10, with a 6 or 7 average. Nevertheless, I stand open to correction, as someone who has restored and who feels the perfect penis is the natural uncut one.

*Anthony – Devon*

## **Prosecutor's Gaffes Add Touch Of The Surreal**

**[by Jeremy Gordin, *Independent Online*, South Africa]**

**I**t has not been an exceptionally jovial process for anyone connected with it, and yet there have been a few light – or at least witty or bizarre – moments at the rape trial of Jacob Zuma, the former deputy president.

First prize must go to Charin de Beer, the lead prosecutor. De Beer has preferred to cross-examine from a list of prepared questions and she has lost her place or focus a few times.

But, just as first prize goes to De Beer, so does the final word.

At the end of Zuma's cross-examination, Kemp put only a few questions of re-examination to him. One of these was: "Mr Zuma, can you tell us whether you are circumcised or not?"

"I am circumcised," Zuma replied.

"Are you happy with that?" Van der Merwe asked De Beer.

"Well, my lord," she said, "I certainly don't want to make an in loco examination."

## Students Expelled For Dodging Foreskin Test

Seven Chinese students have been expelled from school for skipping a foreskin examination. The seven, who say they were too shy to undergo the test, forged a doctor's signature to say they had had it done. The foreskin examinations are part of an annual health check at Shahe People's Hospital for pupils of the middle school in Guangzhou city.

Ahai, one of the seven expelled students, said: "A lot of us were very shy about doing the foreskin examination, so the seven of us decided to forge the doctor's signature and return the paper to the hospital." But the fake signatures were spotted by the hospital, which informed the school, reports *Guangzhou Daily*.

Mrs Tian, the administrative director of the school, said: "We expelled them from their classes and gave them serious warnings because their actions stained the school's reputation." However, their parents are complaining that the punishment was too severe - and they are being backed by hospital staff. "It's not about the school's reputation, the students are just too shy and traditional," says a hospital spokesman.

*From Ananova Ltd – Internet*

## Celebrity Query

Has there been any updating of the Celebrity Status Report? I am particularly interested to know whether the following stars are Cavaliers or Roundheads and I shall be extremely grateful if any member can throw light on their status:

Kevin Spacey	Stephen Dorff	Matt Damon
Ben Affleck	Chris O'Donnell	Brad Pitt

*W.F. – Scotland*

## Celebrity Circumcision – Billy Crystal

In his autobiographical one-man Broadway show, *700 Sundays*, Billy Crystal reveals his status. He has forgotten nothing. He remembers being born (tough), circumcised (rough), Grandpa Julius (gassy), aunt Sheila (funny), uncle Danny (don't ask) and a couple of hundred other incidents and people.

# ACORN

Issue  
Nº 4 2007  
Editor  
Ivan Acorn

## Editorial

In issue 2/2007, I reported on a circumcision petition which had been created on the Downing Street website (petitions.pm.gov.uk). This urged that the provision of access to prophylactic neo-natal circumcision in NHS hospitals be facilitated. To date, it has attracted forty signatures. But the site now also contains two anti-circumcision petitions. One, which has so far attracted 300 signatures, calls upon the Prime Minister to ban the circumcision of all males under 18 in the UK.

The difference in emphasis is stark. The first recognises the wish of some parents, whether for reasons of religion, tradition or prophylactic benefit, to have their sons circumcised and seeks to make that choice financially and clinically feasible. The second would ban the operation entirely, sweeping away both religious requirements and parental choice.

When the potent evidence of the increased protection which circumcision gives against HIV infection is added to the other known benefits, the case for prophylactic circumcision grows. Could it be that the anti-circumcision lobby recognises the danger to their cause and is pressing for a legal ban before it is too late?

*Ivan Acorn*

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## Correspondence

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### Infibulation of the foreskin

Today, masturbation is largely accepted as a harmless and natural activity, providing sexual relief to the active male, especially those not in a regular sexual relationship. In the 19<sup>th</sup> century, however, America and Great Britain were gripped with a major hysteria about masturbation. It was viewed as an evil which had to be stopped. Masturbation was a dangerous, debilitating and deadly disease, and a potent cause of myriad other illnesses. A wide array of surgical, medical, dietary and behavioural therapies were introduced to curb masturbation. Most prominent amongst these was circumcision. The excision of the prepuce was thought to render manipulation of the circumcised penis difficult and unrewarding. Removal of the foreskin therefore became the main means of discouraging masturbation.

This is surprising considering that, historically, the foreskin itself had frequently been utilised to prevent self abuse. The process of masturbation is sequential. The glans is stimulated which leads to erection and ultimately orgasm and the emission of semen. If access to the glans is obscured and the potential for erection is limited, then orgasm and the waste of the male seed becomes impossible. Infibulation of the foreskin achieves these desired ends.

Infibulation is the process of piercing the foreskin and then inserting some type of binding to keep the foreskin closed and prevent retraction. Ideally the form and position of the binding should be such that erection is either impossible or, if it can occur, is painful.

The process of infibulation has been used since antiquity. The earliest forms were probably found in Ancient Greece where athletes taking part in the Games would bind the foreskin with a kynodesme, a simple leather lace, to keep it securely closed. But this was probably only a temporary measure to ensure that the glans did not become exposed during the competition. By Roman times, more permanent forms of closure were in use. Infibulation was used on three groups – athletes (including gladiators), singers and slaves. It was believed that athletes and gladiators preserved their vigour and performed better if chaste and that young singers' voices could be kept pure and unchanged. As far as slaves were concerned, it was important that the free women and children of the household should be under no threat of sexual seduction or violation. The infibulation of slaves provided this guarantee. It also prevented the unplanned impregnation of female slaves. Slaves were only permitted to be sexually active for breeding on a planned basis.

Infibulation then fell out of use until the eighteenth century when authors such as the English economist Thomas Robert Malthus vehemently advocated population control in western countries. In Germany, the surgeon Carl August Weinhold called for a policy of mandatory state sponsored infibulation. He proposed compulsory infibulation at the age of 14 for all those male citizens who were deemed unfit to propagate. This included criminals, beggars, chronically diseased

people, unmarried servants, and apprentices and soldiers of the lower ranks. The infibulating wire was to be stamped with an official metal seal to avoid illegal removal with a detailed regimen of punishments for those who refused to obey.

But it was during the masturbation hysteria of the 19<sup>th</sup> century that infibulation began to come into its own. One of the first medical recommendations for preputial infibulation as a surgical method of preventing masturbation in boys came from Johann Christoph Jaeger. He argued for the use of infibulation to halt masturbation, claiming that it caused little pain and was easily performed. He supported his argument by citing the writings of the German physician Samuel Gottlieb von Vogel who advocated the use of infibulation in a home medical guide aimed at parents and teachers. Vogel had implied that the operation prevented erection, was relatively painless, was quick to perform and was an unfailing method of preventing onanism.

So how was infibulation carried out? Essentially it involved pulling the foreskin down over the glans, and piercing the foreskin through both sides, either vertically or horizontally and clamping the whole thing in place with a ring or thread. The procedure was usually performed with a needle which was used both to make the initial piercings and to draw through a thick thread. Sometimes the ring or fibula (safety pin) would be inserted directly afterwards as part of the piercing process. Otherwise the thread remained in place until the cicatrising of the holes had taken place when a ring was substituted.

As noted above, the purpose of the infibulation was to make arousal painful and erection impossible, and the piercings were placed so as to achieve this goal. The intention was that, as the penis became erect, the foreskin would drag on the pins; at the same time, the glans would increasingly press into the pins as the penis became more engorged. Both these processes would be exquisitely painful.

The Glasgow physician David Yellowlees who served as the medical superintendent in a lunatic asylum first in Wales and then in Scotland described his method thus:

*[S]ome direct operative interference, which shall prevent masturbation and show him [the patient] that he can live without it, may be of much service. The best form of such interference is so to fix the foreskin that erection becomes painful and erotic impulses very unwelcome. To accomplish this, the prepuce is drawn well forward, the left forefinger inserted within it down to the root of the glans, and a nickel-plated safety-pin, introduced from the outside through skin and mucous membrane, is passed horizontally for half an inch or so past the tip of the left finger, and then brought out through mucous membrane and skin so as to fasten outside. Another pin is similarly fixed on the opposite side of the prepuce. With the foreskin thus looped up any attempt at erection causes a painful dragging on the pins, and masturbation is effectually prevented.*

To make erection even more difficult, the infibulation could be enhanced by a ring through the frenulum which was then attached to the scrotum. Any incipient erection immediately caused tension in the frenulum and pressure on the testicles – both inherently painful. The most extreme form of infibulation is exemplified by

two Roman statues of naked slaves in the Louvre. Both have their penises bent double so that the head points towards the body. The infibulating ring passes horizontally through the shaft of the penis, a little behind the glans. The other half of the ring is attached close to the trunk of the slave, and passes horizontally either through the shaft of the penis at its point of attachment or through the suspensory ligament. The ring is quite large. It would have been of bronze, and welded shut. There is documentary evidence to suggest that such rings were fitted shortly before puberty or just at its onset. Erections must have been very painful, and it is certain that the slaves could never achieve penetration. Orgasm and ejaculation would have been infrequent, and probably avoided as far as that was possible. The slaves would tend to avoid thoughts of sex, because of the pain of erections, and would thus concentrate on working hard for their master.

Although the uncircumcised foreskin was the most common target for infibulation, the Prince Albert piercing may have first been practised as a form of infibulation on circumcised men. It is often alleged that the piercing originated with Prince Albert and that he wore a ring attached to his penis which was then strapped to his thigh, in order to maintain the smooth line of the tight trousers that were in fashion at the time. However, it would clearly have been possible for the piercing to have been used as the basis for a more permanent means of preventing erections in young men.

All the above is written in the past tense, and it may be thought that male infibulation has long been swept into the dustbin of history. Not so. In a future edition I will print the story of a young man who has been wired up for the past five years!

*Ivan Acorn*

## Why Did You Have Me Circumcised?

**F**inally I got around to emailing my parents to ask them why I was circumcised and to let them know that I'm not cool with their decision. Amazingly enough, they both responded quite quickly (my dad almost never responds to anything that's vaguely serious). If you care, here's what they said.

### **Mom:**

"At the time I was reading what some said about the lack of medical necessity of circumcision, and was not convinced it was something we should do. There were arguments on both sides of the medical issue. It seems now opinion is shifting back to circumcision as better (health-wise), although you can find plenty of opinions otherwise. In my mind, it had nothing whatsoever to do with religion (and I don't think Robert thought so either). I felt that tradition was not a good enough reason (and I don't think Robert did either), and I was not sure that being 'like other boys' was a good enough reason. (I think this comes closest to why Robert thought you should be circumcised.) I wanted a good, solid answer on the medical advantages, and there really wasn't a clear cut line. Still isn't. Since I was not convinced enough that it was not a better idea to leave you uncircumcised, and Robert seemed very sure that he thought it was better to have you circumcised,



I went along with his decision. I don't say that to put the 'blame' on him. I was not at all sure it would be a good idea not to circumcise you, so in a way it was a relief that he was sure about what he thought. It was not a point of disagreement between us, even though I didn't feel 100% comfortable with it.

From what I've heard from people through the years, although no one likes the thought of being cut, men DO have more (health) problems when they are not circumcised. That's opinions of people, of course, not a scientific survey. You can find good information to back both sides. The long and short of it is that parents have to make a LOT of decisions for their children with no way of knowing at the time what the best decision would be. And it was a heck of a lot easier on everyone to have it done then than to find out later it was needed. We realized either way you might not agree with us and resent us, but we had to make a decision with what information we had.

So all I can say is I'm sorry you are not in agreement. It grieved me at the time (but of course so did the eye surgeries and hernia surgery and meningitis treatment...) but we did what we thought best. Although I considered not circumcising you, I was not convinced enough of the wisdom to really push the issue. (And if my account and Robert's differs on THIS, I am going to be absolutely amazed!!)"

#### **Dad:**

"Why were you circumcised? We debated the issue, and we had a 50% chance of getting it right. Now you know why I don't gamble.

When I was born (in our corner of the world), it was just assumed boys would be circumcised when they were born. Supposedly at the time it was for health (or perceived health) reasons. Thinking back on it, I only know of one boy I went to school with who wasn't, and yes, he was stared at and made fun of. He was different. I suppose that flavoured my opinion on the subject.

By the time you were born supposedly there had been many studies done and the common wisdom of the Zeitgeist was that circumcision was unnecessary as long as the individual practised good hygiene. But there have always been studies that indicate that uncircumcised men have more problems or even suggest they can lead to problems with their (female) sexual partners. (Twenty years ago, we just assumed you'd be heterosexual, and we didn't want you plagued with something that potential mates would find disturbing or even disgusting.)

Still we debated the issue. The doctors offered advice, but did not pressure us in any way. They left the decision up to us. We went back and forth. We did wonder if would you 'miss' your foreskin one day if we had it removed. We also wondered if you would hold it against us if we didn't have you circumcised and you were different from all your friends, and you were made fun of. We wondered what you would think if you realized you were different (in that department) from your father, and how knowing that would affect you. I wondered if you would think it was good enough for me, but we didn't think you were 'worth it' to have you circumcised. And I guess a part of me felt if it was good enough for my father, and it was good enough for me, it was good enough for you.

Religiously, it did enter into my mind that Jehovah probably had a good reason for telling all the Children of Israel (and all the men of the nations they conquered) to be circumcised. Though we're not Jewish, there is some sound advice in some of the roots of some of their customs and practices. But that wasn't a big player in the decision. With the latest news being that HIV incidence is much higher in uncircumcised men, I'm still not sure where I stand on the issue. I don't regret that I'm circumcised. I don't even regret that you are circumcised. I do regret that you object to the decision we made."

Naturally, I don't particularly agree with their reasoning. But I guess it's nice to know that I'm justified in being disappointed with/angry at them.

*Hynkle - Live Journal Internet Blog*

## **An Australian's Experience**

I was born in Australia at a time when all males were 'done'. My mother once told me that I was the only one not 'done' in the ward of 20 or so. I grew up knowing the difference and I would be lying to say that it did not make some sort of difference to me. Certainly I think it put me off getting involved sexually for a little longer than some of my friends. By 17 though I was involved with my first serious girlfriend and she actually preferred a foreskin, having seen both. It certainly never stopped her from giving head, that's for sure!

At twenty-one I moved to the US and had several more girlfriends, a (white) South African, a French girl and an American. While I thought that the 'skin' would be an issue, it never was, no matter where they were from. Actually not one of them cared or did/did not do something sexually because of it, though it might have taken that bit longer for it to happen... there was always a little hesitation at first and ALL asked if I had washed first (even my first girlfriend) even though they all knew I always showered and stayed very clean!

That all said, I found sex to be less than great, no matter who I was with. I had a longish, thick foreskin that did not stay retracted like so many seem to think they do, so sex, with or without a condom, was like masturbating myself! I was also finding no matter how much I washed, it always had an odour soon after especially in the warm climate of southern California. But perhaps the most interesting thing that made me decide to have it 'done' at some point was one night with the French girl. During intercourse, she reached down and held my foreskin back. Immediately I noticed the difference; someone had turned on the light and I saw what all the fuss was about! The kicker though was that, right after she did it, she said: "That feels so much better."

After several more years, I came back to Australia and decided to have it done. It's now been over ten years since the operation and I have to say sex has never been better and the odour has vanished. Do girls care? No, but in that vein I found the willingness to do certain things much greater or lacking hesitation. I can honestly say that I have not lost a single bit of sensation in any way. I had a son last year and we had him done. Certainly, after seeing just how little fuss it caused him (no crying and slept like a log afterwards), and how fast he recovered,

I wish it had been done to me at birth – recovery as an adult takes a lot longer and the healed result is never as good as having it done as an infant.

I make it sound like it's all about the sex though, which it's not. Sure, the improvement feeling-wise that came with having it done is great but to me there is something that I just prefer. I lived for 25 years with a foreskin and 12 without and I much prefer the without. It is cleaner from a day to day point of view as well as a sexual health one and to me more aesthetically pleasing. I like the idea that I don't always have to maintain it. Not a lazy thing, there are just instances in life where washing or 'normal' hygiene is not possible and not having 'things' grow under the skin is nice. My partner has no strong views either way and has experienced her fair share. At a pinch though she told me she thinks a circumcised penis is better for oral and the like but it's a minor thing. To her they both feel the same and it's what they are attached to that makes the difference, same with most women from what I have experienced.

I understand where all the near hysteria comes from on the anti side. Forcing an issue on people like they did in the US and here, with little rhyme or reason, was bound to cause the backlash it has. There is also nothing better to get a guy all worked up than to tell him that he's been ripped off because the tip of his dick has been cut off... as if most, if not all, guys don't have some sort of self doubt about what's between their legs. But it is hysteria and makes life difficult for new parents, the one's that make this decision most of the time for their sons. There is nothing wrong or abhorrent with modern circumcisions. My son's was a simple, controlled procedure that seemed to have caused him little or no distress – no more than trying to get used to the world he was brought into. I think there needs to be a balance and people need to be allowed to make their own choices for their sons, as there is really nothing wrong with either choice.

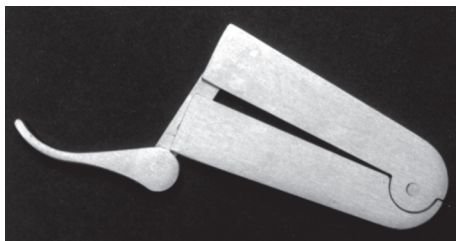
*Anthony – Internet discussion forum*

## Circumcision Techniques 4

### The Mogen Clamp

The Mogen clamp was invented in 1954 by Rabbi Harry Bronstein, a Brooklyn mohel. For many years it was used only in Jewish ritual circumcision but in the past ten or so years, US physicians have used the clamp increasingly in medical settings for newborn circumcision.

Mogen is the Yiddish word for shield and the Mogen clamp is used in the same way as the circumcision shield used traditionally by mohelim. The clamp is a flat metal device with two metal arms fixed at one end with a pivoting joint which allows the two arms to be pulled apart. The other two ends of the arms are joined with a brace which only allows the arms to be pulled apart



by a few millimetres. This creates a narrow opening through which the foreskin, but not the glans, can be pulled. Once the foreskin is in position, the clamp is closed. It locks with great force along a narrow crush line. It does not cut, it only crushes. It is not a guillotine as is commonly thought. The clamp protects the glans, which remains below the clamp, and allows the foreskin above the clamp to be safely removed.

The baby's penis is first injected with lidocaine, if anaesthesia is to be used. (See the discussion about this below.) The preputial opening is then stretched and a blunt-edged probe is used to free all adhesions between the glans and the foreskin so that the foreskin is completely retractile. After the mucosa is separated and anesthetized, the glans is lubricated with an antiseptic ointment.

A straight Kelly haemostat is placed in the midline of the dorsal side of the prepuce approximately 5 mm proximal to the corona and the prepuce is carefully pulled with the haemostat in an up and outward direction. This action causes the glans to retract towards the scrotum, preventing accidental amputation of the glans. The Mogen clamp is opened fully and the foreskin is pulled through. Since part of the inner skin, or mucosa, is preserved in this method, it is important that sufficient outer skin is drawn through the clamp and excised to ensure full exposure of the glans.

A key step in Mogen circumcision is the safe placement of the clamp. To push the glans back out of the way, the surgeon's thumb and index finger pinch the foreskin below the dorsal haemostat. The Mogen clamp is then slid across the foreskin from dorsal to ventral, with the hollow side of the clamp facing the glans. The clamp follows along the same angle as the corona. The shape of the foreskin to be excised is thus triangular and more foreskin is removed dorsally than ventrally.

Before locking the Mogen clamp shut, the glans is manipulated to be sure it is free of the clamp's jaws. If it is, the clamp is locked and the foreskin is excised flush with the flat surface of the clamp with a scalpel.

The clamp is left on for a period to ensure haemostasis - one to one and a half minutes for a new born but no less than five minutes if the infant is more than 6 months old. The clamp is then unlocked and removed. The crush line covers the glans fully with penile shaft skin. The glans is liberated by thumb traction at the 3 and 9 o'clock positions that pulls the crush line apart. The remaining skin is gently pushed down from off the glans and any remaining adhesions are removed. Antiseptic ointment is applied to the crush line and the penis is covered with a vaseline gauze.

If the clamp is removed prematurely, the crushed edges may separate and bleeding will occur. Bleeding is one of the most common complications and can usually be controlled by applying gentle circumferential pressure with gauze or a sponge. If the whole edge separates, it may be necessary to treat as if it were a freehand circumcision, placing quadrant sutures and sewing between them with fine stitches.

Research has shown that the Mogen circumcision clamp used by ritual circumcisers is a faster, less painful way to perform circumcisions than the Gomco clamp often preferred by physicians. Two physicians, Drs. Peter Kurtis and Hema DeSilva at the St. Francis Hospital and Medical Center in Hartford, monitored the heart and respiratory rates, oxygen saturation and crying of 48 healthy, full-term infants during circumcisions they performed at St. Francis. The study also looked at the use of local anaesthesia during the procedure. Noting that the Mogen clamp is faster and less painful, Kurtis said that when it's used, "even without anaesthesia, more than half of the babies didn't cry during the procedure". "It's interesting that the way it's been done in a traditional bris is clearly the least painful way to do the circumcision," Kurtis added. "Mohels are so skilled and fast at what they do, they do a very good job of minimizing pain to the baby. They're looked upon as experts in doing circumcision."

Since the pain level during circumcision with the Mogen clamp without anaesthesia is comparable to that accompanying the Gomco clamp with anaesthesia, it is arguable that circumcision with the Mogen clamp without the use of anaesthesia is justified.

*Ivan Acorn*

## **A Wife's Perspective**

**A**s a woman, I am used to having frank and open discussions about my health with my gynaecologist. As a mother of three, I'm used to not being embarrassed over exposing my bottom to a room full of strangers. From a medical standpoint, I'm comfortable with asking questions and taking responsibility for my physical well-being.

When Franco continued to experience the balanitis it became clear that we had a problem for which we had to find a solution. His uncircumcised status was never an issue with me and I enjoy him just the way he is. However, after the increasing frequency of the flare-ups and the potential long-term effects of the situation, we decided to talk to the doctor about solving the problem once and for all via circumcision.

I view his circumcision as a cosmetic procedure for health reasons. It will not affect his sexual performance, it should improve and provide new enhanced sensation and eliminate the bothersome bouts of balanitis. I realise for him, as an adult, it is a personal choice, not one your parents made for you at birth. There are men who are in the process of trying to extend their foreskins and regain something they believe was robbed from them. Yes, it is a personal, emotional issue for men.

From my perspective, I want to make this procedure one where he is calling the shots, making the informed decisions and has my full support. There is really no equivalent for women in this realm, as female circumcision is genital mutilation, hysterectomy is often done as a last resort for tumours, endometriosis or cancer. The most obvious change in a woman's body is the tragedy of mastectomy due

to breast cancer. Therefore, in many ways I share his angst but do not view it as a life or death decision.

I understand that a man's penis is more than an organ with which to procreate and urinate. From infancy, it provides a great source of pleasure and pride. I don't believe women feel quite as intense about their genitals, at least not in the same cosmetic sense.

The bottom line is, I love my husband the way he is and will love him the way he will be. This is an informed journey with which we will take extreme care to make sure we are informed, make good decisions and support one another through. Individuals must take responsibility for their own health care and decisions. Unconditional love and trust are paramount to any successful marriage. For us, it is not about locker room appearance; it is all about health, long-term health issues and the acceptance of a new phase in life for Franco. I'm very comfortable with that and will be happy for him once the recovery is complete.

In case anyone cares or wonders, no, I do not have a preference for the appearance or feel of circumcised over uncircumcised penises as long as proper hygiene is observed. Hygiene and a good sense of humour mean much more to me than whether or not someone does or does not possess a foreskin!

Good luck to anyone who is contemplating this procedure. Make sure your partner supports you and that you feel like you are in charge of your body. Take pride in yourself and have the confidence to take this step and move ahead with the rest of your life.

*From Circlist*

## **Circumcision Is Progressive**

**[A member responds to the Editor's column in issue 3/2007]**

**I**s circumcision against nature? It is certainly against our natural state at birth, but as the editor referred to in his column – we must make progress as a species, jettisoning what we don't need. Science developed antibiotics, key hole surgery, spare-part surgery, and improved medication to prolong human life and improve health. Circumcision, if it is used to relieve the effects of balanitis, phimosis or some other defect is, in my opinion, progressive. If a man or boy wishes to undergo circumcision of their own volition for aesthetic reasons, that is in order. Circumcision for religious reasons or tradition, where a boy or man has no opinion, control, over his body should be dumped in the past regardless of what the traditionalists say.

With regards to the origin of circumcision, it seems to have got lost in the 'mists of time'. Although Egypt seems to be one of the main practitioners of the procedure, circumcision, including the circumcision of women (the removal of the clitoral hood) was for thousands of years practised all over northern Africa.

I was circumcised at two or three years of age during the early years of WW2 because I was apparently suffering from phimosis or balanitis – or what my mother

called a 'sore willy'. During the nineteen thirties, when I was born, it was common for little boys to be circumcised, although it did cause a lot of embarrassment and sniggering from the less enlightened people. Last year (21<sup>st</sup> August) I underwent a re-circ and frenulectomy, with Dr Zarifa, just for aesthetic reasons. As a naturist, and a man who enjoys swimming totally naked in the sea, not having a foreskin is a definite advantage. Sand cannot get under it and cause irritation or discomfort. Women I have known have been noticeably impressed by my circumcised state. They have referred to my 'deep groove' at the back of the corona and the glans as the 'policeman's helmet'. They seem to be 'turned-on' by the fact that we need surgery to achieve a circumcision.

R.W. – Manchester

## Penile Hygiene And Circumcision

There's a lot of nonsense written about penile hygiene and circumcision.

**1. Circumcision discourages masturbation, or even makes it impossible. WRONG.** You don't need a foreskin to be able to wank! All you need is a lubricant. Soapy water in the shower is good enough, or talcum powder. Brylcreem used to be popular. The really kinky can use Sloan's Liniment.

**2. In this modern day and age with plentiful soap and water (in developed countries anyway) keeping the penis clean is no problem. WRONG again.** Public swimming pools, showers, changing (locker) rooms all abound with all sorts of nasty infections: fungal, yeasts, bacterial and viral. *Tinia* (Athlete's Foot) is very dangerous because bacteria can get into the cracks between the toes and cause Acute Lymphangitis, which is life-threatening. This nasty microscopic fungus can also get under the foreskin and cause Athlete's Cock (I don't know the correct medical term). This is what causes the dreadful smell of unwashed socks and smegma.

So plain old soap and water are not sufficient to keep the uncircumcised cock clean. The only way to ensure complete hygiene is to have the foreskin removed so that the glans remains permanently dry.

3. Whether you like it or not, the condom is here to stay. Even with the benefit of the Contraceptive Pill, a condom must be used whenever you **DO NOT** want to conceive a child or contract a STD. A condom is most comfortable on a tightly circumcised cock. It will stay on like Cling Wrap and not ruckle up or pull off.

F.E. – USA

## Police Investigate Baby's Death After Circumcision

[By Martin Beckford, *Daily Telegraph*, 16<sup>th</sup> February 2007]

Detectives are investigating the death of a baby boy who stopped breathing minutes after he was circumcised. Amitai Moshe, then just seven days old,



became ill while still at the north London synagogue where the ceremony had been performed. He was taken to a nearby hospital but died the following week. Initial tests suggest that he suffered a fatal heart attack.

Jewish leaders have stressed that no link has been found between the circumcision ritual and Amitai's death. However, police are treating the incident as unexplained and have appointed detectives from the Metropolitan Police Serious Crime Directorate, which includes child abuse investigators, to investigate. Last night Amitai's father Ran, 32, and mother Yotvat, 30, were too distraught to talk about their son's death. Amitai's grandmother, speaking from the family's home in Golders Green, said: "It is a very bad time for them." Neighbours in the close-knit Jewish community said they were supporting the couple, who also have a young daughter. One woman said: "It's a very sad tragedy and we're all helping them."

Amitai was born on 25<sup>th</sup> January and was circumcised a week later at the Golders Green synagogue by a registered practitioner of the operation, known as a Mohel. Jewish baby boys traditionally undergo the ceremony, known as the Bris Milah, on the eighth day of their lives. The foreskin of the penis is removed, to symbolise the Jewish boy entering into a covenant with God, followed by a naming ceremony.

But 15 minutes after Amitai was circumcised he stopped breathing and emergency services were called. He was taken to the Royal Free Hospital and later transferred to University College Hospital in central London, where he died last Friday. A post mortem examination gave the initial cause of death as cardiac arrest and starvation of oxygen to the brain. An inquest into Amitai's death was opened and adjourned at Hornsey coroner's court yesterday. The coroner will review the case in a fortnight after further tests. Scotland Yard said: "Police are investigating the circumstances of the death of a baby boy. Inquiries are being carried out by officers from the Serious Crime Directorate. The death is being treated as unexplained." A spokesman for Hornsey coroner's court said: "The child abuse investigation team is investigating the circumstances. A post mortem revealed a possible cause of death but this is to be confirmed after further tests."

A spokesman for the Board of Deputies of British Jews, the body that represents British Jews, insisted that circumcision was safe and that there was no suggestion that Amitai had died because of the procedure. He said: "We are deeply saddened by the event. There were absolutely no problems at the time of the circumcision and it was about 15 minutes afterwards that it was noticed there were some breathing difficulties. No causal connection has been established between the circumcision and Amitai's death. It was carried out by a Mohel who is a registered member of the Initiation Society, which has been regulating and training them for over 200 years. Over 2,000 circumcisions of baby boys are carried out in Britain every year. It is a very established, regulated practice in terms of medical training. This was an unfortunate juxtaposition of two events."

*Submitted by W.M. – East Sussex*



## A French Cut

**[[www.circumcised-beauty.blogspot.com](http://www.circumcised-beauty.blogspot.com) is a website  
'in praise of the beauty that is the circumcised penis'.]**

**The following is about an illustrated contribution from a Frenchman.]**

Jean hails from France, a country not exactly known for circumcision in the past, but he grew up in the French colony of Morocco, more specifically in that most exotic of cities, Casablanca, made famous by the film of the same name where his family business was based.

At the age of nine, both Jean and his cousin were circumcised under a general anaesthetic for phimosis, a relatively common problem that prevents the foreskin of uncircumcised males from being easily retracted thus hindering or preventing even basic hygiene and making sexual activities painful. If not treated, it may lead to other problems in later life.



As an adult Jean moved back to live and work in France and soon noticed that very few French males were circumcised. Initially this concerned him but he soon came to realise that, rather than something to be worried about, it was actually something to be celebrated and proud of, especially when visiting the famous beaches in the South of France!

Jean says that today, in a far more modern and multicultural France, the number of circumcised males is on the rise and not just in France but across other European countries such as Germany and Italy as well.

Merci, Jean, for sharing your photos. I'm sure all will agree the surgeon created a masterpiece that will be admired by all.

## Thoughts On Issue 3/2007

In response to *Celebrity Query*, online photos have shown that Matt Damon, Ben Affleck, Chris O'Donnell and Brad Pitt are circumcised as are most American men unless their parents were hippies (eg River Phoenix's) or recent immigrants from countries where their culture did not practise circumcision such as Asian or Latino.

I have serious doubts about the guy's story in the article *Glans After Circumcision*. The results of his circumcision were 'massive' and the removed foreskin was as large as his hand. This sort of stuff from a *Men's Health* internet forum is at best suggestive of made up stories by folks who are very anti-circumcision and, believe me, I have seen their horror story in an issue about five years ago telling how all those circumcised have been robbed of their manhood. Who ever met a man who couldn't figure out how to get an ejaculation once he passed through puberty? Sounds like it is written by a female! Worse yet, it reads like we have been infiltrated by the anti-circumcision lobby who seek to make liars of all those males circumcised as adults who find post-circumcision sex better. Frankly, I am surprised that the *Acorn Society* didn't understand what was going on in this article. Some in my locale think *Men's Health* is a gay publication with definite slants on its stories. Certainly, their big circumcision story of five years ago was slanted; all the comments said the circumcised were robbed of so much that it was definitely 'protests too much' stuff as is the story you reprinted. While I appreciate argument pro and con, here the poor reader could easily be conned, as we say in American slang.

As to the story *No to Compulsory Circumcision*, the writer's logic fails me. Women do not have a penis or a foreskin even though I have met some who have more 'balls' than do some men I know. I, too, am against mandatory circumcision. But I believe that Routine Infant Circumcision is the easiest route for parents to 'inoculate' their sons and evade the ordeal of later circumcision when surely it is more painful, must usually be done in a hospital and does lay one up for at least a few days.

Thanks for the Plastibell story. My first son's circumcision was by that method and it was easy for us as parents to understand that it would remove itself in a few days as it did.

While perusing the latest newsletter, I would appreciate the elimination of pictures of erect penises; they seem to put the publication closer to pornography than normal content.

Californian

## Healthy Cut

When my wife was pregnant with our first child, we took a Lamaze class. It so happened that we ended up in a class with three other couples, two of whom we already knew. During a session, we talked about what to expect after

the baby was born; a discussion that touched on circumcision. All of a sudden, one of the couples that we knew began to have a nasty fight over whether their baby, if a boy, would be circumcised. The husband was adamant he would be, the wife equally as adamant he wouldn't. It got so bad, the rest of us suggested they just better have a girl to avoid a further argument. They did end up having a girl... and a few years later, a divorce. I guess circumcision was just one of a number of things they couldn't agree on.

For us, when we had a boy, the question of circumcision was a no-brainer. I may not be a religious Jew but I'm enough of one to follow that tradition, rabbi and all. It never occurred to me not to have my sons circumcised and my wife was all for it, too. When the procedure was done, to be quite honest, she shed more tears watching than either of our boys did experiencing it.

Male circumcision has received a lot of negative press over the past few years. A number of groups have claimed that it traumatises boys for life and that it is equivalent to mutilation and female circumcision. Ridiculous arguments; at best it can be claimed that male circumcision is unnecessary. As it turns out, even that argument may have been quashed with the news that uncircumcised men are 50-60 per cent more likely to contract the HIV virus than circumcised men are. That announcement is being hailed as a breakthrough in the fight against AIDS, particularly in poorer nations where sexual activity is not met with the same precautions as it is in the developed world. The reason, it appears, is that the cells in the tissue that make up the foreskin are very vulnerable to the infection.

It has long been suggested that circumcised men were less likely to suffer from a number of infectious diseases and links have been established between circumcision and a reduced chance of penile cancers. To me, tradition and religion aside, that makes circumcision more like an inoculation than mutilation. Of course, convincing people, in places where superstition and religious dogma run rampant, that circumcision will be healthy for their children is another matter, altogether. Even efforts to wipe out diseases like smallpox and polio in those nations has been difficult thanks to hideous propaganda against Western efforts.

Hopefully, we can at least convince the naysayers in our society.

*From the Internet*

## Protecting Health

Recent figures from the *Health Protection Agency* show that rates of sexually transmitted infections are rising remorselessly, especially amongst teenagers. Yet mention is never made of the role of circumcision in reducing the level of sexually transmitted diseases (STDs). It has been known for decades that circumcised men are far less likely to contract and therefore pass on infection but this fact is ignored.

A couple of years ago I read on the internet the results of a long term survey conducted in New Zealand. The health of two groups of young men was compared from birth to 25 years. The first group had been circumcised at birth and the

second group was uncircumcised. The conclusion of the study was quite clear. After making allowances for the sexual orientation and the number of sexual partners of each young man, the circumcised group was far less likely to contract an STD. This, the report conceded, merely confirmed what was already known about the health benefits of circumcision.

It seems to me logical that health authorities should be promoting the procedure in the same way that they advise inoculations against polio, for example. The argument that the procedure cannot be carried out at birth because the child cannot give his consent is spurious – it is something parents have to do for their sons. This is not to say that I advocate compulsory routine infant circumcision. But it should be seen as something that responsible parents ensure is carried out (along with vaccinations) and should be available on the NHS.

The article from *The Scotsman* published in issue 3/2007 (page 11) quoted a health spokesman as saying: “We would never advocate circumcision over the use of condoms as the best protection against HIV transmission.” The figures for STD infection make it clear that condoms are not being used. The quote reveals a touching naivety about the priorities of a young man given the opportunity to have sex. Condom or not, after a few beers, he is going to take the risk and have sex. If he has been circumcised, his chance of contracting and passing on an STD is much reduced. That is the reality and health authorities are guilty of negligence in ignoring this.

They are also guilty of neglect in failing to ensure regular health screening of young men. STDs can frequently be diagnosed in men by a simple, brief visual inspection as long as the foreskin is retractable. They manifest themselves as lesions or blisters on the glans and discharge from the urethra. I met a young Turkish man in Amsterdam last month. He was 20 and was born, educated and circumcised in Holland. He told me of his annual school medicals. They are compulsory up to age 18 and, until the boy is 16, parents are free to attend. The medical is a top to toe examination and it concludes with the boy naked on an examination table where his genitals are inspected.

He is examined for hernias, his testicles are squeezed gently to check for lumps and finally his penis is squeezed and pulled to check for any unhealthy discharge. My Turkish friend, being a Moslem, was circumcised at 8 years old, but he knew from discussions with his class mates that uncircumcised boys have their foreskins retracted and their glans inspected from all angles. It is true that the boys do not look forward to their annual visit to the doctor, usually because they dread developing an erection. While erections are not deliberately induced, they do occur. Foreskin problems are more easily spotted when the penis is erect. Thus do the Dutch ensure that young men are rupture free, physically developed and free from STDs.

Issue 3/2007 reported (page 15) on the Chinese boys expelled for dodging a foreskin test. I have met young men from all over the world who have told me of their school medical experiences. It is an accepted fact of life in most countries, but not in the UK, which may explain our disgraceful rate of STD infection.

*J.T. – Edinburgh*

# ACORN

Issue  
Nº 5 2007  
Editor  
Ivan Acorn

## Editorial

**M**ale Circumcision Partnership Director. This post, based in Zambia, is currently being advertised by Population Services International (PSI). They have formed a Male Circumcision Partnership to scale up safe, effective adult male circumcision services in four African countries including Zambia, Zimbabwe, Malawi and Swaziland. The vision is to reverse the HIV epidemic in Africa by engaging all sectors – private, public and NGO – to deliver high quality, large scale, male circumcision services. The Director will be responsible for driving and coordinating the implementation of the Male Circumcision Partnership to achieve the rapid scaling up of male circumcision in Southern Africa.

The research confirming that male circumcision substantially reduces susceptibility to HIV infection is less than a year old and it is excellent news that there is already such real momentum behind the move to make theory a reality. The task, to offer circumcision to all males in Southern Africa, is monumental – the article on page 6 about Israeli doctors in Swaziland confirms this. Yet with sufficient resources the goal of achieving universal male circumcision in Southern Africa can be achieved.

Details of the job can be found at [www.psi.org](http://www.psi.org), closing date 18<sup>th</sup> December.

*Ivan Acorn*

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### Circumcision as a Weapon of War

Shakespeare gives us many pairs of tragic lovers – Romeo and Juliet, and Othello and Desdemona, to mention just two. In real life, castration was the horrendous punishment inflicted on Abelard for his love of Heloise. But an even more disastrous love match was that recounted in the Old Testament between Shechem and Dinah, for Shechem brought disaster not just on himself but on his whole tribe.

The story is recounted in chapter 34 of Genesis. The story is skeletal in the telling and we have to put our own flesh on the bones. Dinah was the daughter of Jacob and Leah, probably about 15 or 16 at the time of the story, perhaps even younger. One day she “went out to see the daughters of the land”. In other words, she went to meet friends and no doubt she went out not just to see but also to be seen; and by the sons as much as by the daughters. As will happen on such occasions, mischief ensued. She was seen by, and saw, Shechem, the son of Hamor the Hittite, prince of the country. They fancied each other, a relationship ensued (was it just the one time she “went out”?) and they made love. The Bible implies that rape took place (“He saw her, he took her, and lay with her, and defiled her.”) but Shechem’s ensuing actions belie this. Rape is a brutal act, one of aggression and power rather than love, with the victim discarded once the act is over. But in the case of Shechem, “his soul clave unto Dinah, and he loved the damsel, and spake kindly unto the damsel”. In other words, the guy was in love, his feelings were reciprocated and the inevitable happened. Indeed, so deep was his commitment that he wished to marry the girl and he asked his father to arrange matters.

Now, in the families of princes, marriage is often more about creating alliances and acquiring property than it is about love. But Hamor, Shechem’s father, saw an opportunity to turn this love match to his advantage. The Israelites were a prosperous tribe with animals, servants and valuable possessions. All this could accrue to the Hittites if he played his cards right. So he arranged a meeting with Jacob and Dinah’s brothers and asked for Dinah’s hand for his son. He offered whatever dowry they required; indeed he went further and offered intermarriage between the tribes so that they would live together, and trade, and share possessions.

But Dinah’s brothers were furious that their sister had been defiled and no doubt family pride came into play. They decided to take a savage revenge but they first needed to lull their opponents into a false sense of security and then weaken them fatally. So they responded that they would be delighted to accept Hamar’s proposition. There was just one difficulty. It was impossible for them to give their sister to a man who was uncircumcised. But if the Hittites agreed that all the males would be circumcised “then will we give our daughters unto you, and we will take your daughters to us, and we will dwell with you, and we will become one people”.



Now circumcision might seem a big ask for grown men. But even if the Hittite tribe did not practise circumcision themselves, they would be aware of tribes that did and the concept would not be strange to them. And so besotted was Shechem with Dinah that he was a powerful advocate. He persuaded all the men of his city that this pact was in their own best interests and that circumcision was a small price to pay.

So all the men in the city submitted themselves to the knife. But the knives would have been of flint and of course those were the days before anaesthetics. So the operation would have been crude, slow and very painful. Furthermore, there would have been no sutures so there would probably have been loss of blood, and night-time erections would have reopened the healing wounds. Infection and fever no doubt afflicted some. In all the operation would have been very debilitating and the men would have been feeling very sorry for themselves. The biblical description of them as “sore” is probably a gross understatement.

It was at this point, on the third day after the operation, that Simeon and Levi, two of Dinah’s brothers, wreaked their revenge. They and a band of kinsmen attacked the city; the Hittite men were in no condition to proffer resistance and they were easily overcome. All the men were executed, their wives, children and servants were taken into slavery and their animals and other possessions sequestered. At the time, the Jewish covenant required male servants and slaves within a Jewish household to be circumcised, even if they were not of the Jewish faith. Ironically therefore the male Hittite children and servants taken into slavery after the capture of the city would have come conveniently pre-circumcised.

Jacob, Dinah’s father, was concerned about the action of his sons but not through any moral outrage. Rather he feared retaliation from other tribes inhabiting the land. But the sons were unrepentant: “Should he deal with our sister as with an harlot?”

There were numerous occasions during the Crusades when Christian captives were forcibly circumcised by their Islamic captors. There will have been numerous occasions when men have undergone circumcision in order to marry into the Jewish or Islamic faith. But this is possibly the only example where circumcision has been used as a weapon of war. A more dishonourable one it would be difficult to find. Simeon and Levi used the cover of their religion to deceive their enemies – the sign of the covenant should have been sacred to them and in using it to violate their enemies, they themselves were being profane. Further, the sin, if sin there was since Dinah was equally complicit, was committed by one man, and one who tried to make reparations; but devastation was wrought on the whole tribe who were innocent of the original offence. A strange episode indeed.

*Ivan Acorn*

## **Erections Allowed!**

In issue 4/2007, I raised an objection to pictures of erect penises in the *Acorn* newsletter. If I am allowed to change my mind, I must withdraw my comment. The change arises because I have just received an advertisement from Macy’s,

which is one of our largest retail clothes stores, and behold, in the popular domain, is an offering for 2xist men's underwear with the model sporting one helluva an erection. Now, if it made it through the US Mail on a postcard where nothing is hidden, then time must have passed me by. I had also winced when I heard that it was ok to answer your door wearing boxer shorts in NY City. That also had surprised me that standards had changed so much. So, I recant.

By the way, I asked the question of my wife whether sex had been any different for her after my circumcision and she said NO. Always thought the new 'polls' where women opted for the uncircumcised men over the circumcised had to be so much bull. These 'polls' surfaced recently on the web and I thought they were anti-circumcision material. Not that my wife's impression is a poll, but I know it is an honest answer. She was also surprised that I was corresponding to another man about such a private matter. I told her that it depends on the individual and that my speaking out probably helps some other person along the way.

There is so much ignorance and so many falsehoods out there that we all have an obligation to help those seeking an answer to their needs. One of my chums who is a physician (internist) responded to me when I was being hassled over a circumcision revision: "It is your body!" He really helped me immeasurably when some Urology Department Head tried to block me by saying I should see a Psychiatrist first. Another Urologist who had seen me on and off said: "Forget it, let's get it done, I don't answer to him." Later, the Department Head was removed although he holds another very prestigious position. It was, of course, politics; and the European-born Department Head had a different position based I believe solely in his own upbringing. At any rate, I won!

Please tell the seekers that it is their body and to go for it; the hurt is miniscule compared to the gain. Yes, it is a gain. I feel so strongly about physicians responding responsibly to those who seek circumcision and knowing what a runaround I got. There has to be a way for us as a group to head people in the right direction. Frankly, I believe it may be easier in UK than US but my experience is limited. I don't want guys to be examined and told to go away. I want them to be able to approach with certainty of what they want and not to be dissuaded.

*Californian*

## **Naturally Ugly?**

**[The following is an exchange of letters from  
Health & Efficiency submitted by Robert]**

### **Smooth 'n' cut**

With the photographs of the male nudists that you publish in *H&E naturist* could you include more of "us" – smooth and circumcised men? I am a proud smooth and circumcised naturist and as such would like to see more of us in photos in *H&E*. I find it rather sickening when male naturists shave their bodies but keep an elongated foreskin: a rather ugly affair, I'm afraid.

A. N.



[Editor's response: The photos we publish are representative of the many which we receive each month. We certainly have no policy against publishing pictures of any particular type – smooth or hirsute; circumcised or not; male or female – we welcome photos from all our readers!]

### **"Bizarre" attitude to uncut look**

While entitled to his opinion, A.N.'s attitude to retained foreskins as "a rather ugly affair" is somewhat bizarre and bigoted. Religious, medical and aesthetic reasons exist for circumcision. As a doctor I would point out that all operations come with complications. What does A.N. expect uncircumcised males to do just to please him: go for an unnecessary and potentially risky operation?

If we took this to its extreme someone out there would argue that fat people should undergo liposuction, small-breasted women have implants, big-breasted women have breast reduction surgery, large labia be trimmed, penises enlarged and short people have their legs lengthened (yes, these procedures can all be done).

I thought naturism was partly about accepting people as they are. Has anyone told A.N. yet?

Dr W. J.

### **Nothing ugly about the human form**

So A.N. finds the sight of a shaved pubis with elongated foreskin an "ugly affair". What a strange view, and one I do not hold. Does he feel equally that the sight of older naturists is ugly, or women who bear the scars of childbirth, or hirsute males? Surely the philosophy of naturism is acceptance of the human form regardless of individual choice or genetic inheritance.

While some very "conventionally" beautiful women and handsome men are pictured in *H&E*, I find it refreshing that *H&E* shows all sorts: fat and thin, hairy and smooth, old and young. In my view *H&E* represents genuine naturists who embrace the naturist philosophy and human spirit, and in no way should the magazine pander to balancing its pictorial content based on individual body choices.

My view is that the only ugly thing about a human is that carried in their soul and heart, and there is nothing ugly about the human form. A form incidentally, that we might not have control over.

T. W. – Wiltshire

## **Plea For Help**

Can any member please help with maintaining the *Acorn* web site? Our graphic designer has produced the basic design but we now need a member to carry on the good work.

To offer help, or for more details, please write to the Editor at the PO Box or email to [webmaster@acornsoc.org.uk](mailto:webmaster@acornsoc.org.uk)

## Israelis Export Skills To Fight HIV

[By Andrew Jack in the *Financial Times*]

Israeli medical volunteers have begun exporting their expertise in adult male circumcision to sub-Saharan Africa, in a pioneering effort to help tackle spiralling HIV infections. A small group of doctors and public health specialists are at work in Swaziland conducting a pilot programme designed to reduce significantly the time it takes to perform safe and low-cost circumcisions in large numbers of local men. Their visit, at the invitation of a local charity, follows official recognition for the first time earlier this year by the World Health Organisation and other international agencies that male circumcision is a powerful technique to help reduce HIV transmission.

The Israeli specialists have developed expertise in rapidly conducting large numbers of adult male circumcisions for the first time since the late 1980s, when uncircumcised Jewish men began to emigrate in large numbers from the former Soviet block and Ethiopia and request the operation. "Until then, we had just a few cases each year for medical reasons. It had been very unusual to circumcise adults," said Dr Eitan Gross, medical director of Operation AB, created by volunteers from the Hadassah Medical Organisation and the Jerusalem Aids Project to lend their expertise to Africa.

Studies published in recent months in Kenya, Uganda and South Africa have all shown that male circumcision can reduce HIV transmission by about 60 per cent. Scientists believe the procedure hardens the skin, reducing abrasions and decreasing the number of cells beneath the foreskin that are particularly sensitive to infection.

Dr Inon Schenker, head of Operation AB, said that his team had already identified simple ways to halve the time for a circumcision to 25 minutes in Swaziland as it trained local doctors and nurses in its techniques. Derek von Wissell, head of Swaziland's National Emergency Response Council on HIV/AIDS, welcomed the project but cautioned that with only 85 government-employed and 80 private doctors in the entire country, he was concerned about distracting them from other essential medical duties. "Perhaps we can persuade retired US surgeons to come here, play golf, visit the Kruger national park and perform 100 circumcisions," he said. "The interest is there."

More generally, public health experts warn that circumcision is only a partial solution that should be accompanied by other practices to reduce transmission. In some cultures, it is unacceptable; it may create a false sense of immunity and can trigger complications if not conducted hygienically.

*Submitted by Walt*

## Small Mercies

I am an Englishman officially categorised as old by the World Health Organisation. When I was 13 days old my mother took me to the doctor for a routine post-natal

check-up. He claimed that my foreskin and/or penis were not right, and an attendant nurse endorsed his opinion. So he circumcised me then and there. My mother told me that when he had finished he inserted 3 stitches around the wound to hold the skin in place.

I once had a girlfriend from the USA who told me that my circumcision was “a messy job”. Her statement was correct. As a result of the surgery my shaft skin is rotated anticlockwise around my shaft. It is positioned about 2 centimetres to the left of where it should be and is badly out of alignment with what remains of my frenulum, etc. My circumcision scar is thick, brown and ugly. There are nodules on it, and what look to be stitch flaps. There are also two stitch tunnels, a large one on the upper left hand side, and a smaller one on the lower left hand side, of my scar tissue. Periodically, these fill with puss that has to be squeezed out. My glans penis is almost the same colour and texture as my shaft skin. My whole cock looks battered, scarred, beat-up and ugly; it has lost a lot of skin, nerves and blood vessels, and I am convinced that, in ways that are many and various, my sexual pleasure has been sharply cut.

And yet, incredibly, I am actually grateful to my foreskin's nemesis, the doctor who cut me. He left, you see, a small patch of frenulum, together with a narrow cuff of skin around my scar. There is not much, but it is just enough for me to be able to pull my shaft skin over my corona while my cock is erect. Oh, wow! That is so nice! How much nicer must it be when you can pull your entire foreskin right up your stiff shaft, and tug it completely over your engorged, purple-coloured knob? Yet although I know that I have only a fraction of the pleasure that is the uncut man's birthright, the doctor who chopped me could have been meaner and more vindictive still, and I rejoice that he was not.

In contrast, I remember one of my schoolfellows. When we were about 12 or 13 he got an erection in the showers after a gymnastics lesson. To this day, I still remember it vividly. He had clearly been circumcised very tightly, and the skin on his erect shaft was pulled as tight as a drum skin, so tightly, indeed, that it gleamed and glistened. At the same time, his shaft could scarcely be contained within its denuded housing and was bent every which way, like a corkscrew. I was stunned. I stared, intently but not lewdly, at my colleague's mutilated member, and thanked a benevolent fortune that I had been spared the chopping that had been inflicted upon him. Even at the time, however, I did not fully realise the awful truth; but in retrospect I can see that his frenulum (the small, deliciously sensitive flap of stringy, twangy skin that harnesses the foreskin to the underside of the cockhead) had been more or less completely severed and excavated.

I am firmly opposed to circumcision. I support the anti-circumcision lobby, and I greatly admire the various pioneers who are campaigning on its behalf. I rejoice that circumcision, unlike in my day, is now comparatively rare in the UK, and that the generations of Englishmen that follow me, together with their wives, girlfriends and daughters, will have more pleasure in bed than I have managed to achieve. Oh, wow! Our present generation of young ladies in the UK, like well-fertilised roses, have been excellently tended and nourished. Many of them are fit, well-developed, and stunningly beautiful; I envy the young men with uncut

foreskins and a full set of nerves, tissues and blood vessels up their stiffened cock shafts who are lucky enough to enjoy such fair and excellent ladies perfectly, and as nature intended. Would that many of my generation had been lucky enough to luxuriate in such pleasures.

And yet... Despite my best efforts at maintaining a civilised opinion on this barbarous practice, I find that, in my perverse, lewd, and filthy imaginings, the mutilation of circumcision sexually excites me. The information and the images of circumcision that I collect from the Internet and elsewhere actually turn me on. I write anecdotes, musings and stories about it, and these also excite me.

But I operate solely at the level of kinky fantasy. My advice to citizens of the USA is to remember the fox in Aesop's fable who lost his tail in a trap. He wanted all the other foxes to have their tails chopped off too so that his mutilation would appear normal. By the same token I ask you: is it right to have your sons cut just so that they will 'look like dad'?

*From the Internet*

## **A Medical Examination – And Its Consequences**

The comments of J. T. about school medical examinations in issue 4/2007 brought back memories. I was at school in the Midlands in the 1940's and we were examined at school about three times. It was a full medical each time, done by a nurse.

I remember the first occasion to this day. I was 10 or 11 years at the time. The nurse told my mother who was with me that I should have my penis seen to. An appointment was made for the next week. I asked my mother what it was all about. She said: "You are going to be circumcised." She explained to me that a lot of boys were done. I was upset about all of this.

We went to the School Clinic on the appointed day. We were shown into a waiting room and a little later we were shown into the doctor. The nurse told mother to take my trousers and pants off, also my shoes. She took me to the doctor who sat at a table. I had to stand on a box in front of her. She was trying to pull my foreskin back. She said to mother that I did need circumcising as the nurse had stated at school. The doctor injected my penis about three times. I know I was crying. After a while, I couldn't feel my penis. Mother had asked for a dorsal slit circumcision. The doctor did as mother wanted. It was then wrapped up.

Later in life I had my foreskin removed but that's a different story.

*R. T. – Spain*

## **What Women Prefer**

It is logical to assume that if we randomly pull two women from a crowded street and interview them, one of them might say that she prefers a circumcised man while the other may claim that she wants it otherwise.

Going back on the age-old question, which do women prefer: circumcised or uncircumcised? I had an opportunity to meet Jane (not her real name), a communication student in a southern college. According to her, she prefers her partner to be uncut. "Although I do base my opinion of a man on his big head, not his little one, I have to say that uncircumcised is better because there is more variation. Playing with the skin is like an added benefit, it feels comfortable while he is thrusting also. From my experience, cut penises tends to rub too hard and too much. A little friction is good, but too much can be quite painful. Uncut guys give just the right amount of friction and I like the way the skin moves back and forth in my mouth."

Meanwhile, Alex, a customer service representative, prefers circumcised men mainly for hygienic reasons as well as sexual ones. "Based on my previous encounters, cleanliness is important because the penis tastes, smells, and looks more appealing. Plus, spur-of-the-moment sexual activity is more enjoyable with a man who is circumcised, because bathing efforts last for longer periods of time."

As far as statistics are concerned, however, a one-to-one profile will be meaningless. We need to go to a bigger perspective. The bottom line of course is the woman's personal preferences but considerations on health should not be ignored. On one point, we have pain and shock; and on the other hand, we have pleasure and cleanliness. Women's preferences in this subject have undoubtedly become more pertinent nowadays than let us say, two decades ago. During that long-ago era, about 90% of the male population in the Western world underwent circumcision but since then, a lot of lobbying has been done to stop this tradition. To date, only about 60% are circumcised for non-religious reasons.

So what are the reasons why women would prefer a circumcised man? If we based it on actual studies, one would be because it moves more smoothly during sex and as a result, both parties derive more enjoyment. Another is on the usage of condoms. Those who are uncircumcised would find it difficult keeping a condom on during actual sex. In one particular survey conducted by a team of experts, 57% of the respondents said that they preferred a circumcised penis because it looked more attractive. On the other hand, 33% preferred the other side. However, out of those unaccounted yet, 11 women said that their ideal male organ would be natural. Let us count out the anti-circumcision lobbyists and the remaining would be six respondents. Six whose 'ideal penis' is untouched, so as far as this study is concerned, the conviction that women in general are in favour of circumcision is highly exaggerated.

Still on this survey, with regard to oral sex, circumcision reigns supreme. About 80% of men who accepted oral sex were circumcised while the rest were not. Moreover, another study showed that circumcised men gave out more sexual contentment to the women. Among heterosexual men who engaged in sex at least once a month, it was concluded that 83% of those circumcised claimed that their partners achieved the orgasmic state while the remaining 17% claimed that their women did not. Of the uncircumcised, 53% claimed that their bed partners usually achieved climax and 47% revealed never or occasionally.

Before boring you to death with tons of figures, these significant comparative studies done over the years are still assumptions and nowhere near a conclusion. The general statement from women all over England, Singapore, North America, and other places is that the circumcised penis wins. Why did I say that we could safely assume but not definitely conclude? To carve it in stone would be too risky, indeed. There are other studies (done by equally intelligent and capable professionals) that concluded in favour of the uncircumcised. The outcome of these researches is that women are actually more at ease with what they are better acquainted with (and that is the natural). In one of these, what came out was a highly interesting piece of data that bulldozes the belief that circumcised men give "better sex" to women. This study said that 73% of the respondents said that "natural" men thrust more lightly and that their (the women's) clitoris was in fact better "caressed", obviously indicating that they enjoyed the sex more.

As far as the definitive answer is concerned, the jury is still out although all things considered, we can fearlessly say that circumcised still holds the edge.

*From Sexplanation.blogspot.com*

## Contact Corner

**R**ecently rejoined early *Acorn* member seeks information and experiences of institutional circumcisions in UK, Empire, Commonwealth boarding schools and other similar institutions. Attended UK boarding school run by circumcisionist in late 1960s and I am keen to hear of others' experiences and observations. Preferably through the pages of *Acorn* newsletter or contact me privately by email (bentrunch@googlemail.com). Discretion assured. My own story to follow...

*Ben Trunch, London*

## Cartoon

*I wouldn't like him  
to nibble my Acorn!*



## Picture Gallery





## A Very Short Foreskin

A father on the bulletin board *fathermag.com* reported that the mother of his baby son had had the doctor separate the baby's foreskin from the glans at birth and had been retracting it from the age of three months. Now, at the age of six, his foreskin just covered the ridge when soft and he appeared circumcised. The father asked whether this was normal for a six year old, or whether the foreskin had been retracted too early and whether there would be any future problems with masturbation.

Two authoritative responses were received on the practice of retraction:

### **Response 1:**

There are many men in many parts of the world that have elected to wear their foreskins permanently retracted because it is cleaner, healthier and looks sexier. It is said that in some cultures this is a goal to be achieved by puberty and that it is a sign of adulthood.

Your son now has the benefit of the automatic exposure to air for the glans, which keeps it a lot cleaner and lets late drops of urine dry out. There are men that expend some minor efforts to 'train' the foreskin to stay back, by retracting it, sometimes even placing rubber bands, 'O' rings, etc to help train the skin to stay behind the glans. This often is a family practice. Someone estimated that about a century ago in the US, before the upswing in the number of circumcisions, as many as 25% of men did this.

I heartily endorse the idea. As I still have excellent sensitivity of the glans with it having been exposed from year 12 to 83, I definitely feel your son has a nice benefit in his short foreskin.

### **Response 2:**

You can be reassured that your son's foreskin will almost certainly be sufficiently mobile for easy and comfortable masturbation and indeed, on that account, will also confer comfort during intercourse.

But the question that you are really asking is whether, by deliberately retracting his foreskin from a particularly early age, you have caused it to be shorter than it otherwise would be? Well, I suspect the answer is in fact: Yes. While body parts clearly grow according to genetic 'programming', skin generally grows to accommodate the tension to which it is subjected on a continuous basis. The skin over joints grows to allow movement in that joint whilst remaining snug. The foreskin grows to match growth of the penis which is subject to quite frequent erections particularly at night, and infants and children are no exception to this.

The 'trick' with the foreskin is, however, that it has a 'toggle' action with two options, to remain closed in front of the glans, or to retract and 'pop' back over it. There is therefore a possibility that if it gets retracted infrequently or not at all, it will respond to the erections by growing longer to accommodate them. On



the other hand if it 'learns' or is 'taught' early on to retract very easily over an erection, then by doing so, it will not experience the tension to grow anywhere near as much in length.

This would be in line with the claims of certain fellows, that they deliberately chose in childhood or early puberty (and usually due to the perceived need to emulate circumcised peers who seemed, at that point, to be attractive to them, either emotionally or merely socially), to keep their foreskin retracted at all times, as a result of which, their foreskin does in fact continue to stay retracted with no deliberate manipulation and will not now remain covering the glans by itself even when flaccid. Indeed, in a small proportion of boys this may happen accidentally, causing them to appear 'naturally' circumcised.

*From the Internet*

## **Muslim Turkey Makes Circumcisions Free Of Charge**

**[by Darren Ennis, *Star Publications* (Malaysia)]**

Turkey's Islamist-rooted government has made circumcision – a key ritual for young Muslim boys – available for free on social security. Circumcision is an important coming of age ritual for Muslim boys, usually celebrated with large parties. The move, announced in the official gazette, follows a tax cut for tourism after much lobbying from the industry, and another for food – measures seen by economists as electioneering. Previously only circumcisions required for medical reasons were covered by social security, a health ministry official said.

## **Cutting Comments: The Foreskin Debate**

**[An article by Simon Mills in *The Sunday Times*]**

The actor Alan Cumming gets quite a reaction when he drops his trousers. Especially in America. Why? His penis is uncircumcised. He is genitally intact, a cavalier rather than a roundhead. His johnson wears an opera cape, as they say in US gay circles. This gives him something akin to freak status in the hygiene-obsessed States, where 70% of the mature male population have been circumcised.

Cumming, an endearingly puckish type, is really rather proud of his foreskin. "During interviews in America, I have made a point of talking about it," he says. "I think it's insane that an entire nation is ignorant about a part of their body they have lost. When I take my pants off in America, people gasp, which is kind of nice, until I realise that they're actually staring at my penis as if it's some kind of *National Geographic* photo come to life. Nobody has a foreskin there. They're, like, 'Wow! What do you do with that? How does it work?'"

Why is it that so many American men are circumcised? Well, it seems the Brits are responsible. Queen Victoria, who, along with much of the British aristocracy, believed that the English descended from one of the Ten Lost Tribes of Israel, chose to have her sons circumcised. It became fashionable, and the procedure travelled

to America. It was there that John Harvey Kellogg campaigned for circumcision as a cure for masturbation, which was, in his opinion, a cause of psychological problems. And ever since (in the 1950s, it is estimated, 90% of American boys were snipped), middle-class Americans have grown up believing that foreskins are filthy, wholly unnecessary fleshy adjuncts that harbour disease and make a sensitive teenage boy something of a fairground attraction in the communal shower environment.

That's why the uncut likes of Nick Nolte, Leonardo Di Caprio, Willem Dafoe, Emilio Estevez, Nicolas Cage and Keanu Reeves, all born during the barbaric period of the last millennium, are listed on pro-foreskin websites as if they were all some kind of heroic locker-room maverick. Blame Cumming and the unlikely figure of Ben Affleck, if you like, but the circumcision debate has suddenly caught the attention of a new breed of quietly militant pro-choicers and so-called 'intactivists' who are putting foreskins to the fore again and unleashing some appropriately cutting comments from the high-minded and famous.

Men with foreskins squirm and buttock-clench comedically when the subject is broached, while men who were cut as babies can't see what all the fuss is about. Foreskins are said to heighten sexual pleasure but harbour disease. Circumcised men are said to suffer from, wait for it, 'significant penile sensory deficit', although – get this – a *Men's Health* magazine survey in 2000 suggested that uncircumcised men lasted an average of four minutes longer during sex than their circumcised peers. Pressure groups such as Brothers United for Future Foreskins (Buff) and Uncircumcising Information and Resources Center (Uncirc), and even Jews Against Circumcision, fronted by Rabbi Moses Maimonides, do their best to break with tradition and prevent unnecessary cuts in the United States, while Cumming and the art critic Brian Sewell are both spokesmen for the British branch of the National Organization of Restoring Men (Norm, originally known as Recover a Penis, or Recap), founded in 1989 for men hoping to restore their foreskins. Foreskin restoration? It can be done. Sort of.

Medical techniques are not sufficiently advanced to give back the erogenous tissue and nerves amputated at circumcision, but careful stretching can create a more natural-looking penis, and softening the epithelium (or outer tissue) of the glans (or tip) can return the penis to a much higher level of sensitivity.

The pro-choicers feel that they are on a roll right now. Non-medical circumcision for children is now illegal in Sweden. The numbers of circumcision procedures in the UK are slowly declining and, after peaking in the 1930s, when 35% of British boys were snipped, fell to a mere 6.5% in the 1980s. Today, only 12,200 circumcisions are performed in the UK annually. Most of them go ahead without a hitch. A few end in tragedy. The inquest into the death of Amitai Moshe, who was just seven days old when he stopped breathing after being circumcised at a synagogue in north London last February – he died a week later from a heart attack – is to be held soon at Hornsey coroner's court. "No causal link has been established between the circumcision and the baby being taken ill. There is no indication that this was anything other than a tragic juxtaposition of two events," a spokesman for the synagogue said after the child's death. "The mohel [appointed

circumciser] is a registered member of the *Initiation Society*, which has been licensing and training practitioners of the procedure for more than 200 years. It is a well-established and well-regulated practice.”

Anti-circumcision horror stories such as this have served only to rally the pro-choice, intactivist PR machine. As well as Affleck, who has made it known that he is against routine infant circumcision, celebrity supporters include Colin Farrell. Affleck, it should be noted, was apparently circumcised in adulthood, after suffering injury during the filming of a superhero movie; a doctor decided that removing his foreskin would be easier than repairing it. Which has to hurt.

But this isn't just about cautiously radical telegenic celebrities or grown men checking one another out at the urinals or intact males doing histrionic winces and leg-crosses at the thought of the dreaded bris. For parents, there's a basic guilt issue at play, too. In his eloquently incensed invective against religion, *God Is Not Great*, the firebrand polemicist Christopher Hitchens rails against parents who have their boys circumcised. “As to immoral practice,” he writes, “it is hard to imagine anything more grotesque than the mutilation of an infant's genitalia.” He argues that circumcision weakens the faculty of sexual excitement and diminishes its pleasure, pointing out the significance of the operation being performed on babies rather than those who have reached the age of reason. (One study found that 92% of male infants subject to circumcision were not given anaesthetic during the procedure.)

Unconcerned that militant Jewish factions rancorously dismiss the intactivist lobby as wholly antisemitic, Hitchens states that, as recently as 2005, a mohel in New York City quite legally performed a ritual known as metzitzah (taking a mouthful of wine and then sucking the blood from the circumcision wound) on newborn babies, giving genital herpes to several small boys and causing the death of at least two.

And what happens to all those lopped-off foreskins? Believe it or not, there is a handsome profit to be made from harvested bits of young penis. The Norm UK website features the following item: “Since the 1980s, private hospitals have been involved in the business of supplying discarded foreskins to private bio-research laboratories and pharmaceutical companies, who require human flesh as raw research material. Human foreskins are in great demand for commercial enterprises, and the marketing of purloined baby foreskins is a multimillion-dollar-a-year industry.” There is even an expensive face cream, SkinMedica, on the market, made from a formula grown from young foreskins. Yes. Really.

“There's a sinister side to all this,” Cumming says. “It's tradition, control and pleasure-removing masquerading as a hygiene thing. What it comes down to is mass genital mutilation. It's barbaric. I don't mean to offend anyone, but I've heard about men who can't orgasm for ages because they have no sensation. People in America are impeded, because they don't feel, you know?”

There have been a number of studies conducted to find out whether male circumcision reduces the risk of acquiring sexually transmitted diseases, including HIV/Aids. While some of them show it may reduce the risk, they are not entirely

conclusive, and using a condom still offers the best protection. For Cumming, it's more of an emotive issue. "As far as I am concerned, the default-setting arguments about hygiene just don't stand up," he says. "The sanitation issue, especially, always comes up when I am in America. But you know what? I am very clean. I shower frequently. I am very proud of my foreskin. I believe it's there for a purpose. And I just want people to stop and think for a second before they decide to get a big bit of their newborn son's cock cut off."

*Submitted by Douglas*

## Circumcising An Adopted Son

**[The following is taken from an internet discussion forum  
for parents of adopted children]**

**Question:** I know many would not agree. However, we have finally made a decision and decided to circumcise our two year old adopted son Andres after going back and forth for a year. We just got the date for the procedure and I am looking for some info for those whose sons had it done at a later age as opposed to newborn. What is the recovery like? It is scheduled for a Monday so obviously we would be keeping him home on Monday and Tuesday, but I'm not sure how many more days he would need to be out of day care. We will take as many days as he needs but I would like to give work an idea as well as be able to figure who will take what day so it doesn't fall on one of us completely. Obviously we will both be off and with him on the day of the procedure. The doctor has said that recovery will be minimal but I really want some real life experiences.

*Dawn*

**Response 1:** We circumcised Josh when he was just over a year. They put a bandage on his penis and said it would fall off within the next couple of days (and if it fell off sooner not to worry). Well, the bandage fell off at our next diaper change! We kept Josh home from day care for only 2 days (so about what you are thinking). He just needed bacitracin put on at every diaper change...it was pretty easy.

**Response 2:** Colby was circumcised at about a year because he was such a premie, it was not safe to do it at birth. The recovery was not bad – I think he fussed a little at diaper change time, etc. I was most worried about having to go under anaesthesia, but he actually did fine with it. Overall, not a big deal at all. I think after a day or two, they are totally back to normal!

**Response 3:** Both of my boys were completely normal the next day... I'd take the extra day off work just in case, but once the anaesthesia was out of their systems, you really couldn't tell there was ANYTHING wrong with them. I didn't even use the Tylenol with Codeine that the doctor gave us, or even regular Tylenol. The first day they came home and both slept A LOT. After that it was just putting the ointment on their sores at every diaper change for a couple days.

# ACORN

Issue  
Nº 6 2007  
Editor  
Ivan Acorn

## Editorial

This issue should have arrived in time for Christmas. Instead, it will be early 2008 when this reaches you – my apologies; but “Happy New Year” none-the-less. I will attempt to make up for lost time over the coming months.

The last issue of the year always brings with it the annual renewal notice. I hope that you have enjoyed the newsletter sufficiently in 2007 to make renewal a no-brainer. If so, get that cheque book out now!

This issue devotes a fair amount of space to the question of sensitivity. Does the removal of the foreskin inevitably condemn the owner to a second class sex life? This is the concern of many who were deprived of their prepuce at birth. It is also a fear of those now contemplating circumcision for themselves. Will they live to regret the decision? As ever, results of different studies point in opposite directions. But the weight of evidence indicates that circumcision does not impede the sexual experience – a fact affirmed by many members’ personal testimony both in this issue and in issues past.

*Ivan Acorn*

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### A Sensitive Question

Men considering circumcision for themselves or their sons often have an underlying fear. Will the removal of the foreskin adversely affect the sensitivity of the penis? Will the quality of the sexual experience be diminished? The situation is not helped by anti-circumcision propaganda which talks of thousands of nerve endings being lost when the foreskin is excised. Immediately following this article, I print experiences about sensitivity from *Acorn* members and others. These are largely from men who have undergone elective adult circumcision and the evidence appears to be that in such cases the sexual experience is not diminished and is sometimes enhanced. But these may be special cases and the would-be circumcisee is perhaps looking for more scientifically based evidence. Research in this area has been undertaken, some of higher quality than the remainder, and it is the purpose of this article to look at this research.

Perhaps the most important study is the most recent, published in the *British Journal of Urology International*, January 2008. This study researched the effect of male circumcision on sexual satisfaction and function. The study was carried out in Uganda as part of the trials to determine the effect of circumcision on HIV transmission rates. As is well known, these trials showed conclusively that male circumcision lowered the risk to such an extent that the trials were stopped early so that all participants could be offered circumcision. This evidence forms the basis of the current drive in many African countries to introduce universal male circumcision as an AIDS preventative.

As part of the trials, the researchers investigated self-reported sexual satisfaction and function. In all, 4456 sexually experienced HIV-negative males aged 15-49 years were enrolled; 2210 were randomised to receive immediate circumcision (intervention arm) and 2246 to receive circumcision delayed for 24 months (control arm). Men were followed up at 6, 12 and 24 months, and information on sexual desire, satisfaction and erectile dysfunction was collected. These variables were compared between the study arms and over time within the study arms.

There were no differences between the study arms at enrolment. Problems with sexual satisfaction and function were reported by less than 2% of participants in both study arms at all time points. At 6 months, no difficulty with penetration was reported by 98.6% of circumcised men and 99.4% of controls, and no pain on intercourse was reported by 99.4% circumcised and 98.8% of uncircumcised men. There were no differences between the study arms in penetration or painful intercourse at later visits. Sexual satisfaction increased from 98.0% at enrolment to 99.9% at 2 years among the controls, but there was no trend in satisfaction among circumcised men (enrolment 98.5%, 2 years 98.4%). The conclusion of the study was that adult male circumcision does not adversely affect sexual satisfaction or sexual function in men.

This study is important for a number of reasons. First, the large scale – over 4,000 subjects, as opposed to the much smaller numbers for other studies. Second,

the fact that it is randomised with proper controls. Third, the men undergoing circumcision have no problems with their foreskins, unlike other studies where the adult males involved have mainly undergone circumcision for medical reasons. Fourth, the study measured what is important to men – the ability to penetrate and the quality of the orgasm. The study showed that circumcision did not reduce sexual satisfaction, even after two years. An end to the myth that circumcision causes the glans to become tough and leathery and insensitive over time.

Other studies have approached the issue from a different perspective – the sensitivity of the penis to touch and stimulation. Of course, such an approach takes as axiomatic that the greater the sensitivity to touch the better. But many men find that the covered glans is over-sensitive. One of the perceived benefits of circumcision for many men is that the permanently exposed glans is less sensitive to immediate touch. They believe that there is no change in the underlying sensitivity, but that exposure ‘trains’ the glans to experience greater stimulation. Indeed, many circumcised men cite the constant low stimulation of their glans by contact with underwear etc as one of the pleasant by-products of losing the foreskin.

One study in New York tested the sensitivity of the small axon nerve fibres in the dorsal midline glans (the upper side of the glans) in 36 circumcised and 43 uncircumcised men. In uncircumcised males, the foreskin was retracted for testing. The researchers concluded: “We demonstrated that there are no significant differences in penile sensation between circumcised and uncircumcised men with respect to vibration, spatial perception, pressure, warm and cold thermal thresholds in both patients with and without erectile dysfunction.”

Another study in South Korea included 373 sexually active men aged 30-57 years of whom 255 were circumcised and 118 were not. Of the 255 circumcised men, 138 were sexually active before circumcision, and all were circumcised after the age of 20 years. Participants were asked to complete a questionnaire about the effects of circumcision on the quality of sex life, including masturbation. Analysis of the results showed that there were no significant differences in sexual drive, erection, ejaculation and ejaculatory latency time between circumcised and uncircumcised men. Masturbatory pleasure decreased after circumcision in 48% of the respondents, while 8% reported increased pleasure. Masturbatory difficulty increased after circumcision in 63% of the respondents but it was easier in 37%. About 6% answered that their sex lives improved, while 20% reported a worse sex life after circumcision. This study therefore appears to confirm the Ugandan study that the quality of intercourse is not affected by circumcision, but that there may be problems with masturbation. Of course, any man circumcised as an adult knows that he needs to adopt a new masturbatory technique to achieve satisfaction. Perhaps the South Koreans whose masturbatory experience had diminished had not experimented sufficiently with their modified penis.

Two other studies are relevant. Kimberley Payne of the Riverside Professional Centre in Ottawa, Canada, and her colleagues tested the sensitivity of 20 intact and 20 circumcised men’s penises as they watched erotic movie clips, by touching the penises with filaments that press down with predetermined amounts of



pressure. They found no difference in penile sensation between circumcised and uncircumcised men. However, when Robert Van Howe of Michigan State University used a similar method to measure sensitivity at 19 points along the penises of 163 men, he found that the five most sensitive points were all in portions of the penis removed by circumcision, especially those in folds exposed as the penis becomes erect. However, this latter study was funded by the *National Organization of Circumcision Information Resource Centres*, which opposes circumcision, so there must be some doubts about its objectivity.

There have been other small studies where results have been ambivalent. But if one weighs them all in the scales, the conclusion must be that there is little evidence that circumcision, in the vast majority of men, has any deleterious effect on the sexual experience. This is important. Men considering circumcision for themselves can evaluate the risk and decide whether that is worthwhile. A father considering circumcision for his son is assessing the risk for another human being – a more onerous task since no father would wish to think that he had ruined his son's sex life. All the evidence appears to be that he can arrange that circumcision confident in the knowledge that the many benefits of infant circumcision will not be outweighed by a poor quality sex life in adulthood.

*Ivan Acorn*

## Some Observations On Sensitivity

After a lifetime of fantasising, I was circumcised six months ago and so have a fairly recent comparison of the before and after feelings. Before I was circ'd, I used to feel I was oversensitive and would 'cum' far too quickly both during partner sex and masturbation. I was therefore quite happy to reduce my sensitivity. I cannot really comment much on the sensitivity of my inner mucosa as when erect my foreskin rolled back easily enough but the frenulum kept it tightly bunched so it was never exposed as such during sex of any sort. I did however have a Prince Albert piercing for many years and deduced from that rubbing inside the skin, that there was sensitivity there, as masturbation over the ring was always pleasurable.

During the last few weeks before my circ, I increasingly kept my skin peeled back to try and acclimatise my glans to exposure. Initially this was very uncomfortable and I would become either highly aroused or sore. The soreness I discovered was due to the inner bunched up foreskin becoming red and inflamed rather than my glans which seemed to cope.

I was circumcised in February with a low and tight style, removing most of the inner mucosa. (The pictures show me after four months.) I am now six months from that time, fully healed and sexually active. My exposed glans is very sensitive





but the overall sensitivity is reduced and sex and masturbation last longer. The feelings are however immensely pleasurable and the final build-up to orgasm very intense. I would say more pleasurable than before as each stage lasts longer and that final exquisite plateau just before orgasm lasts longer.

The head of my penis is very sensitive as expected and it is here that I get most of my stimulus. However the small amount of inner skin remaining and particularly the scar line is ultra sensitive. Initially I thought this was painfully sensitive but now that healing is complete it is a very pleasurable added sensation. My frenulum was never pleasurable before – it was just annoying and got in the way. Now that I am fully healed I have discovered that this area has become



very pleurably sensitive. Other guys speak of a 'sweet spot' which develops with time after the frenulum is removed and I would agree that this seems to be happening.

On a general daily basis I am more aware of my penis and small movements can give a pleasurable tingle that did not happen with my foreskin. At weekends and on holiday, I like to wear loose shorts and trousers and no underwear, which gives a constant low key stimulus and keeps me semi-hard. Fun when I do not have more serious matters in mind but too much to cope with during the working day!

I am not aware what long-term changes there will be to my penis and particularly the glans now it is exposed. At the moment there is that wonderful duality between it being exposed but generally insensitive to the alternative state when it becomes aroused and very sensitive. It is amazing that the one organ can behave in two such different ways.

Long live circumcision!

*Nik – Nottingham*

I would like to put my words in about the sensitivity issue as a man who was circumcised at age 30 to remove a redundant (too much) foreskin that wouldn't retract anytime during coitus and left me with no feeling on a covered glans. Post-circumcision, I have a great deal more sensitivity in my circumcised penis. Yes, more sensitivity. The carrying-case foreskin was preventing so much for me. We almost always remove our 'instruments' from the carrying case, don't we. Also, think about it, so many men find the use of a condom quite all right in their sexual expressions. Haven't heard many guys complain about this covering in their efforts to prevent pregnancy or disease. Now, it is elected covering, isn't it and it does not let the glans be uncovered unless there is some disaster. In conclusion, this sensitivity issue is fairly new and is the drum beat of the anti-circumcision lobby in almost everything they write.

*Californian*

I had a very nice patient visit me today for a circumcision with an interesting agenda. He is an early 30s married father and told me that he was getting the circumcision for the purpose of improving the sexual experience for both himself and his wife. He said that with the intact foreskin he was not getting enough friction during intercourse. His wife had also found that she did not get enough stimulation from the foreskin-covered glans. He had discovered the technique of holding the foreskin back during intercourse which he found to improve the satisfaction for both of them. The man was seeking circumcision to prevent him having to manually hold the foreskin back. So, this couple had already tested out the circumcised status before having the procedure.

I thought this was very interesting as the anti-circumcision lobby would have you believe there is less sexual satisfaction for the circumcised man due to reduced sensation. Maybe this is an atypical assessment of the sexual results of circumcision, but I doubt it.

*David Cornell, M.D.*

I had a circumcision to remedy my phimosis at the end of April this year. There were a number of post-op complications and so my healing has been quite slow, but earlier this month I began having sex again with my girlfriend. Previously my foreskin had barely retracted during sex (and the only time it retracted fully led to paraphimosis and a trip to the hospital!) so sex now feels like a completely new sensation and is incomparably better than pre-circumcision.

However, this greatly heightened sensitivity means I reach the point of climax far, far quicker than I did previously. At first I attributed it to the long lay off from sex, but now that has been worked out of my system I still find myself reaching orgasm very quickly. I was wondering if anyone else has experienced similar issues and if so how you dealt with them? Am I correct in assuming that over time I will become more used to the sensitivity and thus be able to control my orgasms better?

*From Circlist*

Under normal circumstances (i.e. non-sexual) I have an awareness of my penis in my pants, gently rubbing against the fabric. When nude (again non-sexual) I also have a constant awareness of my cock and contact with its surroundings (wind, sun, seawater, whatever). So the nerve endings, especially around the scar line and the ex-frenulum 'sweet-spot', are clearly still sensitive. The glans itself, despite the anti-circers assertion that it is not sensitive, is very sensitive and, as above (i.e. non-sexual situations) is constantly impacting my consciousness. Now everything magnifies 100 times (at least!) in a sexual situation, and the scar line, the sweet-spot and the glans become exquisitely responsive and sensitive.

*Chris Z. – Circlist*

If you have ever broken a limb, and had it in plaster for the ritual 6 weeks while it heals up again, you might have noticed that when the plaster comes off, the skin that was covered for those 6 weeks is much more sensitive to touch because it has been covered for that time. Surely the same is happening with the glans and

inner foreskin. General touch sensations are much more readily received by the nerve sensors or the brain because they are not usual/the norm. It seems to me that the nerve endings that give rise to sexual pleasure are much deeper in the structures of the penis, and are therefore completely unaffected by the presence or absence of a foreskin. The enhanced pleasure for the male after circumcision seems to be due to the stretching of the skin in a way that is never possible with the large amount of foreskin always riding up and down the shaft.

*Jeff – Circlist*

## Circumcision Techniques 5

### The Dorsal Slit

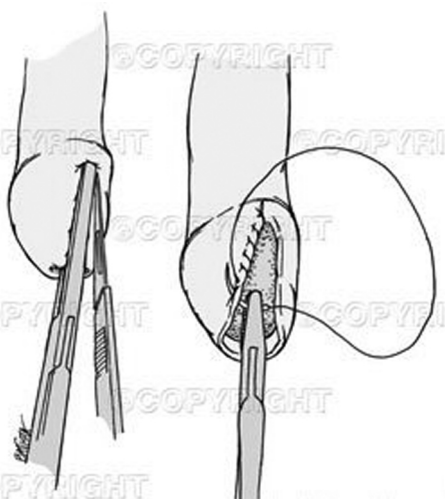
It is questionable whether the dorsal slit is a circumcision technique per se, since it leaves the foreskin largely intact. Rather, it is a technique which is used as a substitute for circumcision.

The dorsal slit is performed by making an incision in the midline of the foreskin as it covers the upper side of the glans. The incision is made from the tip of the foreskin. The length of the cut can be anything from just a few millimetres at one extreme to extending as far as the corona of the glans at the other. Usually no actual tissue is removed during the operation although occasionally a v-shaped section of foreskin is removed so that there is some space between the two halves of the divided foreskin.

The dorsal slit procedure is very simple and is minimally invasive. The foreskin is pulled down and held under a slight tension. The dorsal foreskin, at the 12 o'clock position, is then double clamped. Incision of the crushed tissue is then made. The edges of the inner and outer foreskin on each side of the incision are approximated and secured with the use of absorbable sutures.

Where the length of the incision is small, the penis retains the look of a naturally intact penis with a wide loose foreskin. Where the cut is longer, the effect is to leave the foreskin hanging over the glans rather like a pair of curtains. When the penis is erect, the foreskin naturally falls away from the glans and gathers underneath, giving the appearance of a turkey neck (see picture overleaf). The glans is thus fully exposed.

The advantages of a small dorsal slit are that it eliminates the possibility of phimosis, whilst retaining the foreskin. It is difficult to argue the same advantages for the longer slit. Whilst the foreskin is retained, it does not cover the glans



in the same way as a normal foreskin and does not therefore help retain moistness and suppleness. It is of little use in masturbation. It also results in an unsightly tag of skin hanging under the back of the glans that can get in the way of sex.

The dorsal slit may be seen as a half way house between leaving the penis intact and a full circumcision. In fact, it probably achieves the worst of both worlds – it loses most of the potential advantages of a foreskin whilst not achieving the benefits of a full circumcision. It would appear better either for the patient to be left intact or for the foreskin to be fully excised.



*Ivan Acorn*

## **A Snip In Time Can Save Lives**

**[In issue 5-2007, we reprinted an article from the *Sunday Times*: Cutting Comments: The Foreskin Debate. Below are some letters and web comments received by the paper following the article.]**

**B**ravo for updating us on the ongoing war between roundheads and cavaliers over circumcision. The roundheads are clearly in retreat in the UK and Scandinavia but just about holding their own in America.

Despite being a cavalier I would have to say that the article betrayed a little of an unbalanced zealot's point of view rather than a true yin-yang summary of the issues involved. Clearly the death after a circumcision in a north London synagogue reminds us of the rare dangers (the first I have heard of in 20 years) we are exposed to by surgical procedure.

By contrast the article was very dismissive ("may reduce") of the three recent "gold standard" randomised trials in Africa involving 11,054 men showing, on average, a 50% reduction of HIV infection after a follow-up of two years in the men who were circumcised after puberty. These figures do not make me a rampant circumcision proselytiser but rather provide the impetus for the far more serious debate which the article does not address.

Circumcision earned its reputation as a cost-effective public health procedure for desert societies in ancient Egypt and was adopted after the time of Sodom and Gomorrah by Abraham. Today the virtual absence of deaths from penile and cervix cancer, as well as lessened AIDS and prostate cancer deaths in these societies, vouches for the lasting benefit that has been acquired from this procedure for peoples with limited access to water although – as data from Denmark and Brazil show – the provision of running water, and of lavatories, is equally effective.

The urgent question today in Africa is whether more circumcision is needed, or will the same investment spent providing improved access to running water and education at puberty about foreskin hygiene provide a greater all-round health gain? The fact that even today more than 75% of men dying from penile cancer in this country are unaware of the importance of foreskin retraction and hygiene suggests there could be benefit to us as well from such a campaign.

*Professor Tim Oliver, Trustee, Orchid Cancer Appeal, London EC1*

**H**aving been circumcised when I was 40, at the suggestion of my (then new) wife and for no medical reason, I can say unequivocally that being circumcised has been a wholly positive experience. I was always uncomfortable having a foreskin and its radical removal has meant improved hygiene, comfort, appearance, self-esteem and overwhelmingly improved sexual sensation during intercourse for both myself and my wife. An additional benefit is that my wife much prefers to have a circumcised husband and it would appear that her view is the norm among women of her generation (she is 57) who have experienced both roundheads and cavaliers in bed. There has been no downside and I cannot understand why some men who were circumcised as babies and thus have no basis for comparison, can possibly think that they have been deprived of anything by losing their foreskin. This simple and highly beneficial procedure should be reintroduced as a routine measure in the UK in the way that it is in the USA.

I really wish that I had been circumcised myself as an infant, but apparently, when my mother tried to have this done, the NHS refused on the grounds that it was 'unnecessary' and thus I had to endure a foreskin throughout my childhood and youth.

*Richard Sturdy, Ripon, North Yorks*

**I** think the only people qualified to comment on the difference between being uncircumcised and circumcised are those who like myself were circumcised (at my own request) as an adult and have experienced 'both sides of the coin' so to speak. I always hated being uncircumcised and was very envious of my friends whose parents had taken the sensible choice of having them done shortly after birth. The operation was completely painless and since then every aspect of my life has been better; sex, cleanliness, appearance etc and I would say "go for it". It is surprising in this day and age that there are men who cannot and do not retract their foreskin to clean their penis. More on penile hygiene should be taught both by parents and in schools.

*Neville Sumpter, London*

**B**orn in NW London in 1953 I was one of the first generation of baby boys born after the introduction of the then new NHS and as such I was denied circumcision even though that was my parents wish, according to my mother when the subject came up for discussion many years later. Now living in Sydney Australia I was finally circumcised as an adult for purely cosmetic/sexual reasons and have to say I have never looked back and my only regret is that it wasn't done years ago; circumcised sex is so much better.

*Nigel Bisset, Sydney, Australia*

## Skinning Back

**I**n *A Very Short Foreskin* (issue 5/2007), a father is worried that early retraction has disadvantaged his son by leaving him with a short foreskin. He should stop beating himself up – he has done the kid a favour.

There is too much political correctness these days about the foreskin. First we are told that adhesions take four or five years to separate and the boy's foreskin should not be touched during that time. Then we are told that it could take until puberty for the adhesions to clear so not to worry until then. Now we are told that a foreskin which never retracts is no problem!

I prefer the old-fashioned stance of encouraging mothers to gently push back their baby's foreskin at each bath time. Then if by four or five months the foreskin would not skin back completely, the doctor or nurse intervened. It is a less than five minute job to clear adhesions. A probe is inserted between the foreskin and the glans and is swept round in increasing circles until all adhesions have been broken down and the foreskin can be pushed back clear of the glans. Petroleum jelly is then smeared on any raw spots to prevent re-adhesion during healing. After three or four days, the raw spots have healed and the baby has a foreskin that can be skinned back naturally.

Mothers can then be encouraged to push the foreskin back behind the glans at each diaper change. If this is done, by the time the boy is out of diapers, the foreskin will have been trained to stay back naturally. The foreskin will then fail to develop to its full potential, and the boy will be left with a short foreskin and a nicely exposed glans.

My own opinion is that the covered glans is too sensitive and benefits from exposure. My own glans used to be almost untouchable and a friend suggested that I should skin back when I was at university. It was hard work at first, but once the glans was used to being uncovered, I soon found the benefits. A few years later, I had a nice tight circumcision so that exposure is now permanent. Of course, that would be the ideal solution for every male baby, but until that happy day arrives, skinning back is the next best thing.

*Mark – Monmouth*

## Reporter Gets Circumcised To Fight AIDS

**[an article by Joseph J. Schatz, *Zambia Associated Press*]**

**A**southern African radio correspondent has been receiving a flood of text messages and cell phone calls – some from offended listeners and readers. All because Kennedy Gondwe chose to get circumcised to protect himself from AIDS, and took the British Broadcasting Corporation's radio and Web audience through the procedure with him.

Frank talk about AIDS and prevention methods is still rare in Gondwe's Zambia, where HIV prevalence is 16 percent. That's what made the 27-year-old Gondwe's

public testimony on the eve of World AIDS Day even more striking. A prominent Zambian journalist, Mildred Mpundu, died in November after going public with her HIV-positive status earlier this year and urging her fellow journalists to get tested. Gondwe, who says he undergoes an AIDS test several times a year, said that he finds it “sad” that more people don’t talk about circumcision as a prevention method. “We as journalists also have a role to play in the fight against the disease,” he said.

Gondwe, on the radio piece and in an online diary, recounts his 22<sup>nd</sup> November procedure. Listeners can hear him gasp as a doctor injects him with a local anesthetic, but he assures them the procedure is otherwise painless. He was up, walking to his car and driving himself home soon afterwards.

Dr. Jan van den Ende, a microbiologist at Toga Laboratory, which provides AIDS testing and counseling in neighboring South Africa, the country hardest hit by AIDS, described circumcision as a relatively simple and painless procedure, something Gondwe’s story demonstrated. While one admiring Web reader from Zambia told Gondwe he would soon follow his example, the reporter said others told him they were offended. Gondwe’s Tumbuka people of Zambia’s Northern Province do not embrace circumcision, he said.



David Alnwick, a senior AIDS adviser to UNICEF based in Nairobi, said UNICEF supports educating people that “circumcised men are relatively well protected against HIV”. But he said there was a danger of creating demand that the world’s poorest continent is not now prepared to meet. Alnwick said Zambia has a long waiting list of men who want to be circumcised and only a few centres are providing the service. But he says he expects governments to come aboard across the continent and international donors to provide funding.

## A Precautionary Measure

**M**y two sons, Theo aged four and Luk aged six months, were both circumcised when about five or six weeks old. Although we are not Jewish, our doctor is, and he was willing to carry out the procedure privately. I had it done to save them the problems I had as a teenager.

When I was fifteen, I noticed blood in my urine. The doctor diagnosed a urinary infection which was soon cleared by antibiotics. But he also found that I was suffering from phimosis and he referred me to the local hospital. A few weeks later I was circumcised. At that age, I found the whole process excruciatingly embarrassing, and I vowed then that if I ever had sons, they would be circumcised as babies as a precautionary measure.

I have always enjoyed being circumcised – my sex life has always been great and my wife likes the stripped, ready for action look of the circumcised cock. So



having our sons snipped was no contest. The ops went very smoothly – just a little whimper from each as the local was given. Healing took only a few days and then they were back to normal. Since then, it has been a source of satisfaction to see their little uncovered glans, knowing they won't have the same problems as me.

Of course, the fact that they have been circumcised has not gone unnoticed among friends. Their status is there for anyone to see at nappy change or splashing about at bath time. I never know what women discuss when they are amongst themselves – far more than men, I suspect. Anyway, I know that, through the example of our two boys, there are now several other babies in the village whose foreskins have made a one way trip to the doctor. But then, infant circumcision is such a non-event that I do not know why more parents don't have their babies trimmed.

*From the Internet*

## **Like Father, Like Son?**

**[A shortened version of an article by Neal Pollack,  
*The Guardian*, 3<sup>rd</sup> February 2007]**

[Neal Pollack is Jewish but his wife isn't. She refused to circumcise their newborn son, but then his mum issued an ultimatum ... and the battle of Elijah's foreskin had begun.]

A couple of weeks before my son, Elijah, was born, I was doing something very important on my computer when my wife, Regina, entered my office. "Do you have any feelings about circumcision?" she said.

"Nope."

"I was doing some research. The American Academy of Pediatrics doesn't recommend it any more. It used to be medically recommended, but now they're neutral."

"Hmm. I would say that I'm neutral, too," I said.

"They don't use anaesthetic, Neal. They cut off nerve endings and it decreases sexual sensitivity. It's barbaric. I can't do it to him. I just can't."

"You must leave me to think on this question for a while," I said.

Regina helpfully directed me to a parenting website. Circumcision, the website shrieked, was "part of the same movement that pathologised birth and actively discouraged breastfeeding". The foreskin is a natural part of the human anatomy, and there's no reason it should be removed. And then the kicker: "The birth of a son in the United States is fraught with anxiety and confusion. Most parents are pressured to hand their baby sons over to a stranger, who, behind closed doors, straps babies down and cuts their foreskins off ..." That was enough. The article was shrill beyond measure. Still, I thought, maybe circumcision is wrong.



For the first time in two decades, I'd been forced to stare my Judaism right between the ringlets. On the one hand, I thought, Jewish men get circumcised. I've been circumcised my whole life, and my dick works fine. Hell, I thought, it works better than fine. On the other hand, what if circumcision really did decrease sexual sensitivity? Was that something I wanted to deny my son? Wouldn't his life be painful enough? My son wasn't even born yet, and I was already thinking about the quality of his future orgasms.

This was a very hard decision, so I did what any good Jewish boy would do in such a situation: I called my mother. "Regina and I were thinking about not circumcising Elijah ..." It's hard to describe exactly what my mother's voice did at that moment, but convulsed is probably the closest word I can find.

"No, oh, no, no, no, Neal. Don't say that to me." My mother began to weep openly on the phone. "Oh my God, Neal! I can't believe you're doing this to me! You have to circumcise! You have to!"

"My wife ..."

"Your wife is immaterial here. You can't betray 6,000 years of Jewish tradition."

Suddenly, my generation's sin of intermarriage lay fully on my back. The fate of the entire diaspora rested on my decision. An innocent medical inquiry had turned into Sophie's Choice.

When I hung up the phone, I went into the bedroom, where Regina had propped up her feet. "Well?" she said.

"My mother says we'd betray 6,000 years of Jewish tradition."

"Oh, does she, now? We'll just see about that! I will not circumcise my son! I will not put him through that pain! I can't bear it!"

Now, just as my mother had five minutes earlier, my wife began to weep. "You can't make me do it, Neal! You can't! Promise me!"

"I need some time to think."

At that moment, I wanted to buy a plane ticket to Uruguay and never come back. But there I was instead in Austin, Texas, and my rational brain had ceased functioning.

A week went by. My brain was a fetid goulash of guilt and resentment. It's not as if my parents are super-Jews themselves. They go to synagogue, but only occasionally. I had a bar mitzvah because that's what Jews did, not because of some familial covenant with God, or so I thought.

My father called. I was in no mood to hear from him. "We're very upset," he said. "Your mother hasn't slept. We've decided that if you don't have him circumcised, he won't be our grandson."

"Are you out of your mind?"

"We demand it."

"You're in no position to demand anything." I hung up.

Meanwhile, Regina was already a week overdue. She and I lay in bed and talked. This was our first major decision for our child, and my own mother and father were trying to completely take it out of our hands, based on arguments we found superstitious and naive. But I also had a larger family to consider, aunts and uncles and cousins and sisters, and, beyond that, a generation of nieces and nephews and second cousins to come, not to mention "6,000 years of Jewish history". If we decided not to circumcise, it might very well rip open a wound in my family life that would take decades to heal.

"We have to," I said.

"I know we do," said Regina, and she began to cry.

That evening, I called home. "We've decided to circumcise," I said.

"Good," my father said. "That will connect him to my father. And my grandfather before that. And down through the generations." He was sincere, and I almost found myself touched.

Eight days after Elijah was born, we went to the urologist's office to discuss the circumcision. This is how it works, he said. He would put Elijah on a board and strap down his hands and feet. Then he'd slide a metal ring over the top of the penis, which would cut off the circulation to the foreskin and gradually kill the nerve endings. Over the next week, the foreskin would gradually turn black, and then it would rot off, and then Elijah would be permanently connected to his ancestors.

When Regina had called about the procedure, they'd said the doctor used topical anaesthetic. When we were in the doctor's office, we asked him. "Of course we don't use topical anaesthetic," he said. "Everyone knows that stuff doesn't work." We wouldn't put our son through pain without anaesthetic! But by then, it was too late. The doctor took our baby from us and told us to wait in the hall. A few minutes after the procedure, he said, he'd let Regina in to breastfeed. I went into the waiting room, sat with a six-month-old issue of *Sports Illustrated*, and tried to remember a time when I wasn't an adult.

Regina and Elijah came out. He was screaming. She was bawling.

"Babe ..."

"Let's just go!"

And so I drove us home, which was strange enough considering that Regina usually does all the driving, but even stranger because my newborn son was in the back seat howling because someone had just lopped off the tip of his penis, and my wife was holding him, weeping as though her soul was being ripped from her body, and my heart and throat and face felt clogged with sorrow and grief and mucus and shame, and I could barely see the road through a film of tears.

An hour later, my parents called to see how Elijah was doing. "How's Elijah?" my mother asked.

“He’s asleep. He cried a lot.”

“He’ll be fine,” she said. “It didn’t hurt at all.”

*Submitted by G.H. – Yorkshire*

## Speaking Of Uncut Men

**[by Simon Sheppard, Gay.com/PlanetOut.com Network]**

**F**oreskins. Some penises have ‘em. Some don’t. And given the remarkable range of specialized tastes when it comes to sex, it should be no surprise that an inch or so of flesh should excite so much passion.

“The more foreskin, the better,” says one man who’s no slouch in that department himself. “I love the kind with the wrinkled tip, the ones that don’t fully retract even when a guy’s fully hard.” And why’s that? “I don’t know. Why does somebody find anything attractive? Once, when I was heading to Amsterdam, I made a date with a guy purely on the basis of some pictures of his equipment I’d seen online. He just had the greatest foreskin, really long. OK, maybe I’m obsessive. But it sure was fun to play with.”

Americans in particular have an unusual relationship with foreskins. For decades, routine circumcision was the rule throughout much of American society. Uncut guys were viewed as, oh, exotic. Or at least European. Or working class. Or Southern. Or even ‘natural’. Now that increasing numbers of guys in the United States are uncut, the “He’s got a foreskin, so he must be British” stereotype no longer holds sway. About all a foreskin indicates nowadays, at least about a younger guy, is that he’s unlikely to be Jewish or Muslim. Still, to some guys, foreskin is just the tiniest bit unusual, something extra to admire and mess around with. And then there’s the tender, moist skin exposed by erection, the ridge of flesh part way down many a hard shaft.

Of course, like any sexual fetish, not everyone shares a taste for prepuce. One fellow who’s uncut himself prefers dicks that have been snipped. “They just seem a lot prettier to me,” says he. “I think long foreskins are just ugly, and I’m glad mine isn’t much.”

## Young Man With A Big Drawback

**[From a doctor’s advice published in the *Jamaica Gleaner*]**

**Q**: I am a 22-year-old female, from the western side of the island. I have been dating this young man, who is 21 years of age, for approximately two weeks. We have yet to have full sex, but we kiss and fondle each other. Last night, I saw his organ for the first time – and everything went badly wrong. You see, doc, when his penis came out of his pants I detected an awful scent that made me lose interest immediately. The aroma got even worse when the foreskin rolled back. So I stopped kissing him, and told him that we were ‘too hot’ and that I was not ready to have sex with him.

My question to you, doctor, is what could have caused this dreadful odour? As it happens, I know that he had just had a bath. How could his problem be treated? And how do I tell him about the smell without hurting his feelings? He is really kind-hearted to me, and would do anything I ask. He is very romantic and extremely gentle. I am very much interested in being with him, but I can't continue without solving this difficulty. I need a response from you before I make the next move.

**A**: Well, it sounds like this is a real nice young man – apart from his big drawback. I am not sure if you have had any previous experience of men – and in particular I do not know if this was the first male organ you have ever seen or fondled. It is important for you to realise that even in the cleanest of guys, there is a slight aroma which comes from the penis. This scent comes from certain glands which are located just below the head of the organ, in the area which is usually covered by the foreskin. Some biologists claim that these glands produce pheromones – which are special 'sex smells' that are intended to attract the female. It is notable that most women do not find the slight fragrance unattractive; indeed, some are turned on by it.

But in this case, it does not sound as if there was any question of a 'slight aroma'. What you describe was clearly an overwhelming stink! This drives me to the conclusion that your young man has not been washing under his foreskin – which is what all uncircumcised males should do every day. If a guy doesn't do that, he gets a big build-up of some rather unpleasant white stuff called 'smegma.' This material is cheesy in appearance and feel, and it has germs in it. After a few days, it starts to smell – quite unpleasantly. I think that this is what has happened here. The young man may have had a bath, but it sounds as though he has neglected to wash his organ.

Incidentally, another important aspect of smegma is that if it is not washed away regularly, the man will have an increased risk of penile cancer in later life. So all in all, I feel that your best move now would be to tell your boyfriend that you have heard from an authoritative source that for hygiene reasons, every guy should thoroughly wash under his foreskin each day. Make clear that you expect this of him – and that you will not take 'No' for an answer.

## **Bishops Forcibly Circumcised**

**T**he anti-Greek pogroms in Turkey in September 1955 included the participation of Islamic extremists and secular ultranationalists who were supported by the Turkish government of Premier Adnan Menderes. This was a blatant example of Turkish state sponsorship of terrorism. On a terrible September night, mobs of extremists unhindered by authority proceeded to attack Greek property and to assault the members of the Greek minority who were living in the former Capital of Byzantium. Orthodox Churches were profaned and religious Icons, Bibles, and Crucifixes were burned while chalices used for holy communion were used by thugs for urinating. Greek Orthodox Bishops were forcibly circumcised on the street.

*From the internet*

# ACORN

Issue  
Nº 1 2008  
Editor  
Ivan Acorn

## Editorial

Usually, an Aussie accent is a reliable indicator of the guy's status – almost certainly cut. But not for much longer. State by State, the public hospitals in Australia are closing their doors to any non-medical circumcision (see report page 12). Bizarrely, this Australian shut down coincides with the UN drive to promote mass male circumcision in Africa.

It is all reminiscent of the situation in the UK 60 years ago when, for reasons of economy, routine infant circumcision was discontinued. The doctors in Australia describe non-medical circumcision as 'cosmetic'. 'Prophylactic' is the more accurate descriptor – intervention now to prevent problems later. Many Australian men will suffer in the future as a result of today's decisions.

Of course, the doctors argue, the operation will still be available privately. But expense will immediately exclude a proportion of families; and, if UK experience is any guide, parents will soon be actively discouraged from seeking the operation, and be made to feel almost like child abusers. Fortunately, there are some robust defenders of circumcision in Australia, so perhaps common sense may yet prevail.

*Ivan Acorn*

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### A Matter of Technique

When the advantages of being intact are discussed, ease of masturbation is not necessarily high on the list. Yet the foreskin is the perfect masturbatory aid. Each foreskin is custom designed to fit the individual glans (although the design process sometimes goes astray). It takes little practice to learn how to draw the foreskin backwards and forwards, rubbing together the sensitive inner foreskin and the highly sensitive glans. The pre-cum fluid oozing from the Cowper's gland just inside the urethra is naturally spread by the back and forth action of the foreskin so that the glans and inner foreskin become fully lubricated. Then it is just a matter of adjusting the rate of movement so that sensation is prolonged until orgasm and ejaculation are desired, when the pressure and rate can be accelerated to bring about the desired end. How lucky, we might think, is the intact guy over his cut counterpart.

Indeed, in Victorian times, when masturbation came to be seen as intrinsically sinful and the cause of illnesses (such as mental and physical debility, heart disease, atrophy of the testes, dimness of vision, epilepsy, and insanity), excision of the prepuce was the first line of defence against the evil practice.

Circumcision was to be as complete as possible:

*"The glans gets tanned and loses most of its sensitivity through an early circumcision – and especially if the greatest possible amount of skin is removed – and great care should be taken to excise the delicate inner mucous membrane as totally as possible – thus we can get rid of the most sensitive and exquisite nerve endings. This reduces the penis' erotic sensitivity and arousal the most, and the removal of the freely moving skin deprives the boy of the ability to masturbate. It is also advisable to cut through the frenum, as this reduces the sensations of lust even further."*

However, as the vast majority of cut men will testify, circumcision is no bar to masturbation. It merely needs a different technique. But just how does the cut guy jerk off? Of course, the looser the cut, the more the guy can simulate the foreskin action by drawing the loose skin up over the glans. But, for the purposes of this article, let's consider the guy with the most radical cut – drum tight even when flaccid and frenulum completely eliminated.

Boys who are circumcised as babies have always had a foreskinless penis. When they find their cock and begin to explore, as young boys do at a very early age, they quickly learn the features of their (cut) penis which give them pleasant sensations and the ways in which they can increase and maximise their pleasure. For the guy cut post-puberty or in adulthood, he essentially has a new piece of equipment which he must get to know and learn how to operate. The immediate post circumcision period is an excellent time for this. Masturbation is forbidden for a short period and intercourse for a somewhat longer time. But this doesn't stop him getting acquainted with his new model, and gentle exploration is the first step towards a satisfactory masturbatory life post-circumcision.

The newly circumcised guy will have his glans permanently exposed for the first time. He will already be aware of how sensitive the glans is just by contact with dressings and underclothes. Touching and very light stroking will demonstrate just how much sensitivity there is in the glans. He needs to get to know each part of the acorn. As he moves gently from the tip of the glans down towards the ridge at the base of the head, he will find that the sensitivity increases and that stroking the sulcus, the groove between the head and the shaft, can be particularly rewarding. He can then move to the underside of the glans. He will soon find that the frenulum was not the source of stimulation as he perhaps thought before the op. The V-shaped groove where the frenulum once was is now exquisitely sensitive with an exposed sweet spot which many newly cut men rave about.

Then there is the inner foreskin. Those with a high cut will have been left with a good proportion of their inner mucosa. But even the lowest cut will have left a remnant of inner foreskin. Putting tension on the foreskin by pulling the shaft skin down towards the base of the penis can give a wonderful sensation. So, in the early stages (and as a variant later), newly circumcised boys can just use a very light touch and slide their fingers gently across the surface of their penis, stroking the head, the sulcus and the V-shaped groove, and tightening the skin of the shaft. For many guys, this is sufficient in itself to bring about a climax.

Once healing is complete, more robust techniques can be employed. Fisting is a popular option. In this the guy essentially uses his fist in the way that he previously used his foreskin. He holds the erect penis within a single fist and then moves the fist up and down so that the glans is being stimulated by the back and forth movement of the palm and fingers. The movement is the same as intercourse with the guy in passive mode whilst his partner thrusts the vagina or butt hole so that the penis goes deeply in and almost out again.

Another method is to use the palm of the hand to encase the glans whilst the fingers and thumb extend down the shaft to stimulate the inner foreskin and the sulcus. Pushing the fingers down the shaft then has the dual effect of putting tension on the mucosa and applying pressure to the glans by bringing the palm into contact with it. The fingers can move up and down the shaft alternatively increasing and decreasing tension. As an alternative to this method, the fingers can still be used to stimulate the shaft and inner mucosa, but the thumb rather than the palm is used to apply extra pressure to the glans.

However, the truth is that there are many different possible holds and each man will devise his own technique. And any method can be varied by using the left instead of right hand, or vice versa. But quite often, having found something which works, a guy will stick to that one technique for most of the time.

Then, of course, there is the question of lubrication (lube). For one reason or another – too much friction or too little skin – many guys prefer to use lube when they masturbate. Even some uncircumcised guys prefer the sensation of a lubricated hand sliding across their knob, particularly those whose foreskin is short and pulls back off the knob with an erection. Some guys always use lube, some never, and for some it is a matter of choice on the night (or whenever!) So



lube is not a requirement for circumcised guys to masturbate satisfactorily – it is an optional variation.

And which lube to use? Saliva is the most easily available, but soon dries out. Baby oil is wonderfully slippery, but for this reason tends to be soaked up by bedclothes etc – OK if you do your own laundry! Hand cream is a little more controllable whilst Vaseline is probably a little too thick to be the first choice of many. And however good it may feel at the time in the shower, soap or shampoo is not a good idea – the irritation afterwards may just not be worth it!

Probably best are the water based lubricants such as KY, Wet and ID Glide; or the silicone-based lubes which include Eros Glide and Liquid Silk. These are designed for the purpose and have the added advantage that, if masturbation is taking place as a precursor to safe sex with a partner, such lubes are not damaging to the condom.

So, once the lube is chosen, how is it used? Depending upon just how slippery it is, it can be poured into the palm of the hand or massaged onto the penis. The hand is used as a tube, sliding over the whole penis. This will mimic what it feels like to move the penis in and out of a woman's vagina in sexual intercourse. A much slower stroke than in dry masturbation is possible, with or without a foreskin – which also helps to make it feel like 'real' sex.

But this article is probably an example of teaching grandmothers to suck eggs. This is a topic on which every guy is an expert. So, for the next issue, I want lots of contributions from members. Let's hear about your favourite technique, your favourite lube – even your favourite fantasies – and for how many of you does that involve circumcision in some shape or form?! If everyone shares, who knows, we might all learn something new.

*Ivan Acorn*

## Further Observations On Sensitivity

**T**here **is** a reduction in sensitivity after the foreskin is removed. However, this has to be taken in context with many other factors such as overall 'feel' and appearance of the penis proudly displaying an enlarged glans with much reduced shaft mobility. Personally, I love the slightly bare feel of the glans in my pants especially if they are on the loose side and the penis can slide around in them.

I am one of a few men who can compare intercourse with a foreskin and without one. With a foreskin, my glans was hypersensitive and, as a lover, I was a dead loss. After a few strokes I would ejaculate and my girlfriend would be left high and dry with me instantly rehooding a glans so tingling with sensitivity that I didn't know what to do with it. Certainly unable to pay any attention to her.

Previous boyfriends had been circumcised and she had had good sexual relations with them and had always climaxed. She therefore knew the difference between the cut and the uncut cock and constantly brought up the subject of circumcision. Since I had always been very envious of my cut school friends, I decided that my foreskin would have to go, if only to have better sex. The loss of my foreskin was



the subject of an article in issue 5/2004, so I won't go into how that was achieved now. When I resumed sexual relations there was a slight reduction in sensitivity and I was able to last longer to the delight of my girlfriend who kept enthusing about its new look. From then on, from my late twenties, sex was a delight.

From my late sixties, however, sensitivity, and the ability to ejaculate during intercourse, has been more problematic. This I think has more to do with age than the fact that the glans is uncovered. Perhaps one of our uncut members in their seventies could comment on this. I do know from chance discussion with an uncut friend younger than me that his sex life is nil now, so I do think my problem is more (or completely) age related. Certainly I still get much pleasure from the fact that I am circumcised and, if I had the opportunity to regrow a foreskin, would reject it.

During my long sexually active life, I have never met any woman who either preferred the uncut cock or wasn't more than satisfied with my ability to satisfy her. In fact, due to considerations of cervical cancer and HIV etc, every woman I have known has been very pro-circumcision, and considered the cut cock much cleaner.

On pages 14 and 15 of issue 3/2007, Anthony – Devon, queries what a perfect circumcision looks like and comes up with a scar line close to the glans. This means the loss of all the sensitive inner skin which I feel is sad. The ideal in my view is to retain **all** the inner skin and to achieve as near invisible a scar as possible. This would ensure the retention of all possible sensitivity post-operatively. The circumcision to achieve this would initially involve severing the inner and outer skin at the top of the foreskin and then by cuff resection removing most of the outer shaft skin, joining the two layers at the base of the shaft near the hairline.

This reminds me of the pictures of D.B. – Notts (issue 3/2007) and his good sense in having a scar well down the shaft. I would particularly like to congratulate him on the way in which he cleaned up the ventral underside of his penis, so beautifully smooth now. His 'degree of disappointment' is, I suspect, as discussed above, age related.

One final consideration as to whether circumcision goes against nature. Many boys are born with short foreskins – or even without them – and naturally retract, leaving them dehooded by puberty.

*R.F.W. – Surrey*

## **My Dorsal Slit – And After**

**[In issue 5/2007, R.T. told how a medical examination had led to him being circumcised with a dorsal slit. Now he continues his story.]**

**A**t the time of my circumcision, my father was in the forces. It was therefore my mother's decision to have me circumcised by the dorsal slit method. Mother had found out about circumcision from my uncle, and it was he who took my dressings off after ten days. He also showed me how to move the foreskin so that

it was free of the glans. For urination, I just pulled the foreskin back over the shaft; if I didn't, I splashed all over the place. As I got older, the skin lengthened and hung underneath.

In 1974 I decided to have something done about my ugly penis. My wife encouraged me. It was the same then as now. I went to my doctor but he didn't seem interested in my quest. I was referred to the hospital but again no joy. I couldn't find anyone to re-circ me. After some months my wife came home from work with an address of someone who circumcised. A woman at work had given her the address. We rang this doctor and an appointment was made. It appeared he had been an army doctor. Being an army doctor, we thought he would be good. How wrong can you be.

We drove to this doctor's – I had an afternoon appointment. We were shown into a waiting room, and the doctor came in and introduced himself. He asked my wife if she was coming with me; she said "Yes". He took us through to the surgery. I was told to put this smock-like garment on and then to get on this couch. He opened the bottom half of the smock and examined my penis. He asked me when and how I was circumcised. When I told him, he said that a dorsal slit always had complications. He asked if I wanted doing properly and I said "Yes". The nurse brought a trolley over and the doctor injected my penis. I couldn't see what he was doing. After about 10-15 minutes, I couldn't feel anything. He was cutting my foreskin off with scissors and he seemed to take a long time doing me. I didn't feel anything. I was helped from the couch and re-dressed. He gave me some tablets for pain, and then we paid him and left after having a cup of tea. My wife said that she was sorry that I had had to be done but I replied that it was my choice.

When we got home I took a painkiller as it was beginning to hurt. I asked my wife whether he had taken it all off and she replied that he had, and more. She said that when he had cut my foreskin off, he had cut my frenulum out completely. She said that he had put in some stitches to stop the bleeding. He had also opened up my urethra. I asked how much and she said that I was cut underneath to my groove.

After the dressings were off I could see that I had been done by a 'butcher'. He had left some foreskin on but my urethra was open. The only thing that looked right was the frenulum cut. After some time I got used to it – it was much better than the dorsal slit in all ways.

The only thing now is that in time the skin has grown onto my glans; that is why I am looking for a good circumciser to give me a tight re-circ. I'm being cautious this time.

*R.T. – Spain*

## Happy And Proud To Be Cut

**[The following is an account of his circumcision from an internet contact of the Editor. The picture gallery overleaf shows the results of his operation.]**

I saw my first cut dick at the age of 6, and have been fascinated with the subject of circumcision ever since! I was so jealous of the guys with nice high and tight circumcisions, and I myself wanted to be circumcised so badly.

In my early twenties I went to see my GP about the possibility of getting circumcised, but he said he couldn't refer me to hospital because there was nothing wrong with my foreskin. So I left with nothing – which was a good thing actually because, as I later learned, the NHS circumcisions are usually very ugly because they are performed by urology students. At the age of 27, I finally realised that I couldn't be happy about my body unless I was circumcised. So, through the circlist website, I found a private clinic down South that performed circumcisions.

My dream eventually came true on Valentine's Day, 14th February 2005. The day of my circumcision – I will never forget it! It was like a second birthday for me, the day that I became a real man! That day I had to travel down south to a private clinic in Luton, near London. I was a bit nervous but feeling happy and looking forward to my circumcision! I knew that my doc was a very experienced circumciser who performs lots of circumcisions every day. He was very busy that day and I was one of the last patients to be seen.

Before me he circumcised a few babies, a couple of children and a couple of adults. Then it was my turn. The doctor asked to examine my penis. I have to add at this point that even though I always wanted my foreskin gone, it wasn't actually that bad looking. I suppose it was just a normal problem-free foreskin – it wasn't too narrow or too long – but I still wanted it gone! Anyway, the doc examined me, and at that point I told him that the style of my cut had to be high and tight. I stressed to him that I wanted it as tight as possible, and I even showed him a magazine picture of a guy with a very nice dick, and asked that the end result of my circumcision should look like this.

After that he took me to the operating room and asked me to strip from the waist down. I did that, and lay on the operating table. Doc and his male assistant were preparing my penis for the operation, covering it with a special anti-bacterial liquid and injecting my penis with anaesthetic. It was a bit uncomfortable. Then the assistant pulled my foreskin over the glans, he really stretched it, and at the same time the doctor crushed my foreskin with something that looked like a giant pair of scissors, and cut my foreskin off! I was so happy and relieved that this part was over, and I was finally circumcised!!! The anaesthetics were working so there was no pain. There was a little bit of blood as the doc was stitching the skin. Then he put a bandage on, leaving just my exposed dickhead to stick out of the bandage. The whole operation took 45 minutes to an hour.

I returned home the same day, and was back at work the following morning. There wasn't much pain, just a little discomfort, and obviously the dickhead was constantly rubbing against underwear which was a bit uncomfortable at first, and

took some time to get used to. In my case healing went quite slowly. Obviously my dick was all bruised and swollen, but I think I also developed an infection so I had to take a course of antibiotics.



I read before my circumcision that it took some guy only a couple of weeks to get back to normal after his cut; in my case it was more like a couple of months! Infection went away after the course of antibiotics, but swelling still stayed there for a number of weeks. I removed the stitches myself after two weeks so there was no need to go back to the clinic. I kept my cut bandaged for the first two or three weeks to keep the scars from rubbing against underwear, and I also had regular salty baths for my dick to promote healing.



I was able to have a wank carefully after a week, but it was about ten weeks before I could do all the sexual activities like before. I don't think it usually takes so long to recover after a circumcision. But although it did take me a while, all that wait was absolutely worth it! Once I was able to do all the sexual activities, I discovered that being circumcised is not only having the best looking penis that all the guys in the changing rooms are jealous of, but it's also having the best sex life!!!

For a couple of months before the circumcision I was trying to keep my foreskin permanently retracted, and going about my usual day with my glans exposed. It was a very unusual feeling, and even a bit uncomfortable because my exposed glans kept getting sore from permanent exposure, and I kept getting hard-ons. But, because of this practice, it wasn't a total shock for me to have my glans permanently exposed after the circumcision; but still it took another few months after the operation to get used to it completely. Now I'm used to it, and it feels so natural to me to have my permanently exposed dickhead rubbing against my underwear. It doesn't feel uncomfortable or sore anymore. In fact most of the time I don't even notice it, it's just right!

My doc has done a great job, and given me a very high and very tight cut with the frenulum completely gone! I am so happy that I had it done; now I feel like a real man with my glans proudly exposed at all times! My only regret is that I did not have it done much sooner. I can't believe that up until the age of 27 I had a foreskin covering my dickhead.

Before my circumcision I used to have a problem with premature ejaculation. My glans was too sensitive, and during penetrative sex I used to come too soon. Circumcision helped me to overcome this problem. My glans became slightly less sensitive due to permanent exposure, but I don't see it as a bad thing. For me it's been a great thing because now I don't have to worry about coming too soon. My sex life has improved 100 per cent because I can last for absolute ages now, and come when I choose to.

Talking about masturbation, I found that it got more pleasurable after I got circumcised, and my orgasms got more intense! I was cut high and tight Arab style, so a lot of inner skin was kept; maybe that's one of the reasons why the wanks are so good! I had to change my masturbation techniques slightly after the operation, I started to use lube because my cut was quite tight, even though I can do a dry wank because there is still a bit of skin movement. Now I concentrate on the scar around my penis during masturbation, and particularly the scar where the frenulum used to be. That's the most sensitive part of my penis, and touching and playing with that scar gives me unbelievable sensations!

It's been nearly three years since I got cut. I'm still as passionate as ever about the subject of circumcision. In the ideal world I would make it mandatory. That's one of the few things I like about America, even though in recent years circumcision rates have gone down, and it may be only a matter of time before uncuts outnumber cuts in the US. I hope that there will be a reverse process here in the UK, and more and more guys will be finding out about the benefits of circumcision, and getting cut! I'd very much like that!

As it is, I'm still loving my cut! After three years, the scar is fading, but there is still a lot of difference in colour, which I think will be always be there. Also my glans has started to flare out because it's been constantly exposed for nearly 3 years. I love the flared out look; now my dick looks like a real circumcised dick! I have had only positive comments from guys who have seen my cock in real life or in pictures. I am quite happy to show my circumcised cock in any situation, for example in changing rooms of my gym. I've been waiting and wishing to be cut for so long, and now I am so proud to be a circumcised man that I want the whole world to know my circumcision status. Since I got cut all I want to do is show it off! I haven't done a nude beach yet, but I'm hoping to do one this year, possibly in Spain.

I am glad to share my successful circumcision story, and to say how much happier I feel as a circumcised man, and I want to encourage other guys who are considering getting cut to go for it! It's such a great feeling to be circumcised. I'm so happy and so proud to be CUT!!!

## Tales Of Foreskin

[Taken from responses to a survey on [Fathermag.com](http://Fathermag.com)]

### Response 1

I was born in 1940. As a child growing up, I found out that my friends in the neighbourhood had different looking penises. They had a pink thing on the end of it. Also I found out my new baby brother was the same as them. I was worried that there was something wrong with my penis. I think I was about 4 when I was in the bath and my father had to go to the bathroom to pee. The toilet was in full view of the bath. He took out his penis and I saw that his was the same as mine. I also saw him move his extra skin down and it exposed the pink head. As time went by I found out that more boys had a penis like mine.

When I was a teenager at camp, the subject of circumcision came up. There were 30 kids in my cabin where we slept and someone suggested we all see how many of us were circumcised. It turned out that 17 were circumcised and 13 were not. I think that many boys in my age group born in the early 1940s were still left uncut.

Later in my life when I met the girl I was to marry, we didn't have sex until our honeymoon. I remember the erection I had that first time we had sex. The head on my cock was fully exposed. We both fell asleep after sex and we were naked. The next morning my wife woke up first and she thought that something had happened to my penis because the foreskin was pulled over the head and she didn't know anything about uncut cocks. When I told her about circumcision she was all right then. She had seen her brothers before and they were cut. She was glad mine wasn't cut and she liked playing with it. My wife and I had a great sex life with it being uncut. Also we had two sons and we left them uncut.



## **Response 2**

I was thirteen when I was able to pull back my foreskin all the way behind my glans. Prior to that I had a very tight and short foreskin, but had worked on it on my own for about a half year, occasionally with pain. I remember my glans being extremely sensitive at first, such as in the shower. By 16 I had widened my foreskin even further so that I was able to retract it comfortably and easily with a full erection. As my penis grew larger, my foreskin stayed the same length but widened further, covering only half of the glans. I enjoyed the sensation and decided to keep my foreskin completely retracted at all times, with a constantly bare glans. I've gone like this for 25 years now, and look circumcised even when flaccid as the foreskin stays behind the glans on its own and may even have become a little shorter. But then, I never had much foreskin in the first place, even before it became fully retractable.

I'm very comfortable, and my glans isn't overly sensitive at all as in the past due to daily rubbing against clothes. On the contrary, it's just right for me, and sex is wonderful as my glans stays bare during sex. Moreover, I can keep going longer before climaxing, making sex wonderful for my girl as well who is also pleased with the look and feel of my bare glans!

## **Response 3**

I am in my fifties and uncut. I was almost sixteen before I could completely retract my foreskin. I prefer to leave my glans covered as much as possible, and only retract the foreskin to rinse. My foreskin extends beyond my glans about a quarter to a half inch when my penis is soft. During erection, my foreskin still covers the glans completely, but I can retract it. It will not stay retracted, however, and rolls back over the glans about half way. I do not retract it for intercourse. During intercourse my foreskin has good movement, but never completely off the glans. The glans is at least partially covered at all times. My wife and I change positions a lot and we both have noticed that my glans stays mostly covered.

## **Response 4**

In our family, foreskin retraction happens quite early in life and I cannot remember when I could not. I do remember when my son's foreskin was first retracted. It was done by our GP and he screamed like hell. I remember mine being tighter than it is now but never problematical. It extends up to 2 cm beyond the glans depending upon temperature and tumescence. When erect, it usually does not completely retract though it has upon occasion. I have never found direct stimulation of the glans with anything dry pleasant. Manipulation of the foreskin over the glans is great and a bare glans in a vagina is super. On the other hand, after a shower I have on occasion forgotten to put the foreskin back over the glans and have got well into the day before I have realised that a slight discomfort is due to my bare glans rubbing on my clothing.

## **Response 5**

When flaccid, my foreskin covers my glans with about a quarter of an inch over. When erect about a quarter of the glans is exposed. I first retracted it

fully when I was eleven. It scared me silly! I didn't know the head existed. I was first given oral sex at 15. My head was so sensitive that it was unpleasant. It hurt! Nowadays (aged 40) it is less sensitive and oral sex is great.

Because I have always been curious about circumcision I have often gone days with my foreskin retracted. After day two the head gets much less sensitive. This feels OK, just different. When the head is less sensitive the rest of the penis seems to compensate. In other words, usually, when having intercourse, my head is so sensitive that I hardly notice the rest of my penis. After two or more days retracted, the head is so much less sensitive that I feel the whole shaft, not just the end. When I have exposed my glans for a few days and then have intercourse I find that I have to thrust harder to get enough stimulation to reach orgasm. This is OK if my partner wants 'rough' sex. If she wants slower, more gentle lovemaking, then it's better to have a more sensitive head.

Which is best? I don't know. I would love to be circumcised for a year, just to really find out.

### **Response 6**

One of my former boyfriends had a pretty long foreskin that overhung about half an inch when he was soft. When erect, the penis head was almost completely covered. Of course the skin could be retracted, but it kinda came back and covered the glans when released. When we had sex, one of us used to hold the foreskin back as we felt it was more agreeable for both of us when the foreskin was held back that way. There was more rubbing effect between the penile head and my vaginal walls.

My present boyfriend was circumcised at birth. The circumcision is pretty tight and when erect, there is no loose skin on the shaft. Sexwise, it's fantastic as I can really feel him inside me. I've also experienced other circumcised partners who were more loosely cut. During intercourse, there is no significant difference between a loosely circumcised man and an uncircumcised one.

## **Non-medical Circumcision Banned In Australian Public Hospitals**

In September, Victoria became the fourth Australian state to no longer provide circumcisions at public hospitals for non-medical reasons. Circumcisions will be performed only where doctors determine there is a need because of concerns over infections or disease. New South Wales, Western Australia and Tasmania had already implemented the change.

Victorian Health Minister Daniel Andrews said there was no medical evidence to support routine circumcision of newborn males. "In Australia and New Zealand, the circumcision rate has fallen considerably in recent years, and it is estimated that only 10 to 20 per cent of male infants are routinely circumcised," Mr Andrews said. "Both nationally and overseas, doctors agree there is no medical benefit to routine circumcision, and studies show the complication rate is around five per cent."



Mr Andrews said parents who wish to have their son circumcised for religious reasons could have the procedure done in private hospitals.

About 2,200 circumcisions were carried out in Victorian public hospitals in 2005-6, costing about \$2 million. Mr Andrews said that money could be used to fund more urgent elective surgery procedures. "It is important to ensure hospital services are prioritised towards treating patients who have a clinical need for surgery to improve their health," he said.

While recent studies of African countries suggested circumcision can reduce the rates of HIV, a report by the World Health Organisation concluded that in countries such as Australia, where HIV rates are low in the general population, limited benefit would result from routine circumcision, according to the Victorian government.

Victoria was followed in November by South Australia, one of the last states still offering 'cosmetic' circumcision. Health Minister John Hill stated: "The Health Department has a responsibility to ensure access to elective surgery is based on sound medical reasons. Cosmetic procedures such as liposuction, facelifts and male circumcision will only be provided if assessed and justified on true clinical grounds. This will improve the demand on beds, clinical resources and theatre time."

Australian Medical Association State President Peter Ford said circumcision was controversial and it was "not unreasonable" that other procedures take priority in a system under pressure. Patients already on the waiting list will still be able to have the surgery in the public system but anyone not allocated an appointment will not be eligible. Other procedures to be banned include breast enlargement or reduction, penile implant, hair transplant, facelift, gender re-assignment surgery and sterilisation reversal.

Queen Elizabeth Hospital surgery director Guy Maddern said it was 30 years or more since most purely cosmetic work had been performed in public hospitals. "It's making it clear that operations will not be offered for cosmetic reasons but only for medically indicated reasons," he said.

*Submitted by F.E. from Adelaide Now*

## **I'd Want To Forget About It Too**

**[from an internet blog: A Korean Life Teaching]**

One of my more annoying students has been getting on the nerves of all the teachers recently. He will do things just to piss us off over and over again.

When it came time to write homework on the board, the boy shouted he wouldn't be attending the academy next week. He was beaming with joy. I did what I always do when students tell me in advance that they would not be in class. I told everyone else we would have a huge party to celebrate their departure. I'm always very sarcastic about it.

I asked him why he wasn't going to be at school, and he said that he would be in the hospital. He had some kind of surgery scheduled. Of all the things he could have said, this had to be his reason. I had to give the boy credit. He was good at making his teachers feel sorry for him. I asked him if it was a serious surgery, what was wrong, if he was sick, and how long he would be gone.

He was completely oblivious to any of the details. He said he had forgotten what his parents had told him. He didn't know why he was going in, or what was wrong with him. The less he knew, the worse I felt. Why else would his parents keep details of a surgery from their children? It must have been some sort of serious surgery. He was still very happy about it all, and was looking forward to not coming to class. I wished him luck when he went home, then went into the head teachers' room to find out what was going on. If someone was going to miss class, the head teacher would know why.

"Do you know why that boy is going to miss next week's class? He said he had surgery and would be in the hospital. Why? What's wrong with him? Will he be okay?"

"Oh yeah," my head teacher responded, "he's getting circumcised."

Somehow, after his surgery, I think he'll be wishing he never missed school.

## Explaining

One of the toughest things to explain to my little nephew is why some people circumcise. I have to answer because he came back from school wanting to know why his friend did it. My nephew cannot accept religion as an excuse and he didn't get it anyway, so I told him it's easier if the boy is without the foreskin.

"Easier for what?"

"Easier to aim ..."

Of course we ended up arguing and laughing why the foreskin is the most useless piece of skin ever to develop in the history of the male anatomy. The eyelids are for protecting the eye and shutting off the lights at bed time, the lips are for kissing and wetting your stamps, but the foreskin ... doesn't serve any purpose, does it?

And where does the foreskin go after that? It's the same old question I ask about decaf coffee ... where does the caffeine go? "You know, in China, they'll eat anything" ... But quite unlikely, 'cos I still see those ex-Eunuchs' testicles hanging around the temples ... Or maybe it's re-cycled into some skincare or anti-aging products, like what they do with sheep's placenta.

For me, I don't really like the idea of trimming my little ... plus it feels like it has been shortened artificially. And with the underwear, I get double protection, but without the foreskin, it's back to one.

*From an Internet blog*

## Would You Consider Circumcision?

I never usually watch Seinfeld, but this episode is pretty interesting. In this episode Jerry and Elaine are the godparents of a newborn baby who is going to be circumcised. Now, I know that it is primarily a Jewish custom to perform circumcision, but would you consider it for yourself or your son? Just in case one does not understand what exactly happens at a circumcision, the foreskin of the penis is removed after the baby is 8 days old. This was done by Abraham in the Bible as a covenant with God. So, that is the background info.

Having that out there, would you do it? Before you say no, consider the following benefits for both males AND females:

1. Some older men develop cancer of the penis – about 1 in 1000 – fairly rare, but tragic if you or your son are in that small statistic. Infant circumcision gives almost 100% protection, and young adult circumcision also gives a large degree of protection.
2. Cancer of the cervix in women is due to HPV (the Human Papilloma Virus). It thrives under and on the foreskin from where it can be transmitted during intercourse. At least 20% of cancer of the cervix would be avoided if all men were circumcised.
3. Protection against HIV and AIDS. Circumcised men are 8 times less likely to contract the HIV virus. (The risk is still far too high and condoms and safe sex must still be used.) Two Ugandan tribes across the valley from one another were studied. One practised circumcision and had very little AIDS, whereas, it was common in the other tribe, who then also started circumcising. Infection thrived in the lining of the foreskin, making it much easier to pass on.

And if you care less about the ones before...

4. Lots of men, and their partners, prefer the appearance of their penis after circumcision. It is odour-free, it feels cleaner, and they enjoy better sex. Awareness of a good body image is a very important factor in building self confidence.

Think about it.

*Julia (Internet blog)*

## Battle To Save The Foreskin

When I walked down to the Capitol Building yesterday I was gobsmacked. The fact that there were a few protesters sitting out on the lawn with signs didn't surprise me. What better place to try and encourage a change in our laws. What surprised me was seeing signs encouraging an end to circumcision.

Now don't get me wrong, I'm far from being a prude. For example, when I lived in Oklahoma City, I once took part in a protest to try and keep an adult novelty store from being closed down by the religious right. I guess I just expected any protesters

in front of the Capitol Building to speak out for something more important. You know, like trying to put an end to the Iraq war.

What really got my attention was the sign that said “Circumcision is Torture.” Isn’t that a bit melodramatic? Maybe if I could remember being circumcised shortly after birth I would agree with that statement. A friend of mine decided to get circumcised as an adult, and after the local anaesthesia wore off he did complain about some pain, but not enough that I would consider what he did torture. He gladly did it for his girlfriend, and after things had healed he said he didn’t have any regrets.

I’m now looking forward to my next trip to DC just to see who is protesting.

*From an internet blog*

## Ode To My Husband’s Missing Foreskin

I never knew you. I wish I had.  
Someone said you were bad.  
Ripped you off before you were complete,  
Thought that bare glans looked so neat.

Now we deal with wet against dry  
and rely on KY.  
How much fun it would have been  
to slide you back and forth again.  
And see the pleasure in his eyes  
as his pressure starts to rise.

Circumcision robs more than one  
of the perfect design for fun.  
He doesn’t miss what he never had,  
so why does it make me so sad?

*Anonymous*

## Celebrity Status – Alistair Campbell

**[by Jon Henley, the *Guardian*]**

Although Ali Campbell’s official diaries have recently been published, there exists an earlier version. “She bit at pubic hairs as her warm mouth came to the end of its travels along my tumbling erection,” reads a typically acute insight from *Busking With Bagpipes*, one of three volumes in which, according to *TheFirstPost.com*, St Tony’s future spinmeister – then a kilted Cambridge undergrad – “shags his way from the icy wastes of Norway to the nudist beaches of the south of France”, playing the pipes and teaching English to pay his way. “Her shock at reaching the tip of my unclothed penis, and my delight as she peels back the foreskin,” reveals Ali in another perceptive analysis of Labour’s EU dilemma, “are preludes to Common Market copulation.” Heavens! If the dear boy showed such boundless talent at so tender an age, what dare we hope for from The Blair Years?

# ACORN

Issue  
Nº 2 2008  
Editor  
Ivan Acorn

## Editorial

To date, 85% of members have renewed for 2008 – a good tally, but I shall be pursuing the delinquents! Of those who have renewed, four fifths are circumcised and one fifth uncut, showing that the Society still has broad appeal. Interestingly, only one of the delinquents is uncut, so it cannot be a procirc bias in the newsletter which is responsible for their default.

Staying with statistics, I reprint on page 6 an article from *The Times* – rather more balanced than is usually the case. It also appeared on-line with the facility for readers to submit comments. Out of 33 comments posted, only six supported circumcision. Why is it that the anti-circumcision lobby is so much more vociferous and better organised? Is it that those who favour circumcision are usually circumcised themselves and comfortable with their status, whereas the antis have a cause about which they are more fanatical? The danger of course is that if circumcision is not better promoted, the anti voice will dominate; and then future generations will have no opportunity to enjoy the benefits of circumcision that their cut predecessors took for granted.

*Ivan Acorn*

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### Doctors and Circumcision

In the United Kingdom, the majority of baby boys retain their foreskins. Sixty years ago, the reverse was true. Then it was the norm, particularly in middle and upper class families, for the sons of the house to be circumcised – like their fathers.

The reasons for the change are well known. The newly created National Health Service was required to provide free health services to all. It could have been overwhelmed if this had included routine infant circumcision. Fortuitously the *BMJ* article 'The fate of the foreskin' by Gairdner argued that foreskin adhesions naturally persisted until the age of five. Routine circumcision was therefore unjustified. Non-sequitur it may have been (in a previous Editor's Column I have described the article as intellectually shoddy) but it gave doctors a rationale for ceasing the operation. Today it is still the NHS position that routine infant circumcision has no medical basis. So parents seeking circumcision for their son will in all probability be shown the door unless they can point to an immediate medical problem that the operation will solve. Similarly, an adult male who decides that he wishes to be circumcised is more likely to be referred to a psychiatrist than a surgeon.

Parental preference has no status – the medical profession's fiat is absolute. But there are parents who are convinced that circumcision has prophylactic benefits; that the removal of the foreskin safeguards against future potential problems with phimosis and balanitis and confers protection against a number of sexually transmitted diseases, not least AIDS. There is evidence to support such claims and the parents' decision to seek circumcision can be judged entirely rational. But this holds no sway with the medical mafia.

Of course, some doctors are opposed to circumcision for ethical as well as medical reasons. The point is well made in an article by Mark Henderson in *The Times*: "I have an ethical objection to circumcising male babies. It strikes me as wrong to remove a perfectly healthy body part from infants who cannot possibly consent. There is no good evidence for medical benefit, and a small risk of complications. Most importantly, it cannot be undone. Were I a doctor, I would want no part in it."

A doctor who has such ethical misgivings can hardly be expected to wield the scalpel. But the situation is no different from that which pertains to abortion. There are many doctors and nurses who want no truck with that process. But they cannot just send the pregnant woman away empty handed. They must refer her on to a medical practitioner who does not have the same ethical objections. The same is not currently true with male circumcision. There is no requirement for a doctor to refer on to a practitioner more in sympathy with the procedure. But that could be about to change.

The General Medical Council has recently issued a document: *Personal beliefs and medical practice*. Whilst officially described as guidance, doctors are warned

that serious or persistent failure to follow it will put their registration at risk. The guidance concerns those situations where the doctor's beliefs are at variance with those of the patient. It gives specific examples of situations where this can occur, one of which is male circumcision. The relevant parts of the guidance are set out below.

The situation is clear. First, male circumcision for non-medical reasons is not proscribed by the GMC: "The GMC does not have a position on the issue." Second, if the doctor disagrees with male circumcision, he/she must tell the patient of their right to see another doctor: "If the patient cannot readily make their own arrangements to see another doctor you must ensure that arrangements are made, without delay, for another doctor to take over their care. You must not obstruct patients from accessing services or leave them with nowhere to turn." Thus in future, where parents seek circumcision for their young sons, they should not be turned away empty handed; they should be referred to a doctor more sympathetic to the procedure.

Doctors may argue that they do not know of doctors in favour of the operation. But this is where organisations such as *The Gilgal Society* come into play. Their excellent leaflets explain clearly the procedure of circumcision and its benefits. They also keep an up-to-date list of practitioners willing to perform the operation. A supply of such leaflets in every GP's practice could help doctors opposed to routine circumcision to satisfy the GMC requirements.

Over the past ten or fifteen years, the doctor – patient relationship has been gradually changing. The doctor can no longer pontificate from on high – the patient now has to be brought fully into the process and be part of the decision making. At the same time, doctors are encouraged to move away from just treating illness to promoting healthy life styles. Parents may well feel that circumcision has a part to play in ensuring the future health and well-being of their sons. If the GMC guidance is properly enforced, such parents should in future be helped in their quest to have the operation performed, rather than barriers being put in their way.

Perhaps when parents have a true choice, routine circumcision will once again come to be seen as a practical option for all babies. It may take time for the pendulum to swing back but, who knows, at some time in the future infant circumcision may even return to being the norm.

Ivan Acorn

## **Extracts from GMC guidance: Personal beliefs and medical practice**

### **Circumcision of male children for religious or cultural reasons**

12. Many people within the Jewish and Islamic faiths consider male circumcision to be essential to the practice of their religion; they would regard any restriction or ban on male circumcision as an infringement of a fundamental human right. Others, including those who campaign against the practice of male circumcision, strongly believe that, because circumcision carries risks, it is wrong to perform the procedure on children who are not old enough to

give informed consent, unless it is undertaken to address a specific clinical condition.

13. The GMC does not have a position on this issue. We do not have general authority to determine public policy on issues that arise within medical practice – these are matters for society as a whole to determine, through the parliamentary process.
14. If you are asked to circumcise a male child, you must proceed on the basis of the child's best interests and with consent. An assessment of best interests will include the child and/or his parents' cultural, religious or other beliefs and values. You should get the child's consent if he is competent. If he is not, you should get consent from both parents if possible, but otherwise from at least one person with parental responsibility. If parents cannot agree and disputes cannot be resolved informally, you should seek legal advice about whether you should apply to the court.
15. If you are opposed to circumcision except where it is clinically indicated you must explain this to the child (if he can understand) and his parents and follow our advice on conscientious objection (paragraphs 21 – 25).

### **Doctors' personal beliefs**

21. Patients may ask you to perform, advise on, or refer them for a treatment or procedure which is not prohibited by law or statutory code of practice in the country where you work, but to which you have a conscientious objection. In such cases you must tell patients of their right to see another doctor with whom they can discuss their situation and ensure that they have sufficient information to exercise that right. In deciding whether the patient has sufficient information, you must explore with the patient what information they might already have, or need.
22. In the circumstances described in paragraph 21, if the patient cannot readily make their own arrangements to see another doctor you must ensure that arrangements are made, without delay, for another doctor to take over their care. You must not obstruct patients from accessing services or leave them with nowhere to turn. Whatever your personal beliefs may be about the procedure in question, you must be respectful of the patient's dignity and views.
23. You must be open with patients – both in person and in printed materials such as practice leaflets – about any treatments or procedures which you choose not to provide or arrange because of a conscientious objection, but which are not otherwise prohibited.

## **Circumcision Greatly Improves Sex**

Before the age of 6 I had noticed that my father's penis was different from mine and I thought mine would be like his when I grew up, until my baby brother was circumcised. After that I hated my foreskin. My father had not been circumcised until just before he was married, so he wanted me to be cut as a baby, to save trouble in later life. My parents later told me that they had taken



me to the doctor to be circumcised but he, silly man, stretched my foreskin and convinced them that I didn't need to be cut.

There was nothing wrong with my foreskin. It wasn't too tight but I hated it even more when, at the age of 7 or 8, I discovered that my best friends had been circumcised and their penises looked and felt much nicer than mine. I remember playing with the penises of four friends, over 2 or 3 years, and was very envious of them as their penises felt so clean and soft and smooth. I actually sucked one. It was not until I was 10 that I got to know an uncircumcised friend well enough to see and touch his penis; I certainly was not tempted to suck it. He had a very long and fairly tight foreskin and his glans was red, slimy and cheesy, and that made me convinced that one day I would be circumcised. Also, about that time, my sister tactlessly mentioned that she preferred our brother's penis and wondered why mine wasn't neat like his. I think it was because I was envious of my brother that he and I were never close. This is a very good reason for RIC (routine infant circumcision) – I had four friends, two pairs of brothers, one in each pair was circumcised, and just like me and my brother, they never got on. I have a feeling that this is much more common than is realised, and I urge parents to insist that their sons are circumcised.

From the age of 11-12 until now I have discovered that all girls and women whom I have got to know well enough to ask about it have said that they prefer circumcised penises. Sadly I was not circumcised until after I was married and we discovered that it felt better for both of us when my wife held the foreskin back. Obviously that was not ideal, so I went to my doctor at last. He agreed to circumcise me free on the National Health Service but insisted that I would have to stay in overnight. I was embarrassed about what the nurses would say, so one lunch hour I popped out of the office to a Harley Street doctor who did the minor operation with less bother than a visit to the dentist. My wife couldn't wait to see the result when I got home that evening – obviously she could not see much that day because of the bandages but it healed quickly and very soon we were having greatly improved sex.

My second wife and all my lovers in between marriages have been glad that I was circumcised and several friends have been cut on my recommendation – one even said that his circumcision saved his marriage. Since my second wife left me, I have had one young Chinese lover who was thrilled with my penis as she had never seen a circumcised one before – she said it felt so much better for her than having a penis with a loose foreskin inside her, which was no better than with an old-fashioned washable condom, and she will insist that her future Chinese husband gets himself cut. Sadly she is back in China now.



Incidentally, I did not find it necessary to change my masturbation technique after circumcision, probably because I had always tried to hold the foreskin back. I do not like wet lubrication, but talcum power is very good. Finally I stress that I have found the pleasure and sensations during sexual intercourse and masturbation far superior since I was circumcised. Personally I am glad that my frenum was not removed and I rather like to have it pinched and nibbled.

Well that is my story I hope you found it interesting. I'd be very interested to hear from anyone about circumcision either by letter or through email at RN-mail@tiscali.co.uk

*Rick*

## Obituary – David Hunt

**W**e were very sorry to learn of the death of David Hunt early in 2008.

David had been a loyal and active member from the very early days of Acorn. I believe that he was one of the people who responded to the instigating advert placed in Forum magazine by 'Tony Acorn'. The first meeting was at his house in Weston-super-Mare, where about ten like-minded men gathered to see what common ground they could find.

He went on to be the editor of the newsletter for many years, making sure that views were balanced and appropriate. I always felt that if there were too many articles in one direction then David would use a lot of licence to level things up.

He kept in touch with many people all over the world, which helped him to avoid becoming narrow minded or entrenched in his opinions. He travelled extensively and was very well liked.

During the time that David was chairman the group thrived and meetings were enjoyed by all. Whatever he set his mind to he did well and to the utmost of his ability.

*A.E. – Dorset*

## Circumcision 'The Unkindest Cut Of All'

[an abridged version of an article by David Baker in *The Times*]

**B**arbaric, mutilation, child abuse, freaks, nutters, obsessives. The language on both sides of the debate about infant male circumcision is not always temperate. Put together new-born boys, their penises, knives and two of the world's oldest religions and passions are likely to run high. While February saw the fifth International Day of Zero Tolerance to Female Genital Mutilation, marking a fairly united global campaign against the practice in females, the arguments about the removal of a male infant's foreskin seem mired in misinformation, accusations and despair.

What is clear is that there are very few medical indications nowadays for choosing circumcision over other procedures. Writing in the *BMJ (British Medical Journal)* last December, Padraig Malone and Henrik Steinbrecher, of Southampton University Hospital, found only two absolute indications for circumcision: a chronic skin condition called balanitis xerotica obliterans, which may have links with penile cancer, and some specific abnormalities and scarring on the foreskin. Beyond that, they say, problems such as phimosis, when the foreskin is too tight to be pulled back over the glans, and inflammation of the glans and foreskin caused by bacterial infections – both of which often see the surgeon reaching for their scalpel – can usually be treated non surgically.

Yet infant male circumcision continues on a wide scale. According to Malone and Steinbrecher, one male in six worldwide will be circumcised at some point in his life. In the UK, rates have dropped significantly since the 1930s and 1940s, when it was almost de rigueur for boys of a certain class to be circumcised. But today the NHS still performs about 10,000 circumcisions a year on boys aged up to 15. Add to that hard-to-count religious circumcisions carried out at home and, say campaigners against it, you end up with a lot of unnecessary trauma and risk.

However, circumcision does appear to offer some important health benefits, particularly with sexually transmitted infections. Research published last year from Kenya showed that circumcision had a significant protective effect against HIV infection – at least in countries where HIV is extensive and spread predominantly through heterosexual intercourse. Penile cancer also appears to be less common among circumcised men. And a 1999 review of past research, published in the *British Journal of Urology*, indicated that uncircumcised males were more prone to diseases such as syphilis and herpes simplex, which is enough to persuade some doctors that circumcision is the right course.

“When my boys were born,” says Dr Kirsten Patrick, a former hospital doctor and now an associate editor at the *BMJ*, “I did an enormous search of the literature and I thought [circumcision] was a good thing. It is much easier to do when they are small and less traumatic than waiting till later. I knew as a doctor that there was a way that they could go through this pain-free.” Patrick has no truck with circumcision away from the medical establishment. “Holding a baby down, with no anaesthetic, that’s dreadful,” she says. “There’s no way anyone should do that. But I am in favour of saying that there is benefit to circumcision and it should be regulated.”

One part of the country that is moving quickly in this direction is Walsall, where the local hospital now offers a weekend male-circumcision clinic. “We have a large Muslim community here,” says Dr Sam Ramaiah, director of public health for Walsall Primary Care Trust, “and we wanted to provide local children with a service that is safe and secure. The procedure takes place in hospital with local anaesthetic and is done by a trained surgeon. The advantage is that there is care available in case of complications and, if necessary, the child can stay in.”

Programmes such as this are unlikely to satisfy anti-circumcision campaigners – who say that the physical effects of circumcision on an infant are only part of the story. Norm-UK’s argument is that, for many men, circumcision reduces sexual

pleasure and that the trauma of childhood circumcision can last a lifetime. "The psychological side of this debate is not easy to pin down," says Andrew Samuels, professor of analytical psychology at the University of Essex and a psychotherapist. "If it were possible to generalise accurately about the impact of infant circumcision you should be able to research it and find evidence of trauma in the circumcised population. But the research has not been done. So we are in a kind of not-knowing state." But, he says, "it may well be a bigger act, more problematic, more potentially upsetting, not to circumcise in a culture that circumcises. I don't think many Jews, for example, would deny the physical pain [of circumcision] but they might say that not to do it could lead to a psychologically distressing situation in which an uncircumcised boy might be denied a place in the group."

Samuels, who is Jewish, feels it is time for a discussion within Judaism about how central circumcision is to Jewish identity. But he acknowledges that to get a frank discussion will need people to stick their necks out. "Things will change," he says, "but over a fairly long time scale. In 25 years there may be plenty of uncircumcised Jews who will identify as Jews and be accepted as Jews and that won't depend on their being circumcised or not." Others are not so sure. Ritual circumcision stretches back before the origins of Judaism and Islam and is so entrenched in those religions that it will take a lot to shift it. "It can come as a surprise to many how custom and tradition are still powerful forces in liberal, secular societies," says Justin Woodman, a lecturer in anthropology at Birkbeck College, University of London, who specialises in the anthropology of religion. "Circumcision is part of the politics of identity in a diverse and multicultural world. The act of cutting literally makes a line of division."

## Exposing The Glans

I liked the Editor's article in issue 1/2008 based on the internet contact. The guy had a particularly beautiful high and tight cut. Providing one is not into risky sex, the retention of the inner skin is ideal in my opinion, and I am only sad that I was not aware of this when I removed my own foreskin. Also, I think that total removal of the frenulum is essential to give tightness to the shaft skin. My recommendation is that a cuff resection circumcision should be done so that no inner skin is lost at all. (The guy in question has certainly lost a little from the tip.)

There was a programme on BBC3 recently about the penis. It ended with an exhibition of photographs of penises. I recorded it and examined the pictures in the exhibition very carefully. I was interested to see one or two nicely cut ones, and many with the skin fully or partly back; but of course the majority were pathetic uncut specimens. Near the end, we caught a bit of a discussion about wanking a cut cock so the subject of circumcision had obviously come up. The presenter had had a mould of his cock made showing a fully exposed well flared glans – obviously the result of a cut as a child. May I suggest that the *Acorn Society* contact the presenter to persuade him to make a programme discussing the merits and importance of circumcision. At worst he can only say no!

One final thing. I saw an article recently about a remote Indian tribe, the Zo'e, in the Brazilian rainforest. The members of the tribe were naked except that the

men had a strap around the penis shaft whose function seemed to be to hold back the foreskin. Even the young boys were wearing these and were sporting fully exposed glans. Has any member heard of this practice before or can they suggest any other purpose the strap might have?

*R.W. – Surrey*

## **Matt's Story**

**I** am 20 and from the UK. My penis is six inches when soft and nine inches when hard. It has always been big; my parents say it was huge even when I was a baby.

My Dad is Jewish (therefore cut at birth), my Mum isn't. They chose not to have me circumcised as a baby and let me choose for myself. I decided to get myself circumcised four years ago (when I was 16). I decided to have it done not for religious reasons (I've not been brought up Jewish myself) but for appearance and sexual reasons. My foreskin was long and wouldn't stay back even when I had an erection – it kept rolling forwards so I was really glad to get it removed. I had it done before I started having sex. By the time I was 16, I was ready to start and I thought asking a girl to have my foreskin inside her pussy or her mouth was too much to ask.

I'm bi-sexual. I have a regular girlfriend and we have sex several times a week. I have never had intercourse with another guy (and don't get turned on by this) but I have been wanked off by guys and I have wanked them off. I get turned on by guys' dicks, especially if they are like mine (big, thick and circumcised).

I think getting circumcised was a good decision to make and I would recommend it to anyone who is thinking of having it done. The glans is permanently exposed – it gets stimulated by rubbing against clothing all the while which feels great. I can often feel it being stimulated when I'm playing sport or running or even just walking up stairs. I love the feeling that I have no option of rolling skin over the end to protect it and cover it up – it's that exposed feeling I like. It doesn't bother me that being circumcised means I'm in a minority in the UK as most British guys never get their foreskin cut off – I guess only around 10% of guys are circumcised.

I don't have any frenulum left – it was completely removed when I was circumcised. For me the most sensitive part is the helmet (glans) – it is much more sensitive than the skin on my shaft. My glans hasn't lost any sensitivity in the 4 years since I was circumcised. It has maybe got a slightly thicker texture than before but it doesn't affect sensitivity during sex. When I masturbate, I can cum by just stroking the front of my glans.

I don't get why some circumcised men say it reduces the sensitivity. Being circumcised means the glans is permanently exposed and stimulated – increasing the sensitivity. My Dad was circumcised as a baby, and he says his glans is as sensitive now as when he was a kid. The only downside I guess is if you use your foreskin a lot to masturbate then obviously you're not going to feel that anymore

– as I'd wanked a lot before I was 16, it did take a few wanks to get used to the difference.

Of course it did take a couple of weeks to heal after having it done – not a lot of pain, just very sore – but it soon healed and now my penis looks as if it never even had a foreskin. My girlfriend says she much prefers the look of a circumcised penis – she has no objections to sucking it and playing with it and she says she can feel the rim of the glans stimulating her during sex. Also, as the shaft skin is now tight it increases the pressure and allows me to keep an erection longer.

When I had a foreskin I used to wash it once or twice every day. A few hours later it nearly always had gone sticky due to smegma. The smegma did indeed have a smell. I cannot speak for every man in the world who has a foreskin but having spoken to other lads about what it's like having a foreskin, they have told me that their glans also goes sticky and smelly due to smegma. Personally, I wasn't keen on the smell. Of course there may be other guys and girls out there who like the smell of smegma on a penis. Each to their own I guess. I certainly don't mean to offend anyone by using the word 'smell'. It is my personal opinion about how my penis used to be before I was circumcised.

I would certainly recommend circumcision. Whenever I have a son, I shall definitely have him circumcised. My brother is 15 and he now wants to be circumcised as well. To be honest it's probably better to have it done as a baby as it heals up quicker. But saying that, after the first couple of days of soreness it soon healed up – just couldn't wank for a couple of weeks. I've more than made up for it since though!!

Of course there are some cut guys who are really pissed off at not having had a choice (cut as babies). I respect their views but in reality I think they are obsessed with the idea of having a foreskin and believe that their sex life would be improved just having a little extra skin at the end of their dick. They get hung up on the thought that maybe the grass is greener for guys who have a foreskin. I can assure guys who were cut at birth that they are not missing out on anything by not having a foreskin. I have fantastic sex and powerful orgasms. Sure, you don't have the option of rolling skin backwards and forwards over your helmet, and my glans is dryer than before, but the feeling of having your helmet permanently exposed more than compensates. I don't get why some circumcised guys want to 'restore' their foreskin. The glans (helmet) is the most sensitive part – why would you want to cover it up?

*From posts at [www.lpsg.org](http://www.lpsg.org)*

## Nicole Richie Has Circumcised Rules

Nicole Richie will only date circumcised men. The *Simple Life* star insists it is very important to her that any potential boyfriend has undergone the private procedure – which involves the foreskin being surgically removed from the penis. She said: "The one thing I always look for in a guy is for them to be circumcised."

*From Times Square Gossip.com*

## Teaching Your Sons To Deal With A Fickle Foreskin

[By Dr. Kunio Kitamura, head of the Japan Family Planning Association]

Every second Saturday morning, a group of pre-school boys come into my clinic and, with their parents and brothers and sisters hanging around, the place becomes like a battle zone. They're there to attend a course called Bright Phimosis Treatment Without Surgery, and the place becomes like a virtual meeting place to discuss child raising. Phimosis is the condition where the foreskin can't be fully retracted over the head of the penis, and these little boys are seeking treatment for it without undertaking the common method in Japan of undergoing surgery.

Looking after the course is Dr. Shinya Iwamuro, a urologist who graduated from the same university I did (though a bit after me). Anybody who suddenly came into my waiting room would no doubt hear children's voices coming out of the consultation rooms. Sometimes, those voices might be cries, other times they may be screams at the doctor. For the visitor, they may wonder why. When the kids come out of the waiting room, they have looks of great satisfaction on their faces. "Hey, look at me, I peeled it off," is written on their faces as they look around the waiting room at their buddies. At the same time, the boy next in line to see the doctor is often nervous and can sometimes seem on the verge of breaking into tears. As the clinic is supposed to be for pre-school boys, anyone under 7 can go, and even though these kids are only young, their reactions show a glimpse of the competitive outside world that awaits them.

"What's important is keeping the penis clean. In the old days when everyone went to the public bath, neighbours used to teach kids how to peel back their foreskins, but children nowadays have had that opportunity taken away from them, so it's up to their parents to take the time to show their sons how to keep their penises clean. But so many fathers are caught up in the myths surrounding phimosis surgery they have no idea about what they should be doing to care for their own children's penises. Dr. Iwamuro is one of the rare physicians in Japan who has consistently argued that surgery is not necessary in dealing with phimosis. The message he has constantly preached to junior high and high school boys across the years is: "If the foreskin completely covers the head, it's phimosis, but if you can pull it back, you're OK. If you can pull it back, wash it, then put it back in again."

Most Japanese men still have a foreskin covering the head of their penis. It's not like there is an inordinately large number of Japanese with phimosis, but because circumcision is common soon after birth among followers of religions such as Christianity and Islam, men who've undergone this process appear to have avoided the problem of phimosis. So it's out of the question to consider phimosis to be a bad thing. And that has given the opportunity for loads of cosmetic surgeons to pop up in the media offering to perform surgery on boys to "cure phimosis and let you get back your chance at a bright and cheerful youth".

"With full body anaesthesia making surgery safer, there's a trend to push for phimosis surgery. But I have stubbornly insisted that surgery is unnecessary.



Finally, the number of doctors who think along the same lines as myself and disagree with phimosis surgery has increased to become a majority," Dr. Iwamuro says.

So let's hear Dr. Iwamuro's advice on how little boys can learn how to retract their foreskins. There are three main points involved in pulling it back. They are:

**SLOWLY** peel back the foreskin, little by little as long as it doesn't hurt and even if you touch the glans;

**WHEN** changing a young boy's diapers, gently retract the foreskin and wash the penis head; and,

**ENCOURAGE** boys old enough to use the toilet by themselves that once they have pulled back their foreskin and had a pee, they should make sure after wiping that they put the head of their penis back in the position it was.

The reason why the foreskin can't be retracted is because of such things as the gap at the end of the foreskin being too small (if you gradually force the glans forward, the foreskin opening will also widen) or the head of the penis is stuck to the foreskin. In the latter case in particular, it is necessary to have the foreskin surgically separated at a medical clinic. It's not such a difficult procedure, involving only the separation of skin that's stuck together. It's a medical procedure the government recognizes. And, of course, the boy with the problem or his parents can always do it themselves.

In a large majority of phimosis cases, the solution can often be enough to have a father take the time to help his son. But if they are worried about pulling back their foreskins, they can always come to my clinic for a consultation. Of course, they will have to be a pre-schooler to be able to take part in the program.

## **I Hate Being Circumcised**

**I**'m 24 and I was circumcised in November 2007. I suffered with a tight foreskin for several years which was causing me pain during sex. The doctor recommended I have it removed. He told me I only needed the tip removing where it was tight.

On the day of my circumcision, I saw the surgeon beforehand and he told me it is usual to remove the entire foreskin not just the tip to reduce the chance of infection after the operation. So he removed all my foreskin. The big problem I've got now is that there is no sensitive skin left. The skin from my shaft was pulled right down and stitched just behind the head of my dick. From reading about circumcision styles I think this is called a low and tight cut. It is tight but I don't think it's too tight as it's not painful when I get an erection.

My glans has lost feeling in it over the last few weeks. In the first couple of weeks after my circumcision it was very sensitive and I had no problems the first few times I had sex (I had to wait until it healed before having sex). It felt different than before but I enjoyed it and got off ok. A few weeks later and the texture of my glans toughened up. It's now rough and leathery and isn't giving me pleasure during sex. It's as though it's gone almost numb and has lost its sensitivity. My



doctor says it's normal for this to happen. I've tried using lube but it doesn't make any difference. I get an erection easily but it's as if I haven't got enough feeling to get off, either when I have sex or have a wank.

I constantly get the feeling my glans needs to be covered up but I have no skin left to roll down over it. It's constantly chafing in underwear. I usually wear boxers but after being circumcised I found my penis was moving around a lot and wondered if this was desensitising my glans. I've changed to wearing a jockstrap and although this stops my penis from moving, my glans is constantly touching the material and it's turned a sort of greyish colour as a result. Again my doctor says this is common.

For other guys who were circumcised as adults, have you also found a similar thing and what the hell can I do to get the feeling back in the head of my dick? I know some guys try foreskin restoration but this can take months or years and to be honest I don't think I've got enough skin left to try this. I'm perfectly happy with the way my dick looks. I've got a scar just behind the head of my dick but it is gradually fading and know it will fade more given time. It's the loss of feeling I cannot get used to. It's affecting me during sex in that I cannot get off. It's so frustrating. I have sex most days but I'm not getting a sexual release. I HATE being circumcised.

*From [www.lpsg.org](http://www.lpsg.org)*

## **Call For More NHS Circumcisions To Cut HIV Rate**

**[By Emma Wilkinson from Pulse]**

**M**en recently emigrated from countries with HIV epidemics, like sub-Saharan Africa, should be offered circumcision on the NHS, says a leading public health expert. He has also called for a UK trial to assess circumcision for HIV prevention in men who have sex with men.

Professor Harold Jaffe is head of the department of public health at the University of Oxford and was previously director of the US National Centre for HIV, STD, and TB Prevention. His warnings in *Sexually Transmitted Infections*, come after the World Health Organisation recommended scaling up access to male circumcision services in areas of the world with high prevalence, generalised heterosexual HIV epidemics. Three African trials have shown that circumcision halved the rate of HIV infection in heterosexual men.

Professor Jaffe said current UK practice was to discourage the procedure in adults but NHS bodies needed to re-examine their policies. He added that the yearly number of new UK HIV diagnoses had increased by 157% since 1997 and of the new diagnoses reported in 2006, 12% were in black African men and 36% were in men who have sex with men. 'New prevention strategies for these groups are urgently needed', he said. 'The UK has the opportunity to lead in revising its male circumcision guidelines in accordance with new African data and to develop data upon which to consider new circumcision strategies for men who have sex with men.'

Only 16% of UK men aged 16 to 44 have been circumcised. An estimated 30,000 circumcisions are carried out in England each year. A recent study of gay US men suggested more than half would be willing to be circumcised to reduce their risk of HIV infection

But Professor Jaffe's comments were dismissed by Dr Colm O'Mahony, past president of the British Association for Sexual Health and HIV and Consultant in Genito-Urological Medicine at the Countess of Chester Foundation Trust Hospital. He said: 'Anything that runs the risk of diluting the message that unprotected sex causes HIV infection is unhelpful to say the least. And data released last month suggests circumcision has no effect at all on male-to-female transmission.'

Dr Richard Ma, north London GP and member of the RCGP sex, drugs and HIV working party said: 'I don't think this will work in the UK. It's difficult to see how merely circumcising men who want to be circumcised is going to make any impact on HIV rates in this country – which are still relatively small.'

## Thoughts On Retraction From *Circlist*

**A**n Asian acquaintance told me that he retracted his foreskin just once – about Age 12 – and that's where it stayed ever since. To him that's just the natural thing to do...

For all practical purposes it's just the same as a fairly loose circumcision. As for the age at which to do it – my friend did it as soon as he could retract his foreskin. The key thing is to do it before puberty, since then the penis will grow but the skin won't, so it will never cover the knob again.

*James*

**M**y brother, cousin and I, and others we have met or heard about later on, did the same thing. But some of us think it would be better to start earlier, just as soon as the foreskin is readily retractable.

Mothers, if for whatever reason you are going to delay or avoid circumcision for your son, consider this cost-less, painless and totally reversible alternative which provides all of the same benefits. Do him an important favor and help him get his foreskin pulled back off the penis head at the earliest possible age.

*Charles II*

**I**believe the key to a clean dick, in addition to general good personal hygiene, is not pissing through your hood. I recall retracting my foreskin to take a leak as a young pre-pubertal boy. I went through puberty around 11½ years old, and it was shortly after that I began peeling my skin back off the knob and LEAVING it back (so eventually it will stay back virtually all of the time), as I believe my dad did. I do remember him either telling me, or overhearing him say, that cut men got more sex or better sex than many uncut guys. I would believe that they DO get more head – after all, a woman (or man) going down on a guy can see what they're getting, and with fewer surprises, than with a lot of uncut dicks!

Allowing the foreskin to grow ALONG WITH the dick lets you use it for sex and for j/o, which I think is probably the ONLY advantage and benefit of being uncut. Also using it REGULARLY when you do start wearing it folded back behind the rim of the knob, as in jacking off several times a day (which I did in my adolescence), keeps the 'skin in shape, so there's enough there to be of benefit. The stretching of the foreskin over the expanded hard knob of an erection is one of the best sexual sensations a man can have, although I think cut guys develop their own set of erotic moves, so I don't think most of them suffer in any significant way the loss of their hoods. I also think uncovered (and/or circumcised) adolescent and adult dickheads get bigger and wider than dicks that are constantly hooded by a tight foreskin.

The more attention a male pays to his genitals, beginning at a young age, the better things will be. A boy doesn't need to be taught to j/o, but he should not be discouraged from enjoying it unless the venue is very inappropriate. This applies to both cavaliers and roundheads.

*Rip*

## Afghanistan

**[From AWAC – Afghanistan Without A Clue,  
a US airforce blog by Captain Doug Traversa]**

Hamid also wondered if I knew about the ceremony when a young man's (he points to his lap) is cut.

"Yes, that's circumcision," I said.

Hamid continued to make sure. "That is where some of his extra meat is cut off?"

I burst out laughing. "We wouldn't put it that way. The foreskin is cut off."

Yes, do you do this in America?"

Well, what do you know? There is actually something both countries do have in common. "Many boys are circumcised in America; however, it is becoming less popular recently, though I would say most boys do still get circumcised."

Why do they get circumcised?" he asked.

"Some for religious reasons, some for health reasons, and some just because they think it makes their boy look 'normal.' Why do you do it?"

"It is our religion."

"Yes, but what is the purpose, according to the Qu'ran?" I asked again.

"It is for cleanliness," Hamid replied.

"I think this is the first time we've found something so similar in both our cultures," I observed. "This is an historic occasion."

And as an additional bit of info, they circumcise up to age three. Ouch.

## The Knife Man

**[Tales from the Emergency Department; in which a man who wallows in nostalgia, and secretly wishes he were a Victorian Knife Man rants about his work and what passes for a life.]**

**M**y last patient was a painful one. He admirably demonstrated the 'all mouth no trousers' phenomenon, however. He was wheeled into the Department, covered in blood, laughing and shouting. Waving his blood stained hands about he was shouting, mostly at the female staff:

"Darlin'! Oi! Darlin'! Guess what I done! Go on! Guess!" \*\*Guffaw\*\*

"Nah, I ain't tellin' ya! You don't even wanna know what I done, innit!"

What had he done? Torn his frenulum. This, for those not in the know, is the piece of skin on the underside of the glans penis, attaching it to the foreskin. It is essentially identical to the frenulum in the mouth attaching upper lip to gum. Sometime referred to as the 'banjo string'.

I'll leave it to your imagination how he said he did it. Tearing it is quite painful, and bleeds. A lot.. I should know.

His brash, loud exterior changed when I explained what we needed to do. The sentence contained the words 'needle', 'injection', 'penis' and 'stitch' in various order. Also 'local anaesthetic' and 'sting quite a bit'. It wasn't a warm, fuzzy sentence. No champagne and strawbobs here, either.

The repair was a breeze and, re-assured that he hadn't left too much of his blood behind in his bedroom, we sent him packing. On a no-sex embargo. I half expect to see him back before the week is out...

*From the internet*

## My Freakish Willy Is A Nightmare

**[by Joan Burnie, *Daily Record*, Scotland]**

**Q.** I am circumcised. It was done when I was a baby so I was never asked whether I wanted it done. I don't like it. I feel like a freak and I really don't think people should be allowed to do this to their kids. My dad says it's cleaner, but it's ugly. I hide in the changing rooms after swimming because I know everyone will laugh if they see it. Can I get it put back to normal? I'm 13.

**A.** You haven't said whether you were circumcised for health or possibly religious reasons. Either way, there is nothing freakish about it – not when there are millions of men around the globe who have had it done. I bet there are even a fair number in your school as well. Believe me, you won't be the only one. However, when you are quite a bit older and have stopped growing, you do have the absolute right to find out whether it is possible to have the operation reversed.

# ACORN

Issue  
N° 3 2008  
Editor  
Ivan Acorn

## Editorial

Members may recall the news story early in June of detectives raiding three safe deposit centres in London and finding vast treasure stacked away, much of it the result of illegal activity. One of the premises involved was the Hampstead Safe Deposit Vaults, which houses the *Acorn* post box. For almost a week, our post box was inaccessible, guarded by armed police. Unfortunately, when I did at last regain access, no treasures had found their way to the *Acorn* address. But I am assured that normal service has now been resumed. So, some letters from members to celebrate the fact would be welcome.

One of the features in this issue is an extract from *Corsair* by Tim Severin. This is a fairly graphic fictional account of the circumcision of two converts to Islam. I think we all get a frisson when we suddenly find mentions of circumcision in our reading. So, when you do come across such incidents, please do let me know – either a reference to the book and page, or ideally a photocopy. Then we can all share the pleasure.

*Ivan Acorn*

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### Too little or too much?

Channel 4 has recently been broadcasting a series under the banner *Embarrassing illnesses*. Each programme focused on a different set of medical issues and patients, allegedly too shy to go to their own doctor, were nevertheless willing to bare all, often literally, before several million viewers. Unfortunately, I missed the last programme in the series which focused on men's problems. But the supporting website (<http://www.channel4embarrassingillnesses.com/video/consultations>) has a number of short 2 or 3 minute video clips that show patients undergoing diagnosis and treatment.

One such video that caught my eye was *Adult second circumcision*. I was intrigued. Second circumcisions tend to be a niche market for men who want to improve their penile aesthetics. I hardly expected the topic to appear in the medical mainstream. The patient was a rather jolly bearded gentleman in his late fifties or early sixties. He told the doctor that he had had a circumcision about ten years before to relieve a tight, painful foreskin. However, he was now suffering rashes and irritation on the glans. We were shown the offending organ and the skin of the glans did indeed look very red, scaly and sore. What we also saw was a substantial amount of foreskin – had this guy really been circumcised? The doctor diagnosed balanitis xerotica obliterans and, amazingly, a tight foreskin. Even after a circumcision, a phimotic foreskin remained which could not be fully retracted. Hence the inability of the patient to keep the area dry and clean and the resulting balanitis. The doctor recommended a second circumcision which the patient duly underwent. Three weeks later, the patient returned to the doctor for a check up. Both declared themselves well pleased with the result. Nevertheless, it was apparent that the guy was still not fully circumcised. There was still sufficient foreskin remaining to cover the lower third of the glans.

This raises the question – just how much foreskin should be removed during a circumcision? It is a subject on which the text books are surprisingly quiet. Surgical techniques are described but the degree to which the foreskin should be fully or only partially removed is rarely addressed. The circumcision chat lists discuss in painful detail the perceived advantages of high/low, tight/loose cuts. But this is a foreign language to most mainstream surgeons. Indeed, many patients referred for medical circumcision who attempt to discuss such matters with the surgeon are met with a blank wall of incomprehension. Even where the surgeon appears to listen, very often the patient wakes up to find that he has received the surgeon's standard cut and his wishes have been ignored.

Medical and religious circumcision are different. For Jews and Moslems, it is important that the male should bear a demonstrable sign of having undergone circumcision. It is necessary therefore for the glans to be fully exposed even when the penis is flaccid. The motivation for medical circumcision is different – there is a medical problem which has to be cured. Surgeons are by nature conservative. Because their trade is by nature invasive, they are trained to curb that invasiveness to the minimum required to solve the problem. The surgeon may well approach

circumcision with the intention of removing only the amount of foreskin required to relieve the condition. Unfortunately, this approach as far as circumcision is concerned may not be the best.

Medical circumcision is usually carried out to alleviate one of two conditions – phimosis or balanitis. Phimosis is the condition where the foreskin cannot be drawn back to uncover the glans completely. A variation is that the foreskin may be retractable when the penis is flaccid but not when erect. This condition is quite dangerous, since the foreskin may retract during erection but get caught behind the glans. It then forms a tight band in the sulcus and starts to strangulate the glans – a condition called paraphimosis. Phimosis is generally caused by the opening of the foreskin being too narrow. The surgeon may consider that if he removes the end of the foreskin, this will relieve the condition whilst still leaving the patient with sufficient foreskin to cover his glans – a partial circumcision. However, this approach fails to recognise that foreskins vary in shape. Some foreskins are short and loose, perhaps not even covering the glans. Some foreskins are long, extending well beyond the glans yet sufficiently loose to be fully retractable. The problematic foreskin is the one which tends to follow closely the contour of the glans. In such a situation, the phimosis extends the length of the foreskin. If the top half is removed, the bottom half is still too narrow to go over the crown of the glans; the phimosis persists.

Two other factors can come into play. First, any operation can cause residual scar tissue. Circumcision can cause a slight reduction of skin elasticity at the point of the scar. Such scarring can therefore exacerbate any residual phimosis. Second, if circumcision is carried out pre-puberty, the boy's penis will be thin and undeveloped. During puberty, the glans will grow and thicken. If a childhood circumcision has left sufficient foreskin to cover the glans, the glans may well outgrow the foreskin opening, thus causing a recurrence of the original phimosis. In cases of circumcision to cure phimosis, therefore, the surgeon is well advised to perform a complete circumcision by removing the whole foreskin so that the glans is permanently exposed.

Balanitis is an irritation and soreness of the foreskin and glans. The bacteria and thrush that cause this condition thrive in the damp conditions that exist under the foreskin. Usually, complete removal of the foreskin means that the whole area can be kept clean and dry, and a cure is almost certain. But a conservative cut that leaves sufficient foreskin to cover the glans, even if only partially, means that the potential for dampness and harbouring of bacteria remains. Again, the complete removal of the foreskin is the solution.

Is it possible to remove too much skin? Obviously, yes. If one takes the extreme where most of the shaft skin is excised, there will certainly be insufficient skin left to accommodate the penis. Erection will be difficult and painful, with skin being pulled up from the pubis and scrotum and with the danger of the skin tearing. But no surgeon will go to such extremes. In normal circumstances, there is sufficient elasticity in the skin to accommodate an erection, even if there is no apparent surplus skin when the penis is flaccid. In practice, a circumcision so tight as to cause problems is rare.

So how does the surgeon decide how much skin to excise? Many surgeons appear to work by eye. Such an approximate way of working means that a margin of error has to be built in so that a loose cut is almost certain to result. It is much better if the surgeon undertakes a simple measuring exercise and marks the places to cut accordingly. Suppose that a complete circumcision is required leaving one inch of inner foreskin. During the prep for the operation, the surgeon stretches the foreskin down the shaft of the penis, measures one inch down the shaft from the sulcus (the ridge under the rim of the glans) and marks the foreskin. He then stretches the foreskin up the shaft and marks the shaft skin at a point one inch down from the sulcus. This gives the two extremities for the operation and the surgeon removes the skin lying between the two marks. If a slightly tighter result is required, the surgeon can cut slightly outside the two marks thus removing slightly more skin than the original measure suggested and putting the remaining skin on a slight tension. If a slightly looser result is desired, the surgeon can cut slightly within the two marks.

No article about the circumcision operation is complete without mention of the frenulum. A short or tight frenulum (frenulum breve) can itself be a reason for circumcision although these days frenuloplasty without full circumcision seems to be more popular. The function of the frenulum is to replace the foreskin over the glans during detumescence. Once the foreskin is removed, the frenulum serves no useful purpose. There is the possibility that, if the frenulum is left, the removal of the foreskin and the consequent tightening of the shaft skin will put tension on the remaining frenulum, in effect causing frenulum breve. Leaving the frenulum can also cause skin bunching on the underside of the glans which can be aesthetically displeasing. It is probably best therefore if the frenulum is trimmed back or preferably excised completely during a circumcision.

So, to answer the question posed by the title. The removal of too little skin is a greater danger than the removal of too much. Anyone seeking circumcision for themselves or their sons should make their wishes explicit. It is little use using vocabulary such as high/low, loose/tight. Rather, ask for a complete circumcision that leaves the glans completely uncovered. Better still, find a surgeon who understands the purposes and aesthetics of circumcision. In that way a result both aesthetically pleasing and medically satisfactory is more likely to result.

*Ivan Acorn*

## **A Matter Of Technique**

**W**hen I was cut, very ably, by Dr Zarifa, he explained that sex would be just as good, but different. Being cut needs different techniques, but, in my opinion, is much better.

One pleasure in the weeks after I was cut was to feel my cock head drying out. I lost the oversensitivity I had had with my overlong and very loose foreskin. Now when I am limp I have no sensations, but when I am even slightly erect I have intense pleasure. This means that the lead up to any sort of sex is much more powerful than it was before. The whole of my glans is now more sensitive,



particularly where the frenulum was removed. In addition the edge of the head has flared a little and now gives great pleasure. As importantly, because I was cut high and tight, the shaft skin is also very sensitive when I am hard.

Before I was cut, I used to haul my foreskin back and work only on the head. Now I can stimulate my whole cock and the results are good. I can choose which bit of my cock to stimulate, and this changes not only from time to time, but also during each experience: one part will become over stimulated as another gains sensitivity. Penetrative sex is also more relaxing – condoms don't slip off any more!

To use lube or not to use lube? To use lube gives me much more immediate thrills, a dry hand gives gentler sensations. Both ways give intense orgasms which spread all down my lower body, where before it was a localised thrill round my cock.

*J.G. – Surrey*

## **A Family Tradition**

As I was born in 1931 into a middle class family (my father was a solicitor), it is hardly surprising that I was circumcised as a baby. I have never had a problem with this – to me it seems a neat and hygienic solution. The majority of my contemporaries at Grammar School were also circumcised, as were my fellow officers when I had a short term commission during National Service.

So it was natural when my son James was born in 1959 that I asked the GP about circumcision. I was told that this was unnecessary and old-fashioned. The foreskin could be left to look after itself. I was disappointed but accepted the advice at face value. Not so my father. He was outraged by my doctor's attitude. His father had been circumcised, he was circumcised, I was circumcised, his grandson should also be circumcised. Even though I had sympathy with his point of view, I didn't see any way forward and, to end a heated discussion, I threw out the challenge: "OK, if it is so important, you find a doctor to do it."

I thought that this would be the last of the matter. But two weeks later my father telephoned to say that he had located a Jewish doctor in North West London who was experienced in circumcision and who was willing to treat Gentile babies. So a few days later, James was driven to the doctor's surgery and the deed was done. It really was a non-event. He whimpered a bit but soon settled down and within a few days he was healed. When his brother Stuart was born three years later, he made the same journey.

Fast forward thirty years and my first grandson, Sean, was born (to Stuart; James has given me two delightful granddaughters). I had the same conversation with Stuart as my father had had with me thirty years previously. But there was no moving Stuart. He saw no reason for circumcision and would not discuss the subject in any rational way. So Sean retained his foreskin.

It was ironic therefore that, when Sean was ten, that foreskin proved to be tight. Creams and stretching were tried but eventually the boy was referred for

circumcision. Resisting any temptation to say: "I told you so", I offered to arrange for the op to be done privately. I also suggested that the surgeon check out Sean's younger brother, Toby, now seven years old. Toby was found to have a marginally tight foreskin and in the end it was decided that they should both have the op together. It was done at the beginning of the Easter holidays which has led to a few family in-jokes every Easter about shelling Easter eggs.

I have since discussed their status with the boys and both declare themselves 'cool' with being circumcised. Their attitude was helped when a school friend of Sean's had to be circumcised at the age of sixteen, much to his acute embarrassment and his friends' ribald amusement. I think both Sean and Toby realised that they could have been in the same situation. Both have declared their intent, when they have sons, to have them circumcised as babies. I may not be around to see it, but I hope that they keep to their word. After all, with the last five generations of males all circumcised, it is now a family tradition.

*Anon*

## Experiences

I had an early obsession with circumcision. Indexes in medical books, in anthropology books, etc., were the first thing I looked at under the 'c'. If I had the money I usually bought the book whatever it was on. I learnt a lot about all sorts of things because I eventually read the whole book just because it had an entry on 'circumcision'.

Gyms, locker rooms, restrooms anywhere I could get a sighting I did; and I, from an early age, developed the precociousness to ask outright: "So, are you circumcised?" Some of my sister's boyfriends actually got offended by the question, but they soon learnt that if they weren't cut, there would not be second date with her. She wasn't obsessed, just not interested in a guy with a foreskin; eventually she had three daughters, so she wasn't able to pass on the family tradition.

I am RIC, and very happy with that. My glans is wider than the shaft and a traditional acorn shape. I know a couple of guys with severe phimosis (they're Irish and refuse even to discuss circumcision... sad) and their glans are tiny, stunted things trapped inside a tight foreskin. I am sure with a circumcision that would change, but who knows.

Also for me the aesthetic is the thing: a finely cut penis is a delight to behold (and hold). High and tight, low and loose and everything in between, just so long as the foreskin is gone. I didn't have the choice (parents are supposed to make good choices for their kids, and mine did in lots of other ways as well as circumcising me), but it seems to me that if a grown adult in full control of his faculties decides to have his foreskin removed just because he thinks it would look better then let him get it done.

*From Circlist*

## Picture Gallery



## Investigating The Difference

I became aware of circumcision at a young age, probably 4 or 5, from seeing my totally circumcised dad. He always went nude for a bit when getting ready for bed, so I had ample opportunity to observe it. Even at that age, I wished that my penis looked like his. He had a circumcision that left him no loose skin at all when soft. I suspect that he was circumcised as an adult and didn't like it. Thus my uncircumcised state.

Growing up, I not only knew which of my friends had been circ'ed and who hadn't, I knew exactly what type of circumcision they had. When I was 12 or so, I would ask my friends about being circ'ed and what it felt like to have their dick head out all the time. Most had no idea what I was talking about. I asked one friend this question and he didn't seem to have any interest or knowledge on the subject. Then one day we were urinating together and I pulled my skin back. Naturally we were checking out each other's cocks. His eyes about popped out of his head and he asked how I made my dick change like that. He had never known that guys with dicks like mine had a head like his hidden under loose skin. There we were, standing there holding our dicks, me with mine skinned back. I said: "Now our cocks look alike." Then I slid my foreskin up to touch the rim and ask him if he could do that. He was very tightly circumcised and was barely able to do it. Then, I let my foreskin roll over the rim just a bit and again asked if he could do that. At first he couldn't, then he wrapped his fist around the shaft so he could get a really firm grip on it and was able to roll a bit of skin over his corona. Then I pulled my ample skin over the glans and left it there. He pulled on his but to no avail. By then we were fully hard and he could no longer pull up enough to touch the rim, even when he wrapped his fist around it. The sight of a circumcised man trying to pull up some skin is still highly erotic for me.

After that we progressed to touching and checking out each other's equipment. I think he was as envious of my skin as I was of his ultra tight circumcision. I explained to him what circumcision was and he refused to believe that his parents would have that done to him. I replied that he must have a scar where they cut him. He admitted that he had noticed the brown ring and skin colour change on some guys. I even found a magnifying glass and examined his shaft, but he had no sign of a scar or skin colour change. I wanted him to ask his parents if he had been circumcised or not, but he wouldn't do it. To this day I wonder if he was circ'ed or was one of those rare guys born without a foreskin.

There was another kid I saw in the showers who didn't have a glans. His penis ended in a square blunt end with a round hole in the middle of it. The shaft skin just broke over the square edge of the blunt end of the shaft but didn't cover it. There was no doubt that he had somehow lost his glans. I finally got up nerve enough to ask him what had happened to the end of his dick. He told me that it had happened when he was circumcised as a baby. He had lost his glans and all of his inner skin but was still able to masturbate. The blunt end of his penis stump had become sensitive enough to allow him to orgasm when he rubbed it with a finger. I have never forgotten the sight of his truncated cock and have wondered how it worked for sex.

*From Circlist*

## Condoms Usage And Foreskin

Condoms are tricky enough to put on with most couples getting caught up in the 'which way does it unroll?' dilemma. Now, add the dilemma of foreskin for good measure and you may be in a whole new realm of frustration. Looking at some condom forums and reading what uncircumcised men are venting about

when it comes to slipping on condoms may make circumcised men count their blessings. The most common complaints seem to revolve around the condom 'bunching up' and/or slipping off. There was even a complaint about 'poking through' that I thought might need an entire essay to devote to.

Basic condom instructions for the uncircumcised man go something along the lines of this: pull back the foreskin, place the condom on the tip, pinch the very tip of the condom to squeeze out any excess air (and to leave a reservoir for the semen to accumulate) and unroll the condom until it reaches the base of the erect penis. Essentially, the only difference between a circumcised man and an uncircumcised man is the pulling back of the foreskin before unrolling the condom onto the penis. In theory, this is the way it should work, and maybe for most uncircumcised men it works just fine. However, if you are an uncircumcised man who is still having problems with condoms, read on for some helpful tips.

Once the condom is outside of the package and before you begin any rolling on, put a tiny drop of lubrication (always use water-based when using condoms) in the tip. This should work wonders when slipping the condom onto the shaft. This may also serve to make you more sensitive to the experience. As the condom instructions say, pull back the foreskin before slipping the condom on. Unroll the condom until it reaches the base of the shaft (do not forget to pinch the tip). Keeping the base steady, gently push on the foreskin until it is once again at the tip. This will allow the foreskin to have more 'breathing room' during sex. Putting a little water-based lubrication on the outside of the condom should also help with friction issues.

Some uncircumcised men who deal with the 'bunching up' of the condom swear by buying condoms that are a bit longer than actually needed. This allows some extra give on the condom so that the condom will be snug around the base and still have enough to work with to pull over the foreskin. Similarly, condoms with a large reservoir tip can also help. Test out different sizes and different types of condoms to find one which fits comfortably and suits both you and your partner.

Be patient. It may get frustrating if you are not wearing a condom that is comfortable. In the heat of the moment, you may be tempted to go ahead and have sex without a condom. After all, it's only once, right? Wrong. Condoms are still the number one line of defence against unwanted pregnancy and many sexually transmitted diseases. Recent studies have also indicated that uncircumcised men are twice as likely to get HIV from infected partners than their circumcised counterparts. As a rule, always practise safe sex.

*From the internet*

## **Intermarriage, Conversion And Circumcision**

**[by Rabbi Azriel Schreiber, [jewishanswers.org](http://jewishanswers.org)]**

**Q**uestion: My partner and I have been seeing each other for two and a half years now, and have recently been talking about marriage. I am Jewish (as are both of my parents), but he has no particular faith (although he says that he

understands and respects Judaism more than any other religion). I would like to marry him, but only in a synagogue. He is happy to convert to Judaism apart from one thing – he is 41 years old, and the prospect of a circumcision at his age is daunting to say the least. Is there anyway that he could convert and be married in a synagogue without first being circumcised? Please help, I want to bring my children up in a full Jewish household, but you love who you love...

**A**nswer: You are clearly an intelligent person, in love with a special person, and looking for a 'way out' to obvious difficulties. I think your last line is really the beginning. You wrote: "I want to bring my children up in a full Jewish household, but you love who you love..."

Experience, as well as the overwhelming evidence of studies, have shown that you are right – one needs a full Jewish home to keep families Jewish. It is also crucial to the long term closeness of the couple. Converts are full Jews, but they must be sincere converts. If you were out of the picture, would he still want to convert? That is a good indication of sincerity. Know that conversion is a serious thing.

Furthermore, it is crucial that your husband knows inside that he is a full Jew, and that your kids know their father is fully Jewish. Circumcision is central to Jewish law and to a male's Jewish identity. He'll never be part of the people without it. That being said, tens of thousands of adult men have gone through it. He should speak with other converts, as well as a mohel who performs adult circumcisions, to calm his fears.

## **A Tale From The Emergency Room**

**H**ere is yet another consequence of drinking to excess. One night stands can have many consequences that I guess don't seem like a big deal at the time – diseases, pregnancy, getting robbed, embarrassment, etc. One that many men might not think of is potentially serious but only applies to those men who are not circumcised. I am referring to the necessity of returning one's foreskin back in place after intercourse.

I had a young man come in one Sunday afternoon in severe pain. He did not tell the triage nurse the whole story since I am sure he was embarrassed. She thought he looked like he was having a kidney stone and sent him in. I asked what had happened and he told me his tale of woe. The night before in an intoxicated state of mind, he decided to hook up with someone he met at a bar. Their night was eventful for the fact that he hit a home run. Unfortunately, after his two minutes of bliss, he failed to return his foreskin back to its proper resting place. When he awoke in the morning he was in severe pain – I am sure made worse by the hangover. He said his penis was very swollen and he could not get the foreskin replaced (called a paraphimosis). When I looked, it was grim. I have seen these cases before but they are either in elderly demented nursing home patients where someone forgets to replace the foreskin after they put in a foley, or are in young men who come in within a few hours of the onset of the problem. He waited about 12+ hours. By now, it was so oedematous that every technique I tried failed. I packed the penis

in ice to reduce swelling, but even using both hands I still could not get the glans back inside. It looked terrible and was starting to get a bit cyanotic.

I called the urologist who also failed in doing it at the bedside. Meanwhile this guy was miserable – he got plenty of dilaudid but still looked like we were performing a civil war-style amputation on him! Anyway, eventually the urologist bit the bullet and performed a dorsal slit procedure. This required a particularly painful-appearing penile block for anaesthesia. I bet this guy was thinking as he left the dept, “I should never have had that 12<sup>th</sup> Corona!!!”

*From the internet*

## A Military Experience

A friend of mine has an uncle in an old people's home near where I live. He usually goes to see his uncle every week but he was going abroad on business for a couple of weeks so I offered to visit instead. The uncle is crippled with arthritis but still has all his mental faculties. He was reminiscing about his time in Korea when he was doing National Service in the army. I asked whether it was true that the military required soldiers to be circumcised before they went overseas. This is what he told me.

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Lots of the soldiers I served with still had their skins so there was no compulsory circumcision. But I lost my skin when I joined up.

In those days, all boys had to do two years National Service in the forces unless they were medically unfit. A few months before you were 18, you had to go for an army medical. It was the usual thing – eyes, ears, chest and then you had to stand in front of the doc and pull your pants down whilst he felt your balls and examined your cock. He wrote something on my form and after I was dressed, a few of us were told to wait and see the doc. I thought perhaps I was going to be declared unfit and I started to worry I had some bad illness. But when I saw the doc, he said I had a tight foreskin and needed circumcising. He said it could be done before I joined up or could wait until I was in the army. He advised me to have it done before – I'd have more time to recover and my mates wouldn't have the chance to mock me. So I said yes to having it done before.

I didn't really know what the doc was talking about so when I got home, I went straight down the library and got out a medical book. When I realised what they were going to do to my cock, I wasn't very happy, but there was nothing I could do about it.

I got a letter telling me to report to a military hospital a few weeks ahead and on the day I travelled there by train. I had to get there in the afternoon and the op would be the next day. There were nine of us in the ward, all there for the snip. The corporal nurse was a bit brutal, winding us up, telling us to have a good wank that night, because Major Pattern who would do the op wouldn't leave us any spare skin to play with and he'd take our love string as well. We asked the nurse



whether he was circumcised himself and he said, no thanks, he was happy with his skin, thank you very much.

The next morning, a corporal nurse came round with shaving bowl and cut throat razor to shave our pubes and balls. It was a bit scary having cold steel so near the crown jewels – one slip and the marriage tackle would be gone. But he knew his job and we all soon looked just like plucked chickens down there. Then we put on gowns and were taken off to the theatre. It was done under a general so all I remember is a needle being stuck in my arm and then being woken up. Back in the ward, I wanted to check what had happened but my dick was covered in bandages. We stayed in hospital for four days altogether. On the third day, the dressings were replaced so I saw my new dick for the first time. It was horrible – bruised and swollen and bloody. I thought I'd been ruined for life.

After ten days, I had to go to the local hospital to have the stitches taken out. My dick still looked fairly awful and taking out the stitches was painful. And then I had to get used to my dick head being uncovered. I felt it every time I moved and it got so sore, I wished I had my skin back to cover it. But gradually it settled down, and my dick healed, so I could see what it was going to look like in future. The corporal was right. The major took all the spare skin and there was just a groove where my banjo string had been. But I soon found a new way to beat off and it was nicer because I could get at the dickhead. I've got a long dick with a large dickhead so losing my skin really makes my dickhead stand out. I used to get lots of admiring looks and there were no complaints about performance!

When we were in Korea, some of my mates had itchy skins and were very uncomfortable. At least I didn't have that trouble. If I hadn't been circumcised when I was, I would probably have needed it later, when I started having sex. So I wasn't very happy at the time, but later I was glad it was done when it was.

*Ivan Acorn*

## **Circumcision In Literature**

**[from *Corsair* by Tim Severin]**

Dan and Hector have been seized by Barbary corsairs and sold into slavery in Algiers. To escape the horrors of the slave barracks, the two friends convert to Islam.

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"I hope that the abdal has a steady hand and a sharp razor," said Dan on the morning that he and Hector were due to profess Islam. The two friends were at Turgut's mansion preparing for the ceremony the captain had called their sunnet. They had already paid a visit to one of Algiers's public bath houses and were putting on new white cotton gowns.

"Judging by the number of slaves from the bagnio who converted to Islam, the abdal must have plenty of practice in removing that piece of skin," said Hector,



trying to sound more confident than he was feeling. "I'll be glad when it's over. It will put an end to all the jokes about being too sore to walk straight."

"...or make love again," added Dan.

"I wouldn't know," confessed Hector. "I've never been with a woman properly. Just had one or two encounters with village girls, but always brief and they never meant anything."

Together the two friends made their way to the mansion's central courtyard where a small group of the other servants were waiting for them. Spread on the ground was a large carpet, on which stood jugs of flavoured drinks and trays of food. Hector's tutor in calligraphy had already arrived and Hector caught a glimpse of the abdal, the specialist who would perform the circumcision, as he disappeared into a side room with his bag of surgical tools.

Moments later the captain himself appeared. He seated himself at one end of the carpet and invited his two colleagues to sit beside him with the abdal next to them. Dan and Hector were to be seated directly opposite. When his guests had eaten their fill and the trays had been cleared away, the captain beckoned Dan to come forward. He stepped into the centre of the carpet and stood facing his master. Turgut asked him formally, "Is it your wish to acknowledge the true faith?"

"It is, effendi."

"Then raise your finger and pronounce the shahadah loudly and clearly so that all may hear."

Obediently Dan did as he was told, and recited the words, "There is no god but God and Muhammad is the messenger of God." To murmurs of approval, the valet then escorted Dan away to the side room, even as the abdal quietly left his place and followed.

Next it was Hector's turn. Rising to his feet, he stepped into the centre of the carpet, and at the captain's prompting held up his finger and repeated the words of the shahadah, as Dan had done. Then to everyone's surprise, Turgut stepped forward and gave Hector a formal embrace. As he did so, he whispered in his ear, "Don't worry. It happens at once and is a wonderful thing as Allah has wished. Praise be to God." Then he stepped back, as his valet led away Hector for his circumcision.

To his alarm, Hector could not see Dan anywhere when he was ushered into the side room where the abdal stood waiting beside a low bed. The only other furniture in the room was a sturdy stool. "Do not be afraid," said the abdal. "Your friend is recovering next door, and will soon rejoin the celebrations. The pain is quickly over. You may lie on the bed or be seated on the stool, whichever you prefer. Osma, the valet here, will remain to bear witness."

"I prefer the stool," said Hector, his voice unsteady.

"As did your friend. Pull up your gown, and sit down then, with your legs spread apart."

Hector did as he was instructed and the abdal reached forward and took the young man's penis in one hand and gently teased forward the foreskin. Next, as Hector peered down anxiously, the abdal was holding in his free hand an instrument which Hector first thought was a set of dividers of the type he himself used when measuring distances across a map. But these dividers were made of wood, each limb flat-sided. Hector broke out in a cold sweat as he realised it was a clamp. Expertly the abdal closed the clamp upon the foreskin, nipping it tightly so that it could not retract. Hector shut his eyes and clenched his fists so that the nails dug deep into the palms of his hands. He sucked in air and held his breath, while hearing the soft murmur of a voice saying, "allahu akbarre". Then came an agonising spike of pain which made him gasp, and a shocking moment later the warm spurt of blood striking the inside of his thigh. Even as he quivered with the pain, he sensed the blessed pressure of some sort of poultice or bandage being pressed to his wounded manhood.

## A Question About Cleanliness

[from an Internet men's health forum]

**Q**uestion: When one has a lot of foreskin, and is trying to keep clean, what advice can you give? It is a real concern, and at 67, I have been working on a satisfactory approach to the cleaning for about fifty-five years. I have about eleven inches of skin covering about 5 inches of cock shaft. The first six can comfortably be retracted to behind the knob of the cock. In my particular instance, that is a point at which a little muscle circularly constricts enough so that I cannot pull the foreskin back to the base of my penis and pubes. When the cock is flaccid, usually, I can reach past the constriction and all the way back if I could reach, but not far enough to do the cleaning I would like to do. I tend to be allergic to some soaps and have gotten rashes, ouch. Also, it is a daily reach, Q-tips are useless, they are much too short. No finger can reach down far enough. What is a man to do? Other things are too abrasive. Help?

Answer 1: What I usually do is just retract the foreskin all the way down, until all the inner skin is exposed, and then wash. If soap gives you a rash, just use some lukewarm water. Have you tried a hypoallergenic soap? Don't know if this is of any help, but it works for me.

Answer 2: Wash regularly. Usually if I can, I tend to clean mine right after urination. I don't use soap much, just water. Piss can make it smell bad and start smegma build-up. When I say I clean mine after peeing, this is being referred to at home or in private bathroom. I do not mean cleaning your foreskin at a public restroom! hehehehe... which by the way is a great way to get laid if you stand there with your dick out at the sinks.

Answer 3: Uh, retract fully, wash clean. If you're not using a mild soap, a thorough wiping using warm water should do fine. If you're not able to retract at this age, there is a problem, and you need to get your penis checked out for possible phimosis.

## **I Broke My Willy In Romp With The Missus**

**[An article by Ben Spencer in the *Scottish Daily Record*, 13 March 2007]**

A red-faced husband had to have surgery after 'breaking' his manhood during sex. Robert McClenahan's pleasure turned to pain as he made love to his wife Emma. She said: "Basically, we were having sex and he missed and he broke his willy. We turned on the light and it was, well, bent."

With Robert, 38, writhing in agony, Emma, 32, rang the NHS Direct phoneline. She said: "They were all really giggling but said we should go straight to the accident and emergency department, which we did. A doctor said he should go home and put an ice pack on it."

The ice didn't help much, however, and Robert's pain got worse. Housewife Emma added: "The whole thing was really swelling more and more. It looked black. The skin was so tight, he couldn't retract it. Two days later, he had to go back in and they circumcised him."

Nursing assistant Robert has now recovered from the surgery. But he's still trying to live down the whole episode. Emma, of Colchester, Essex, said: "Everyone knows about it. He laughs about it now but he didn't at the time."

## **My Fight Against The Slow And Painful Decline Of Circumcision**

An interesting article from CNN about the decline of the circumcision rate in the US states: "According to a study by the National Health and Social Life Survey, the U.S. circumcision rate peaked at nearly 90 per cent in the early 1960s but began dropping in the '70s. By 2004, the most recent year for which government figures are available, about 57 per cent of all male newborns delivered in hospitals were circumcised. In some states, the rate is well below 50 per cent."

I mean, crap. Those who know me know that I am passionate about few things – creamed chipped beef, masturbating in front of a mirror, and, well, that's about it. Those and, of course, circumcision. I am about as pro-circumcision as they come. While the jury is still out about whether or not I can actually procreate a non-dragon child, if I do have a son, he will certainly be circumcised – even if I have to perform the operation myself or with the aide of a Franciscan monk and doctor named Michel. This is not because I believe in the health benefits of circumcision but for one simple reason: uncircumcised birds look totally fucking weird.

I, as you might have surmised, am circumcised. I am sure that when my parents made the decision to have me circumcised, it was based on a simple factor – that's just what you do. At the time of my birth in 1979, popularity of circumcision reached a record high in the United States at 85%. True, since 1979, new shit has come to light about circumcision, namely that all that stuff about it preventing penile cancer and facilitating genital hygiene may not be as true (or at least unassailable) as it was once thought. And as the CNN article implies, an increasing number of people view circumcision as unnecessary and potentially harmful.

I readily concede these points. But then there's this: uncircumcised birds look like aliens. Four of my buddies in college – out of a few dozen – were uncircumcised. They celebrated this and I admit, I was a little jealous of their exclusive little club and their weekly 'Guys With Covered Wagons' poker games. But still, being a member of an exclusive club – even one that played poker every Wednesday night and got those potato skins from Rogie's that were covered in sour cream – is not worth walking around with a penis that looks like a sausage.

Since I am circumcised, I intend for all of my male progeny to be circumcised as well, regardless of potential health benefit (although that'd certainly be a plus) or possible pain (don't be a pussy – I don't remember feeling a thing). The reason why I'd like my sons to be circumcised is that I don't feel that I could properly relate to them if we had different-looking birds.

I've seen my fair share of uncircumcised birds, both after Billy Joel concerts and in countless hours of pornography, and in short, they terrify me. Admittedly, my natural inclination is to fear and hate what I don't understand (dry ice, the Swedish language, love, etc), so when it comes to matters of the penis, a sensitive (get it?) topic to begin with, it should not come as a surprise that I have such a strong opinion in this matter. And I don't mean to overly come down on my uncut friends – if your parents were hippies or immigrants or poor or wanted women to recoil at the sight of your penis later in your life, that's fine, man. You know what I always say – when you're judgin', you're not lovin'. But I just don't see how there's any way, when the doctor asks my wife/girlfriend/driver whether or not we'd like our son to be circumcised, I'll say, "Fuck it – let him keep the alien bird. If he's anything like his old man, the women he'll be involved with won't be able to tell if it's a penis or a finger or a strong breeze anyway, so I might as well save the \$1200."

(I confess that I have thought about a scenario in which if I had two male children, one of them would be circumcised while the other would not. This would serve as a real-life science experiment to discover once and for all which is better: to be circumcised or to be uncircumcised. However, after spending a few weeks thinking about it, I came to the "duh" conclusion that both my theoretical male offspring would be so fucked up anyway (think: bat wings, fangs, etc) that they would not make for an ideal sample of the population and the experiment would be useless.)

Because I will surely have so little to bond over or talk about with my sons, at least I can ensure that our birds look the same. I can and I must. Statistics, CNN and the liberal media, and the influx of Asian and Latin American immigrants be damned - my sons are gonna get their birds chopped, just like their Pappy did. That, my friends, is an example of a true American standing up for what he believes in. God bless America, God bless me, and, most importantly, God bless my normal-looking bird.

(Well, it's kinda normal. It's just miniature, more like a toddler's than a grown man's. Which is really a matter we should tackle another day.)

*Jason Mulgrew, Internet blog*

# ACORN

Issue  
N° 4 2008  
Editor  
Ivan Acorn

## Editorial

Many of you must have been wondering whether your copy of this issue had gone astray. My apologies for the long gap since issue 3. The main reason is that I have been extremely busy leading up to my recent retirement. Now that I am retired, I hope to be able to catch up a little with *Acorn Society* business and get two further issues to you before year end.

For anyone approaching retirement, the most frequent question is: "What are you going to do?" But the potential answer: "I hope to spend some time promoting the benefits of male circumcision" might raise some eyebrows. Yet it does disturb me that, in the United Kingdom, when Joe Public and his wife have a baby son, circumcision isn't even on the radar as an option. It would be good to change that perspective in some way. Watch this space!

Meanwhile, I still need more input from members. If any of you are interested in being interviewed for the magazine, in person, or by telephone, email or correspondence, please let me know. It is your newsletter, not mine.

*Ivan Acorn*

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### A Fateful Signifier

My recent reading has included *Arthur and George* by Julian Barnes. This is a fictionalised account of Sir Arthur Conan Doyle's involvement in the case of George Edalji who was wrongfully imprisoned for the mutilation of horses and other animals. The book contained a reference to another case of wrongful imprisonment – that of Adolph Beck.

In 1897, Beck was accused by a woman in the street of having swindled her of money and jewellery three weeks previously. The inspector assigned to the case learned that, in the past two years, twenty-two women had been defrauded by a grey-haired man who called himself 'Lord Wilton de Willoughby' and used basically the same *modus operandi* as Beck's accuser had described. These women were asked to view a line-up that included Beck, along with ten or fifteen men who had been selected randomly from the street. Because he was the only one with grey hair and moustache, he was quickly identified by the women as the man who had taken their clothes and jewellery.

Despite Beck's claims of innocence, he was charged with ten misdemeanours and four felonies. The felony charges were based on presumed prior convictions in 1877, when a man named John Smith had been sentenced to five years for swindling unattached women by using the name Lord Willoughby, writing worthless cheques, and taking their jewellery. He had disappeared after his release and it was assumed that Beck and Smith were one and the same.

Beck was found guilty and, despite maintaining his innocence throughout, was sentenced to seven years of penal servitude. In prison he was given John Smith's old prison number, D 523. England did not yet have a court of criminal appeal, but from 1896 to 1901 Beck's solicitor presented ten petitions for re-examination of his case. His requests to see the prison's description of John Smith were repeatedly denied. However, in May 1898 a member of the Home Office looked at the Smith file and saw that Smith was Jewish and thus had been circumcised, while Beck was not. This was the first piece of evidence that slowly swayed public opinion to the view that Beck's conviction was unjust. He was eventually paroled in July 1901 for good behaviour.

This case brought to mind a number of situations where the presence or absence of a foreskin has determined a person's fate. The film *Europa Europa* is based on the true life experience of Solomon Perel. The film starts with his Jewish Bris as an eight day old baby. But this is pre-war Russia, and his family is killed in a pogrom which he survives. Solly, a Jewish boy, becomes first a model Soviet student in Russia and then a member of the Hitler Youth, managing to pass himself off as a Nazi hero.

Solly's circumcised penis functions as the film's chief dramatic device. It is the one unalterable fact in his life. No matter how hard he tries to change his identity, his circumcision is the one vestige of Jewishness he can't deny. For example, a romance with a German girl, who wants to conceive a child for the Fuhrer,

proves depressing; he can't consummate the relationship because it would give him away. But he survives and at the end of the film, the real Solomon Perel is briefly seen living in Israel.

Solly was lucky. There must have been many Jews on mainland Europe who escaped the initial trawl but were eventually betrayed by and exterminated because of their lack of foreskin. It is perhaps interesting to speculate what might have happened had Hitler successfully invaded Great Britain. How long would it have taken the invaders to recognise that circumcision was not necessarily an indication of Jewishness, but rather a class identifier? Very few upper and middle class males sported foreskins in wartime Britain.

In 1947, as part of the move to independence, India and Pakistan were partitioned. The divide was largely along religious lines, but millions were caught the wrong side of the boundaries. Hindus decamped to India, Moslems to Pakistan. But there was also the equivalent of ethnic cleansing on both sides – with the foreskin, or the lack of it, often the signifier. During the worst days of the partition, Muslims would ambush trains and murder every uncircumcised male, because they knew these were Hindus. Hindus used the same method to identify Muslims for death.

Even today in parts of Africa, the possession or lack of a foreskin can be fatal in certain circumstances. In the violence that followed Kenya's disputed presidential election in December 2007, a notorious gang, the Mungiki, mutilated genitals in the name of circumcision. The attacks were touched off by opposition allegations that Kenya's president stole the election. Many of the mutilation victims belonged to the Luo tribe of opposition presidential candidate Raila Odinga. Traditionally, the Luo community does not practise circumcision, unlike most other Kenyan communities. The Mungiki draws mostly from President Mwai Kibaki's Kikuyu tribe for whom circumcision is a rite of passage. A gang member called forced 'circumcisions' simple revenge on Luos for attacks on Kikuyus since the election. A woman in Nairobi reported seeing five men harmed in this way, including at least two whose penises were cut off and thrown into a fire. A surgeon at Kenyatta National Hospital, the main government hospital in the capital, said he had operated on two men with injuries to their penises, at least one of whom was a Luo. 'There were cuts around the foreskin, probably an attempt at circumcision,' the doctor said. A mortuary assistant in Nairobi said out of 78 bodies brought to his facility since the fighting started, two adult males appeared to have been crudely circumcised before being hacked to death. John Holmes, the United Nations undersecretary-general for humanitarian affairs, said he also had received reports of genital mutilation.

Circumcision as a religious or tribal rite long predates circumcision for medical and health reasons. When conflict arises, it is not surprising that an easily identified signifier, like the presence or absence of a foreskin, should be used to identify 'the enemy'. There is much controversy in the West about whether circumcision is a useful prophylactic and whether it should be imposed on non-consenting babies. But at least all of us, whether cut or intact, can safely walk down the street without fear of attack because of our penile status.



Of course, were all males of the same status, then circumcision could no longer be a signifier. But the decision as to whether circumcision should be universal or whether all men should remain intact is likely to cause a war of its own!

*Ivan Acorn*

## Picture Gallery

**I**n the last issue, there was discussion about the tightness of circumcision when the penis is erect. The following images show cuts where the skin is tight on the shaft and the frenulum removed, but little pulling on the ball sac or pubic skin – perfect cuts!





## Celebrity Circumcision

A couple of months ago I watched a very strange film by Peter Greenaway (is there any other kind?) called *The Tulse Luper Suitcases (The Moab Story)*. Greenaway is notorious for his liberal use of nudity, frequently male, in his films. This film was no exception and although I had difficulty making head or tail of it, I couldn't fail to notice Greenaway's attitude to the young male star, J.J. Feild. I've seen Feild recently in *Ruby In The Smoke* and *Northanger Abbey* on TV and I wonder how he feels about his early effort in this film. More than once, Feild's clothing comes off and the camera lingers, almost embarrassingly, on his cock which is well and truly circumcised.

A little research revealed that despite his very English voice he was born in Colorado which probably explains his circumcision. I don't know if one or both parents are American, but he can thank either of them for his status. I should also point out that other male characters in this odd film get their kit off, though as I've never heard of them it would be a bit pointless to say who they are and whether cut or not. The better-known actor Steven Mackintosh is also in the film and though I've read on one website that he is circumcised, strangely he's one of the few who keeps his clothes on. So sadly I can't confirm if the information is true.

*Peter – Manchester*

## A Ridge Too Far!

His mother's wish, it was supposed,  
He bore with pride the scar,  
The knob developed, well exposed  
Into a ridge too far!

His friends all rejoiced at the size,  
And nibbled it with care!  
The glans was huge, corona wise,  
With such a mighty flare!

"I've got a beauty," he confessed,  
"With it I am so pleased;  
Yes circumcision is the best,  
And not a whiff of cheese!"

"So thank you mother for that gift,  
That neat and dainty scar!  
With Dad and I, no body drift,  
We shared a ridge too far!"

*Anthony*

## Debating The Merits Of Circumcision

Some two years ago I reluctantly resigned from the *Acorn Society* due to my view that it should no longer sit on the fence but be positively promoting circumcision for males here in the UK where, sadly, these days there is generally an anti-circumcision policy and little support for the benefits of the procedure. Recently I was handed some back copies of *Acorn* by my good friend and current *Acorn* member R.W. – Surrey.

In one of those back numbers (Issue 1/2007, page 9) I was delighted to read no less than eight responses submitted after the editor kindly published my 'letter of resignation' in Issue 6/2006. I had, until now, naturally not seen these letters since I am no longer on the circulation list, but they make interesting reading. There seems to be a huge amount of support for my view that *Acorn* should be much more pro-circ – yes, even more than it has become under the current excellent editorship! This is also borne out by the results of the survey which appeared on page 3 of the same issue where the first 18 headings of preferred topics for the magazine were to do with circumcision and its techniques.

One or two wrote to say they thought that an active forum for debate should be maintained so that those who were uncircumcised could be allowed their say; otherwise there would be no debate at all. I believe these people to be incorrect. There is plenty to debate about our 'special' state of being circumcised, its various forms and procedures, good and bad experiences, etc. We who are cut have taken positive action to be circumcised (or in my case my parents thankfully did that for me), whereas the uncut man has done nothing to attain his status. It seems quite natural for all men who have had the operation to want to unite in belonging to a Society specially and solely for them ... as a keen rugby player you wouldn't want to join a club for golfers would you? Your balls would be the wrong shape and size anyway!!

It may be of interest to members of the *Acorn Society* to know that, as I mentioned I would, I did set up a Pro Circumcision Group. Pro-Circ members of the *Acorn Society* are encouraged to join this by going to our Internet site: [http://groups.yahoo.com/group/Pro\\_Circumcision\\_UK/](http://groups.yahoo.com/group/Pro_Circumcision_UK/) and applying to join by leaving a short message explaining your keenness on circumcision and membership of *Acorn*. The Group contains an active Message Board, interesting Polls, a Database of members who wish to get in touch with each other and of course an extensive Picture Gallery of cut cocks (plus some before-and-after shots).

At this time here in the UK we need all the support we can get in order to reverse the trend of the past few decades on this important matter. There are more than enough anti-circumcision and foreskin restoration pressure groups on the Internet, plus the medical profession and the Government combined with the NHS advocating non-circumcision policies as it is. We need to be proactive in promoting the many good medical and aesthetic reasons for male circumcision both for adults and neonatally (in my view quite the best time to be 'done'). Our

Pro-Circumcision UK Yahoo Group sets an example to others, which I hope the *Acorn Society* will also follow.

J.H. – Dorset  
(Past member of *The Acorn Society* for some 10 years)

## Don't Be Scared to Circumcise Your Baby Boy

By Bernadine Healy M.D.

I wouldn't discourage anyone from discussing and even questioning the merits of infant male circumcision. But it's a bit much to claim that the 2 million or more parents in the USA who have their infant sons circumcised each year – and the thousands of doctors and hospitals that enable the procedure – are guilty of child abuse and genital mutilation. Yet that's the heart of a debate in the 7<sup>th</sup> December [2007] issue of the *British Medical Journal*, in which head-to-head columns respond yea and nay to the somewhat pointed question: "Is infant male circumcision an abuse of the rights of the child?"

British National Health Service consultant Geoff Hinchley leads with a strong yes. He maintains that the procedure is male genital mutilation – akin to female genital mutilation and other kinds of infant abuse that are now illegal in countries like Britain and the United States. He asserts that the procedure damages young boys by decreasing penile sensitivity, something that has been disputed in recent medical reports, yet he ignores considerable medical evidence when he states outright that "the procedure will provide no medical benefit". He wants boys protected from the procedure and invokes the U.N. declaration on the rights of children, which directs governments to take legislative, administrative, social, and educational measures to protect children from all forms of violence, injury, or abuse. He's supportive of parents putting off the procedure until the child or young man can make the decision for himself.

There's no doubt that what emerged as a cultural and religious practice dating back thousands of years has been medicalised. Circumcisions have been routinely advised for decades based on the premise that they allowed for better hygiene and on evidence that cervical cancer was less common in women married to circumcised men. Since then medical studies have questioned some assertions in favour of circumcision, such as diminished risk of penile cancer. Other studies, however, have reinforced its considerable benefits, in particular a lower risk of harbouring and passing on sexually transmitted disease. Multiple clinical trials from Africa have shown that being circumcised cuts a man's risk of contracting HIV by well over 50 percent. Circumcision does not substitute for condoms, of course. But the findings are strong enough to put the Centers for Disease Control and Prevention and many public health mavens onto the circumcision bandwagon.

Before we overturn that cart, it might be better to focus on the question, "Does male circumcision bring enough medical benefit to justify risk?" Done properly, the medical and personal risks are minimal, if any. As I see it, the benefits are biologically plausible and are supported by the weight of current evidence. That

said, the known benefits are not strong enough to rise to the level of mandating the procedure as we do childhood vaccines. Thus, as it always has been, circumcision remains a parent's choice.

I encourage parents to review the existing information. If they decide they want to have their infant son circumcised, they should have it done by a professional who has experience in performing the procedure and in providing local anaesthesia so that the child experiences no discomfort. I caution parents, however, against delaying the decision until the child is old enough to decide for himself. Get real. Not many teenage boys would relish the discussion, let alone the act. Nor do I think they would have the perspective to weigh the medical pros and cons.

In a time when it is appropriate to question the use or overuse of certain medical procedures, however minor they might seem, having these discussions in medical journals and in public circles is healthy. What is not healthy in this free flow of ideas is to diminish the real abuse of female genital mutilation with a trumped-up portrayal of the 'abuse' that infant circumcision allegedly exacts on our helpless baby boys.

## **Don't Have A Fit When You See Your Boyfriend's Bits!**

**From an advice column in *Miami Hurricane***

**Q**uestion: I just started getting serious with this guy I've been seeing, and I really like him. I was a little surprised, however, when he took his pants off the first time we hooked up. His equipment is 'fully accessorized' and I'm not quite sure what to do with the extra parts. He doesn't seem to be at all ashamed or embarrassed, and although he's very hygienic, it still kind of freaks me out. Am I a horrible person for getting grossed out by this? Do I need to be doing anything different? This is new territory for me...

**A**nswer: There is absolutely nothing wrong with you for being caught off guard the first time you see an uncircumcised penis. It's perfectly understandable that you were startled when you realised your boy had a bun with his hot dog, but it's not really fair (and even a little shallow) to hold it against him and continue to be 'grossed out'. After all, the poor guy can't help it if his parents decided not to remove his foreskin when he was born. If you want to keep things up with this boy, you need to get over your aversion to uncircumcised men.

A good way to do this is to learn more about the practice of circumcision and its pervasiveness (or lack thereof) in our culture. Circumcision is most prevalent in the United States, South Korea, the Philippines, and the Jewish and Muslim faiths. A recent national survey found that 91% of men born in the 1970s and 83% of men born in the 1980s were circumcised. Compare that to the 11.7% of boys in their late teens and early twenties in the United Kingdom, and the near non-existence of the practice in South America. If you were a Scottish lass, you'd probably be grossed out if you saw a man that was circumcised.

One reason for the decline in circumcision in America is the vast growth in the Latin population. The practice of circumcision in Latin countries has, historically,

been much less common than here in the good ol' U.S. of A. Your guy's ethnic background or religion could be the reason for his extra bits and pieces.

Besides the traditional religious motivations, circumcision was once thought to be a preventative measure for certain penile problems (cancer, infection, etc), and promoted as good hygiene. Although the practice of circumcision is disputed, recent medical studies have found that circumcision may aid in decreasing the risk for some STDs, infections, and chronic conditions. Still, if an uncircumcised man takes care to keep himself clean, it shouldn't affect anything, in the bedroom or otherwise.

The more, uh, 'experience' you have with uncircumcised penises, the more familiar they will become. A little get-to-know-you time with your boy and his package is probably a good idea. And hey, it's not like I'm telling you to pull your teeth out – I should hope this is a pleasant experience.

Best of Luck!

## Cutting The Competition

### From *The Economist*

Circumcision and other forms of male-genital mutilation are commonplace in many societies around the world. The origin of these practices, however, puzzles anthropologists and evolutionary biologists. They wonder what benefit they could bring, especially given the obvious risks of infection and reduced fertility.

Explanations have ranged from the pragmatic (a ritual that marks the beginning of adulthood and bonds men together) to the Freudian (having something to do with the pain of the separation from the mother). However Christopher Wilson, a neurobiologist at Cornell University, has a different idea. In a recent paper in *Evolution and Human Behavior* he suggests that male-genital mutilations are actually intended to prevent younger men from fathering children with older men's wives.

Dr Wilson takes his cue from sperm-competition theory, which suggests that males of promiscuous primate species have evolved features that maximise their own sperm's chances of fertilising an egg they might have to compete for. These features include large testicles which produce more sperm, and morphologically complex penises. Males of monogamous primate species, on the other hand, have smaller testicles and simpler penises. Human genitals are somewhere in between, perhaps reflecting the fact that people generally form pair bonds, but are susceptible to occasional bouts of promiscuity.

Some forms of genital mutilation have obvious effects on fertility. For instance, several African and Micronesian societies practise testicular ablation – the crushing or cutting off of one testicle. Some Australian aborigines engage in sub-incision, which exposes part of the urethra and thus causes sperm to leak out of the base of the penis. Circumcision does not have quite such clear-cut effects. But there are several ways it may affect fertility: most obviously, the lack of a foreskin could

make insertion, ejaculation or both take longer. Perhaps long enough that an illicit quickie will not always reach fruition.

Older men are in a position to form alliances with younger men – passing on knowledge, lending them political support and giving them access to weapons. By insisting that the young undergo genital mutilation of some form as a quid pro quo, an older married man can seek to ensure that even if he is cuckolded, he will still be the father of his wives' children. Of course, the older man has probably undergone genital mutilation too, and seen his own fertility reduced. But that, if anything, increases his incentive to make certain that the young bucks are similarly handicapped. And if all the older men in a society conclude this is a good thing, it will rapidly become a socially enforced norm.

To test this theory, Dr Wilson made several predictions. Among them, he suggested that mutilation is more likely to be practised in polygamous societies (since a man with several wives is more vulnerable to cuckoldry), and is especially likely in those polygamous societies where a man's co-wives live in separate households from their husband. It should also take place in a public ceremony watched by other men, to avoid cheating or free-riding. And there should be a strong stigma against men who refuse it.

To test his predictions, Dr Wilson looked at a database of 186 pre-industrial societies. Some 48% of the highly polygamous ones practised a form of male-genital mutilation, and the number rose to 63% when co-wives kept separate households. By contrast, only 14% of monogamous societies practised mutilation. Moreover, and also as predicted, the mutilations were almost always carried out in public, often as part of a coming-of-age ceremony at puberty, with strong stigma attached to uncut men.

Dr Wilson's paper does not definitely prove that sexual competition is at the root of male-genital mutilation. But it does provide a plausible explanation for a puzzling practice. It is not likely, however, to have much effect on attitudes toward circumcision. The men who enforce and undergo the rituals are no more aware of the underlying evolutionary motivations than of why their testicles are the size they are. Those who engage in the practice for religious reasons will surely continue to do so. Otherwise, most of the Western world has already largely abandoned routine neonatal circumcision, which is seen as an outdated and unfortunate medical fad. The exceptions are America, where more than half of newborn boys are still circumcised, and Africa, where circumcision helps to stop the transmission of HIV, the AIDS-causing virus. There, infection really is a far greater threat to the number of children a man might have than the loss of his foreskin.

## Why My Son Is Circumcised

I looked at a lot of information before deciding. The AMA report wasn't strong either way, just said there wasn't any reason to recommend it routinely. The Indian doctor said he'd done thousands, there was no real risk of anything serious happening, but you could tell he wasn't for it. Penn & Teller declared it "Bullshit!" But they seemed to be stretching the facts to justify a strong position.

My husband left the decision to me, although he leaned toward it for 'cultural reasons'. As I'm used to American men born in the 60s and 70s, the natural way does look a bit off to me. Like Elaine said, "No ... personality." But I also figured the absolute last thing that should matter about a man's appearance there was how his mother feels about it.

My dad was against it. "Completely unnecessary", he said. I asked about my brother. Well, that had been at my mom's insistence. Back then, doctors said it was (eye roll) more hygienic. "But it's not," he said. "All you've got to do is wash. Your grandmother was a nurse. She raised 7 boys. None of them were."

"Well, except for (eye roll) your Uncle Mike. But that didn't happen until he was 14."

Fourteen?

What happened was, he got an infection. So they removed it. But that doesn't happen if you're clean.

That settled it. I'm sure bad luck and/or genes played a role in my uncle's unfortunate situation. And we plan to do our best to convince our son to be however clean one would have to be to prevent an infection of the foreskin. But, well ... the potential penalty seems to greatly outweigh the offence.

I did make myself watch. I figured I owed that to the little guy. He screamed pretty loud, but no louder than when he wakes up alone or gets bored.

*Posted by Spungen in an Internet blog*

## Adam's Circumcision

My grandson is now a man.

"Tell me Tok Mommy, will it be painful?" Adam, my eight-year-old grandson, asked me.

"Hmm, I don't think so. You go ask Tok Abah," I replied.

"Abang says it is not. But I don't want to use a clamp. Abang says laser is better."

That was a conversation between Adam and me. And the topic of discussion was circumcision – an important rite of passage marking a boy's entrance into adulthood. You see, I don't have a son and so I wouldn't know the difference between using a clamp or a laser. I wonder if Adam himself knew the difference. I suppose he does after having talked about it with Nik Adam Haris, my sister Lalin's eldest son. Twelve-year-old Haris, whom Adam refers to as Abang, was circumcised three years ago by the laser method.

I was told that the benefits of using a laser are: faster operation, limited or no bleeding, quicker healing, minimal post-op pain, pleasant experience and most aesthetically pleasing results.



"It is better because the wounds heal faster," Lalin said.

Adam is the grandson whom I raised since he was a baby. My husband and I have been preparing him for this important journey in his life – that first step towards adulthood. We thought that the December school holidays would be a good time for Adam to be circumcised – there would be enough time for him to recuperate. Somehow we weren't able to have it done during the first half of the holidays and had to settle for the second half. We chose Subang Jaya Medical Centre (SJMC) for Adam on the recommendation of our neighbours whose 12-year-old son had his done there recently. Secondly, it is near to our house. They also recommended to us the doctor who performed the surgery on Hisham.

So, last Friday we brought Adam to see Dr Zulkifli Laidin who assured us that it'd be okay for him to be circumcised this week because the wound would heal by the time school reopens. The day of the circumcision was fixed for the following Monday. The surgery was to be performed by Dr Zulkifli at SJMC, at 11.00am.

Adam was not to eat after 5.00am – five hours before the surgery. Why you might ask. After all it is a simple surgery. Not really...because his circumcision was to be done under general anaesthetic (G.A). We opted for G.A out of fear that he might get cold feet if the circumcision was done by conventional method. But of course the costs of having it done under G.A. is 10 times more than under local anaesthetic.

Adam was asleep by 10.00pm Sunday night after a dinner of Domino's pizza. We wanted to make sure he had enough to eat. He was up by 7.30am the next morning, had his bath, dressed up and by 9.00am we were already on the 1<sup>st</sup> floor of SJMC's North Tower, where the surgery would take place. I know Adam was quite nervous but he behaved very well. After the necessary registration and changing to hospital attire, he was wheeled into the operating theatre at 10.30am. And within 15 minutes the circumcision was complete. However, he was not out until an hour later when the anaesthetic wore off.

At about noon he was wheeled out of the day care surgery centre. There was my grandson, now a man! We had wanted him stay for the night at the hospital, but he was eager to come home. By 1.00pm we were already back.

*From the Internet*

## **A Mother's Circumcision Regret**

I promised you something on circumcision. I've really been putting it off, because I wanted to create a post that was informative, factual, and covered all the bases. Unfortunately, I just don't have the time. I will preface this by saying that I have not done a whole lot of research on circumcision. I've glossed over the information and retained the basic overview, but other than that, this post is completely anecdotal.

Son #1: I was 19 years old. This is not a very valid excuse, but it's one that I use often for other issues as well. Take natural birth, for instance. I really had no idea that natural birth was something that a woman would actually choose to



do. I definitely was under the impression that natural birth was for someone who did not have access to pain medication. The same thing goes for circumcision. I had no idea that NOT circumcising your baby was an option you would choose unless you did not have the resources to do so. Many things you learn through life experience, and I didn't have much. I had never heard anyone talk about refusing circumcision. I had never known anyone who wasn't circumcised. I had never seen any literature on the subject. This was also nearly ten years ago, and the internet wasn't what it is today. We now have a wealth of information at our fingertips, and we are constantly bombarded with all sorts of new ideas.

Anyway. During my pregnancy I learned that DSHS (Medicaid) would not cover a circumcision. You would think this would have been my first clue that perhaps the procedure was not medically necessary. But no, I just relayed the information to my parents, who relayed the information to someone else and by the end of my pregnancy a wealthy older woman had gifted me the \$350 to pay for the procedure. The one smart thing I did was listen to my Dad, when he expressed an interest in having the baby circumcised according to Jewish tradition, on the 8<sup>th</sup> day of life. At that time, my Dad was the only real male in my life, and I figured "Hey, he has a penis, he probably knows what he's talking about more than I do". I later learned that Vitamin K levels spike on the 8<sup>th</sup> day of life, which aids in blood clotting. Wow those Jews are smart!

My obstetrician was appointed to do the circumcision in her clinic. She had explained that the baby would be given a topical numbing ointment to lessen the pain, and that the procedure would be quick. My father and I waited in the waiting room, admiring my sleeping babe in his infant carrier. My Dad read a book aloud to his first grandchild. The nurse came in to the room and took my son. I waited. And then I heard him screaming. It went on and on and I couldn't figure out why they weren't bringing him out to me. They said the procedure was quick. Why was he still crying? Had something gone wrong? I needed my baby NOW! I was panicked. They finally brought him out, wrapped in a blanket. His face was red and splotchy and he was furiously sucking on his hands. The nurse told me to nurse him for comfort. At that time, breastfeeding was not going well. I did the best I could, in a public waiting room, fumbling and nervous. I was given instructions and told to apply A&D ointment to a piece of gauze and apply it to his penis at each diaper change. The first time I peeked at his 'new' penis, I was shocked. He went into that clinic with a tiny, pointed penis. He came out of it with a short, fat, rounded thing. How did THAT happen? I shrugged it off.

Eighteen months later I gave birth to my second son. The same obstetrician, the same clinic. This time, I wasn't breastfeeding, and a bottle of formula was given after the procedure, which my newborn refused.

Luckily, we never had any problems with the circumcisions.

Six years later, I became pregnant with Rylan. I was totally armed with new information. I had chosen a homebirth, I was GOING to breastfeed, I had decided on cloth diapers, I was planning on co-sleeping, and I had purchased a sling. The only choice left to be made was circumcision. This time, I did something even stupider. And I have no excuse for it. I purposefully decided to be blissfully ignorant.

I knew where I could look for information and I ignored it. The Man wanted the baby circumcised and I figured "Hey, he's a man. It should be his decision". I did choose to tweak the system a little. I searched out a paediatrician who would inject local anaesthesia before performing the circumcision. The only thing that would hurt would be the quick jab of a needle. I also chose this certain paediatrician because he also used a plastibell, which would fall off when the penis was healed. No gauze, no ointment, no nothing. Lastly, this doctor preferred that the parents remain in the room during the procedure. I couldn't stand the idea of being there, but I insisted that The Man go. At least my baby would have someone familiar to comfort him. Once again, I sat out in the waiting room. I had nursed the baby in the car before we walked into the clinic. I figured he'd be set for awhile. My husband and my son left the waiting room to sit in an exam room for a long period of time, waiting for the doctor. By the time the doctor was available, my son was starving. My husband, wanting to be polite, did not call for me to nurse again. I waited and waited and waited. Finally, The Man appeared with our screaming baby. He was in a diaper, but nothing else, and my husband was clumsily trying to wrap him in a receiving blanket. He had been screaming so hard that The Man didn't even wait to dress him. I tried to nurse again, in another waiting room, with people gawking. I couldn't do it. We went to the car, we strapped the baby in, and he finally fell asleep, exhausted from the experience.

Again, the circumcision healed well. But after three experiences, all the same, I promised myself...never again.

This issue has come up for me a lot lately, since RyRy's four month long rash completely took over his genitalia. I wonder if it would have been this bad if there was foreskin to protect him. Foreskin serves a purpose! For an infant, it is there to protect them from urine and faeces and infection. It's not some random piece of skin. We are not imperfectly designed. Every last bit of us has been carefully crafted, with painstaking details. There is no reason for us to be doing this to our children. And furthermore, we have no right. At one point I had thought that if I should have a daughter, I would get her ears pierced as an infant. It looks so darling and I can imagine matching earrings to her outfits. Nowadays, I feel the same way about ear piercing as I do about circumcision. It isn't my body and it isn't my choice. Unless it is medically necessary, I have no right making those sorts of decisions for my child. I don't OWN them, after all. You wouldn't give your child a tattoo. You wouldn't give them a nose job if they were perfectly normal to begin with. Why are we permanently altering our little boys before they are able to make the decisions themselves?

Even if you are adamant about getting your son circumcised, make sure that you educate yourself on both sides of the issue. Learn from my mistakes. Don't be ignorant. Choose to be informed. For your sake and the sake of your children.

*From an Internet blog*

## Circumcised – Or Not?

One time many years ago when Nadler was a Rabbi in an orthodox community, it was discovered three days prior to a Bar Mitzvah that the young man in question's mother had not been Jewish at the time of his birth. The caterer and florist had been paid. The sanctuary was reserved and Nadler was to be the Rabbi. The ball was rolling. As Nadler, ever punny, put it, once you've paid the caterer, you're really loxed in. All this in mind, Nadler had to tell the parents that this 13-year-old boy would need an emergency circumcision. Luckily, he had already had one and the parents felt confident that this was enough.

Unfortunately, since he was not Jewish at the time of the circumcision, it was not valid. He would need to be checked to see if the medical circumcision had been as complete as that performed by a mohel would be. To check this, the penis needs to be erect. The parents were not pleased with how this was playing out. To ascertain all of this, three other Rabbis would also have to be present to examine the organ in question.

The circumcision, they announced, was complete. Unfortunately, for this boy, he still needed an emergency conversion before the Bar Mitzvah. This means that a pinprick of blood would have to be taken from the penis since it was already circumcised. As it turns out, this very small operation on the day before the Bar Mitzvah made for a very uncomfortable gait on the day itself.

*A story from Jewish.blogroll*

## The Real Logic Of Circumcision

**An article by David Aaronovitch**

Years ago someone (I forget who) told me it was because of the sand; men who live in deserts are liable to get grit where it most isn't wanted and where it unfortunately doesn't turn to pearls. So the religious leaders of the desert folk – who doubled up as wise persons and doctors – transformed a rather radical way of dealing with the possibilities of sub-preputial inflammation, into a supernatural injunction. QED.

In the past few weeks there has been a smattering of bris talk. There was the claim that circumcision diminished the chances of AIDS, though safe sex still seems to me to be a better and less contingent option. And there was the news about how an increasing number of Jewish men were reluctant to have their sons circumcised, possibly seeing the operation as a rather violent intrusion.

This chat just got me interested in the why of it all. Of course, to some believers, God told Abraham to do it, and what more do you really need to know? But it's the anthropology and the psychology that are really fascinating here – so if you want a pretend-medical discussion of penile hygiene or (heaven forbid) a women-prefer-X debate on genital aesthetics, look for the appropriate internet site.

All right; God made his covenant with Abraham. So why, any child would ask the ineffable, might a God, creator or created, want that particular covenant? Sand was one answer, both simple and glib, but theologically unsatisfying. There are other hot places where the local religions don't demand this particular form of sacrifice, or require it later in life, and other body parts one might modify to take account of weather conditions. Muslims are not enjoined to circumcision by the Koran. The prophets all did it (including, of course, Ibrahim/Abraham) and that provides sufficient precedent, with the operation often being carried out as part of an adulthood ceremony. But mark this, in Islam the practice is also apparently known as 'tahara', or 'purification'. Why?

To help readers who might be as ignorant as myself, I began a determined search for the Jewish theological explanation of the brit, covering many websites in the couple of hours I had available. On one, an American mohel explained that circumcision brought together spiritual and temporal in the most obvious way by being performed 'on the most physical part', thus joining the forces of body and soul in serving God. According to this rationalisation, the physical sort of represents the spiritual, and making an alteration in one part of the physical symbolises the alteration in the spiritual. The mohel argues furthermore that this part is somehow more physical than any other part. More than your finger (see Yakuza), your earlobe, your septum (look it up), and therefore more symbolic. And it is certainly true that pagan religions are devoid of symbols representing the earlobe. Even so, this sounds like an evasion to me, or a euphemism.

So I turned to the *being Jewish* website, which offered this elaboration. 'When Adam was created,' it informed me, 'he had no foreskin'. This was because, according to the author, everything in the Garden of Eden, such as food and clothing, 'was easily accessible'. After the Fall, however, everything became complicated and – *being Jewish* implied – Adam grew a foreskin. So when God looked around for a covenant with the chosen people, presumably, he decided to make their intimate persons 'easily accessible' again. Why, however, choose a covenant which half the people couldn't fulfil? It could have been decided that all Jews, male and female, should be shaven-headed. Rabbi Simmons, from *Ask Rabbi Simmons* has a more Melanie Phillips explanation. "In Kabbalistic terms," he says, "the foreskin symbolises a barrier which prevents growth." And why is that? Because, explains the rabbi, "it is a foundation of Judaism that we are to control our animal desires and direct them into spiritual pursuits. Nowhere does a person have more potential for expressing 'barbaric' behaviour than in the sex drive."

Freud's view of castration anxiety might well suggest a boy who believes that, should he sexually misbehave, the Dark Mohel of the Night will come back for the rest. One only has to read *Portnoy's Complaint*, however, to know that humanity has once again thwarted the designs of the Almighty. There is, of course, something else being suggested in all this – something which resonates with another recent debate. Men need the covenant because their rampant sexuality demands to be kept in check, while women have no such requirement. Females can help out, however, by refusing to inflame men's barbarous instincts. This is the logic of the bris and the burqa – lose one covering, gain another.

# ACORN

Issue  
Nº 5 2008  
Editor  
Ivan Acorn

## Editorial

**D**enmark may be about to ban circumcision for boys. The procedure would be forbidden until the age of 15 – the legal age in Denmark for a child to have sole jurisdiction over his own body. Interestingly, there would be no religious exemptions; indeed, this ban seems almost specifically directed against Judaism, Islam and any Christian sects where circumcision is a religious requirement.

If such a law is introduced, presumably there will be medical exemptions, otherwise boys with genuine phimosis will have to suffer ballooning prepuces until their fifteenth birthday! But any exemption will provide a loophole – what is the betting that Jewish babies will generally be found to suffer with phimosis. Either that, or such babies will be having an early holiday across the borders to a more sympathetic country.

Perhaps this is a test case for all European countries. Perhaps, if we wish to preserve the right for UK parents to choose infant circumcision, whether for religious or prophylactic reasons, the campaign that I call for in my Editor's column may not be a moment too soon in coming.

*Ivan Acorn*

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### Let's start a campaign!

Sixty years ago circumcision was routine for over half the male infants born in the United Kingdom. In the decades since, that rate has plummeted and today, unless the baby is born into a particular religious or ethnic community, he is likely to remain intact. Yet the arguments in favour of routine circumcision remain as potent today as they were sixty years ago, and many (some would argue all) men are disadvantaged by not having been cut at birth. Is the situation irredeemable? Not necessarily, but it would need a large, concerted campaign to turn the situation around. What might such a campaign look like?

There are three groups of people that need to be influenced: the media, the medical profession and the parents. The media is taken to encompass newspapers, magazines, television, radio and the web. The media would be vastly important in any pro-circumcision campaign. It would have three functions: first, to raise the profile of circumcision and place it in the consciousness of parents as an option for their baby; second to provide information about the procedure; third, to put a positive spin on the process and convince parents that it is the best option for their son.

Articles about circumcision already appear quite frequently in the UK press. Yet they are very rarely of the type that will lead parents to think that circumcision is a relevant option for their baby. Articles tend to be by Jewish fathers or mothers, agonising as to whether they should respect their religious tradition; or circumcised men bemoaning the loss of their foreskins and with it, allegedly, thousands of nerve endings; or reports from Africa on the use of circumcision to combat the AIDS epidemic, articles that rarely suggest any relevance to the western world. Instead, we need articles that will make an immediate impact on parents – articles with titles such as: Circumcision: the sensible choice for your baby boy.

Once awareness is raised, the internet is likely to be many parents' recourse for further information. Many of the current circumcision sites have a charged overlay, directed as they are towards adults seeking circumcision for psychological, aesthetic or sexual reasons. Such sites will probably deter many parents. What are required are factual sites that give positive information about the benefits of routine infant circumcision. It is important that the sites dedicated to infant circumcision should appear high in any Google (or other) search. People rarely get to page 2 of their search results, and parents will soon give up the hunt if the first few search results take them to anti-circumcision propaganda sites.

Baby care sites constitute another potential source of positive information. If the editors of such sites can be convinced to accept entries that discuss the merits of circumcision, that has the advantage that parents looking for general information about the care of their baby may light upon the topic of circumcision and learn of all the advantages of having their baby son cut.

But if the media does give a positive spin to circumcision and parents begin to seek the operation for their son, they will immediately hit a medical brick wall. GPs, with few exceptions, tend to be opposed to routine circumcision. They will therefore

seek to convince parents that it is medically unnecessary and barbaric, and will refuse cooperation in arranging the operation. Doctors need to be persuaded again of the medical benefits of circumcision – particularly in the prevention of phimosis and balanitis, in protection against HIV and other sexually transmitted disease, in facilitating hygiene and in enhancing the sexual experience.

It will probably be argued that the NHS cannot afford to offer routine circumcision to all male babies. But managers need to look more carefully at the economics. At least one in ten males will have problems with their foreskins, leading to the need for circumcision in childhood or later. A circumcision beyond infancy costs far more than ten routine infant circumcisions: the costs include initial consultations with the GP, with probably some ineffective treatment with cortisone creams first; the hospital consultations, the operation itself and the aftercare; not to mention the cost of sick leave during recuperation. Economically, the arguments favour the routine circumcision of babies.

Of course, this in part depends upon infant circumcision being provided at a reasonable price. The operation, whether carried out using the Plastibell or a clamp, is simple and quick. There is no need for high costs. There is no reason why parents should not make a reasonable contribution to the costs, provided that those who cannot afford it still have access to the service.

With respect to parents, the media is probably the most important factor in the first few years of any campaign. Unfortunately, because circumcision has now been out of fashion in the UK for almost 60 years, there is no longer a tradition of babies being circumcised. (The exception is probably amongst families where medical care is provided privately rather than through the NHS. There is some evidence that in such cases, circumcision has survived as the norm.) Fathers, even grandfathers, are now generally uncircumcised; mothers, even grandmothers, have no experience of circumcised men. Circumcision is therefore likely to be an alien concept. If circumcision can gradually be reintroduced, then the tradition will grow again. Circumcised fathers will seek to have their sons circumcised, just as happens in the USA. The question will turn from “Why are you having baby circumcised?” to “Why aren’t you having baby circumcised?” The UK will then start to be a circumcised nation again.

The above is a daunting agenda. But those against circumcision have formed themselves into a powerful lobby. They are excellent at placing articles in the media and are omni-present in terms of bulletin boards and discussion groups whenever the subject of male circumcision is raised – especially if the initial mention happens to be favourable. There is probably an equally large community that is in favour of male circumcision. The question is whether this community wishes to spend all its energies looking inwards, congratulating each other on their cut status; or whether they want to give other males the significant benefits they enjoy through circumcision.

Perhaps now, we are at a turning point with respect to routine circumcision. The proven protection that it provides against HIV infection offers a potent argument in favour. If we miss this opportunity, the United Kingdom will increasingly become the land of the uncut.

*Ivan Acorn*



## Are Women Interested?

[The following question and answer is taken from the October 2008 edition of *H & E Nativist*. The question was submitted by the *Acorn* member, R.W. – Manchester.]

### **Question:**

I was interested in the question in the July issue about circumcision. To some people, circumcision is a fetish and raises all sorts of discussions for and against the practice – the naked glans versus the foreskin. I was circumcised at the age of three when it was considered the thing to do among certain classes, but nevertheless was still embarrassing to discuss.

Over the years I lost my embarrassment, especially when I became a nativist and saw how many men were circumcised. I know that many people consider it an improvement and I have also discovered that there are women attracted to men who are circumcised. They are called acuculophilic and a book has been published explaining this fascination with circumcision. I do not believe that any male should be circumcised at someone else's behest and that includes religious circumcision.

### **Answer:**

I have often thought it was about time a woman's view was sought on this issue and your letter has given me the opportunity. While circumcision might well be a fascination for some people, I don't think it can be classed as a fetish.

That word, from the Portuguese 'fetich', meaning sorcery or witchcraft, came from the Guinea coast of Africa where it was used to describe especially designated objects used in primitive tribal worship, often with some kind of magical or sexual connection. These weird-looking things were made of natural materials – feathers, animal hairs or skins, even pieces of human bones, but in modern times the description has been extended to include manufactured materials such as rubber, plastics and silk and satin, for instance. Even my own admitted fascination with shoes (leather, plastic, shiny metallic, heels etc) can be called a fetish these days, but circumcision – no, I don't think so.

What you are talking about here is something used more generally to describe objects or parts of the body that command intense sexual interest and is better referred to as an obsessive interest.

The word acuculophilic refers to the Greek word for acorn so it is easy to see the connection here, with the head of the top of a circumcised penis looking a bit like the fruit of the oak tree. But even though, as you say, a book has been written about it, I wonder just how many women there are who are obsessively attracted to circumcised men. To be quite honest, I don't think there are very many women – hardly any in fact – who are this way inclined. When a woman first meets a man, what comes through and is of most importance, is their character and personality, and whether a man is circumcised or not is one of the least important factors in a relationship.



You don't think to yourself: "I wonder if he has been circumcised and if he's not, he can take a running jump." Well, that's my experience anyway, as well as that of all the female friends and acquaintances I know.

Okay – in naturism, the penis is in full view, so we can see instantly if a man is circumcised or not, but exactly the same etiquette applies as if he were fully clothed. One thing I do agree on is that no man (or woman either) should be circumcised on a whim or some religious belief, although I do realise there may sometimes be exceptional circumstances to take into consideration.

It has been an interesting exercise dealing with your letter, but at the end of the day I would say that it is mainly men and not women that have the most interest in this subject.

[Note by R.W. – The book that I referred to in my letter was *An Innocent Obsession* by David Catesby. The book was compiled by David from notes left by his wife after her death in a motor accident. She was the main acuculophiliac concerned, but many of her friends and associates were active in the subject of circumcision. My main criticism of the book is that it promotes circumcision as an aid to male hygiene but never mentions the protection circumcision offers to the male from unhygienic women.]

## The Right Thing To Do

As to the real logic of circumcision, I find it impossible to accept God telling some 90-something old man to circumcise himself with a sharp rock; I believe that it all came out of the weather and stinky guys facing the fact that cheese dicks smelled poorly and the foreskin which was a problem could be fairly easily removed, especially at the beginning of the second week of life. Don't forget that the largely Muslim Arabs also remove the foreskin (same weather).

Now, my father who was anti-semitic was heatedly opposed to circumcision; thus my operation at 29. This old guy believed that the largely Jewish medical doctors found a way to increase their pay during the Great Depression by advising circumcision for all boys at the princely rate of \$50 even though the whole delivery and prenatal care was \$100. Folks were having fewer children during the Depression Years and every male delivery was a very nice addition to the doctor's income. I know that the charge shrunk (poor choice of words) over the years because my cousin was circumcised for \$17 according to my aunt.

I had to convince my Jewish lawyer to circumcise his own son by telling him that it hurt a helluva lot more as an adult and no boy was about to have the conversation requesting same at a later date. I told him that I was sure that he was going to hang out with other Jewish boys and that it was a stupid move not to let him fit in. I reminded a nurse when I was having seven way bypass that she had never even asked her sons the question even though they were in a highly circumcised neighbourhood. I gave her food for thought, at least. The subject had come up when a Seinfeld rerun of the hilarious circumcision and bris was on in my hospital room and she chose to watch it, hooked by the lines that made her kind of vulnerable.

I still find it odd that society lets the woman have so much to say about the decision when they don't have to show their private parts anywhere near what guys have to. I am ashamed of our modern physicians who take no responsibility for advising anymore. It was the change of one vote on the small panel of the *American Medical Society* that left them in the "we don't recommend" position. I believe it was only about three people who made this decision but with our representative form of government folks never learn anymore because they do not read. I have the book of the physician who is still very sure that it is the right thing to do, and he was the chair of the committee for many years.

*Californian*

## Modifying My Cock

For a long time my foreskin has been encircled by what became, over time, a series of very large piercings, originally occupied by a cluster of steel rings. Due to their interference with cock action, the rings were removed some time ago. With an erection, the said piercings created a ring of loose skin which visually interfered with the otherwise smooth shaft outline. It was also a bit of a nuisance in that it had to be held back to allow the glans rim to be effectively stimulated.

However, things have changed. With the use of a pair of small, tightly-gripped pliers, tightly knotted thread and a scalpel, over a couple of sessions recently I have cut away all my piercings; i.e. I have shortened my foreskin. OK, it's not exactly a total circumcision but it's a good start. The last cut made, and the sight of a bit of me, soft and cold on a piece of tissue on the table, was an amazing sensation.

I'm already finding it great to be (at least partially) free of foreskin. It is a real pleasure to know that my head is uncovered at all times – and for all time. I do still want to lose a bit of shaft skin to tighten it up.

Curiously, it occurs to me that when I got dressed in the morning, one thing I habitually did was to pull my foreskin forward. I'm not sure now why I ever did it, and dropping the habit was easy. What is it about circumcision that makes us want to expose and possibly desensitise our most sensitive part when it was never meant to be exposed – masochism? For example, my next goal is full exposure of my inner foreskin by tightening up the shaft to get it to stay pulled back.

I have always enjoyed being able to alter my cock, and although it has taken a number of years, I have my glans pierced, my urethral opening enlarged – held open by the end ball of a vertically placed barbell. I've had two Prince Alberts, both now cut/ broken away, adding to my sub incision. Although now somewhat faded, I did also once have my whole glans tattooed red. I also prefer the clean shaven look 'down there'. Of course my biggest change (?) is yet to come. I wonder if any other *Acorn* members have any advice to offer on the subject?

*R.M. – Suffolk*

## What's The Difference?

In the following photos, some guys are cut, some are skinned back. It isn't always easy to tell the difference.



## A Foreskin Is Not Just For Christmas

I met Saul at a gay disco when I was 19. I was in my first year at Uni and quite naïve and shy. To use a cliché, I was bowled over by him. He was ten years older than me, had money, was really good looking, suave, knowledgeable about books and films, and great in bed. Within two weeks I had moved in with him.

I realised early on that he had a thing about circumcision. When we were looking at porn mags or watching videos, he would make comments like: “God, that’s a great cut” or “That guy could really do with a good trim”. He was cut himself. He had a nice cock, about six inches but quite thick and a good sized glans – great to get your tongue round! I was uncircumcised with a rosebud foreskin that extended beyond the glans. Saul was never unkind about it – he didn’t slag it off as dirty or smelly or slimy, as I’ve sometimes heard foreskins described. But he would tweak it sometimes and say things like: “You’d be better off without that” or “If you’re not careful, I’ll take my scissors to that”. I just laughed it off as a joke.

One Sunday afternoon when we were snuggling up together after sex, he whispered in my ear: “Do you know what I would really like for Christmas?” (A few days earlier I had asked him for ideas for Christmas presents.)

“What?” I asked.

“Your foreskin!”

“Pardon?”

“Your foreskin!”

“What do you mean?”

“I’d like you to get circumcised.”

I had never really thought about circumcision. Most of the boys at school, most of the guys I had had sex with, were uncircumcised. Occasionally, you came across a cut guy – so what? I had never even asked Saul about when or why he had been circumcised. It was a non-issue.

But I was infatuated with Saul, it was obviously an issue for him, so, after thinking about it for a few days, I said “Yes”. Saul arranged for me to see a private doctor and to say that I was getting irritation from my foreskin. The doctor didn’t even ask me to drop my pants; he just wrote a letter of referral.

Saul came with me to the surgeon. When the surgeon examined me, he asked: “How much foreskin would you like me to remove?” Saul answered: “Oh, the lot! And the frenulum.” The surgeon looked quizzically at me, but I just nodded. In those days, I knew nothing about the different types of circumcision. I just thought a circumcision was a circumcision.

So I ended up with what I now know to be a high and very tight circumcision. As Saul said, with obvious pleasure: “You’ve been well and truly skinned.” Saul nursed me through the aftercare. I had very little pain. The only real discomfort was erections – I slept away from Saul for a couple of weeks! – and a very tender

glans, fully exposed for the first time. Once I was healed, we could have sex again – and it was hot. My circumcised cock gave Saul a fantastic turn-on. He loved to run his tongue round the scar and in the groove where the frenulum had been. He just couldn't give me enough blow jobs and every one was fantastic. I was in danger of ODing on oral!

A few weeks later, Saul ended it and threw me out. He said he was bored with the relationship. I was devastated. I was also very upset about my foreskin. I didn't mind being circumcised. It was neat and clean and sex was just as good as before. But I felt that I had been tricked out of my foreskin. I learnt later that Saul had done this sort of thing before. I don't think it was deliberate. He just liked guys younger than himself but didn't like their foreskins. So he persuaded them to dispose of them. He probably thought he was doing them a favour. But as far as I was concerned, I had sacrificed a permanent part of myself for a temporary relationship. After all, to adapt a phrase, a foreskin is not just for Christmas, it's for life!

*Andrew*

[The above article was put together by the editor from email exchanges with an internet contact.]

## Forcible Retraction

Since birth, my son had an undescended testicle that occasionally allowed gravity to prevail. He needed to have an orchioplasty: a surgical reconstruction of the testes. It was also recently discovered that along with the undescended testicle, he had an inguinal hernia. Both were to be operated on in our local Children's Hospital. We authorised ONLY these two necessary medical procedures.

Prior to the surgery, during our consultation with the surgeon, we specifically explained our two utmost concerns. One of our strongest concerns, aside from our son being put under anaesthesia and receiving a caudal epidural block, was that his genital integrity should not be compromised. We explained to the surgeon that we had made the educated decision to refuse to circumcise our son when he was born. One of the last things the surgeon said to us during the consultation was that it was a non-issue that our son was intact. He said absolutely nothing about adhesions, phimosis or retractability of the foreskin, all of which he later claimed to be the basis of his decision to perform this cruel procedure.

It wasn't until hours after the surgery, during a diaper change in a rest area on the way home from the hospital, that we realised, to our horror and disgust, that the surgeon had forcibly retracted our son's foreskin. Just as most babies' and toddlers' prepuces and glans are adherent in nature, our son's foreskin was only about halfway retractable and otherwise fused, prior to surgery. During his diaper change (post-surgery), we realised what had happened to our son, as his foreskin retracted completely, revealing blood, and a red, raw, open wound. Fortunately, the effects of the anaesthesia still had not worn off during this incident.

We were not asked permission to allow the surgeon to perform this barbaric procedure and certainly would not have given any authorisation to do so. We were not advised by anyone after the surgery (until the surgeon returned our urgent phone calls once we were back at home) that our son's prepuce was forcibly and surgically stripped away from his glans penis (just as a fingernail would be torn from the nail bed), prematurely exposing what should be an internal organ. The surgeon's excuse for performing this horrific procedure was that our son had a (phony and commonly over/mis-diagnosed in prepubescent boys) condition called phimosis, as well as adhesions and a build up of smegma. The definition of phimosis did not apply to our son and certainly shouldn't apply to anyone as young as our son. Our son's previous paediatrician, whom we trusted whole-heartedly with guidance on how to care for our son's intact penis and who had seen our son just prior to our move to another state, never raised any concern over phimosis, smegma build up or adhesions.

Because of the actions of the surgeon forcibly tearing the flesh of the balano-preputial lamina (which connects the foreskin and glans – the synechia membrane) and destroying the skin that is considered the first line of defence, our son has experienced swelling, redness, painful urination, sleepless nights and anxiety. Our son has been exposed to potential iatrogenic infection, adhesions and acquired phimosis. During his most recent bath, our son retracted his own foreskin no longer halfway, but about three-quarters of the way, revealing adhesions that have already re-attached the glans to the prepuce, preventing any further retraction. We can only hope this condition will resolve itself over time, allowing him natural, non-painful, full retractability by or near puberty as should naturally have happened. Although, it is disheartening to say, we have been advised by medical professionals and doctors that our son will probably need to have the foreskin surgically separated from the scar-connected glans in the future (as the synechia has already been damaged).

Our son is two years old and had many years before him for his foreskin to naturally separate from the glans in a non-traumatic fashion without any uninvited medical intervention. Our son has been traumatised. His body has been violated. He will likely suffer further physical, mental and emotional pain throughout life and consequently, require additional surgeries to correct his penis, all of which would have been avoided had the surgeon only performed the two authorised procedures.

*From the student doctor network*

## **Just How Drunk Do You Have To Be?**

**[From the internet blog of a triage nurse]**

**D**runk man in triage won't tell me why he is here, refuses to talk to anyone but the doctor, and "it better not be some God damn girl either". It's a small ER and we are not busy so I walk him back to a room even though I am annoyed and tempted to let him have a therapeutic wait.

Doctor (man) comes out of the room a few minutes later and he is chuckling and shaking his head. Apparently the man had gotten drunk a few days earlier and decided he wanted to be circumcised so he got out his trusty buck knife and trimmed off his foreskin. By now we are all cringing a bit. The doctor goes on to tell us that, as if that wasn't enough, a couple of nights later while drunk he decided to trim it up a bit and make it a little neater. Now it is terribly infected and he'll probably need surgery.

So we were all wondering, just how drunk DO you have to be to circumcise yourself? He ended up with a couple of surgeries, a suprapubic catheter and a prolonged hospital stay due to the infection and the DT's.

## Too Much

I like foreskin on men, but I have been with a few that just have too much of it. When they are soft, it can be rather ugly. I like appealing cocks – a guy can be attractive and have an ugly cock. That is a big turn off to me.

Don't get me wrong. I have gotten past the initial shock of an ugly cock, if it is clean, and smells good. Some guys with foreskin need to keep the thing clean. I am not giving a hummer to a guy with a smelly dick – it is just not going to happen.

When the cock is hard, the foreskin can be pulled back, exposing the head – if it has not grown too tight around the head. This can be a painful thing for the man with the foreskin. Some men have had the foreskin removed because of this.

I have to say I like a little foreskin; it gives my tongue something to do! As far as getting some of the foreskin removed, it can be done, and it is a rather minor surgery. Carlos had some of his foreskin removed – not all of it, just some excess. I have to say he did it to please me; I mean, I loved him anyway, but we have good communication between the two of us. It has made our sex life better. He said his excess foreskin was sometimes a nuisance, and caused him some pain. He says that sex is better now for him... So there you have my thoughts and my experience of it... Carlos has a very pretty cock now, soft or hard.

*From eroticstories.com*

## Circumcision Is An Art

Issue 2008-3 was as interesting as ever, but I seemed to detect some concern about the future of circumcision. Apparently, less circumcisions are being performed nowadays than, say, thirty years ago. It seems that the NHS abandoned the practice in the 1950s and even private practitioners are performing less circumcisions. It is an art in my opinion, and one that is less available due to a dearth of skilful people able to perform the operation.

It is an art, when one considers what is involved to achieve the result required through whatever technique or method is used. I watched Dr Z remove my frenulum and some skin from the shaft in August 2006 and appreciated his skill and



patience. I hope society does not lose the skilled men or women able to perform this service for those who desire or require circumcision.

I was circumcised in 1941 at the age of three, at the behest of my mother and due to phimosis. At first and for many years I was embarrassed by my circumcision because I knew I looked different from other boys who were uncircumcised at the time. It gave rise to some sniggers and ribald comments, as one would expect from certain members of our neighbourhood who didn't understand. As time passed I appreciated my circumcised condition more and more, especially after my re-circ in 2006. In my opinion, circumcision should be available to all boys and men, when they say they require it and not as an act of compulsion or for religious reasons. Males should have the last word on what happens to their bodies.

*R.W. – Manchester*

## Good Advice?

**[Taken from a medical advice column in the *Northwest Herald*, Illinois, USA]**

**Reader 1:** My husband and I are adopting a baby boy from another country. He will be around 8 months old when we bring him home. Please tell me the reasons to and the reasons not to have him circumcised. We're not sure of the health benefits of circumcision. We don't want to cause him any unnecessary pain.

**Doctor:** Circumcision is not necessary. The procedure is traumatic shortly after birth, when it is ordinarily performed, but it can be a serious discomfort for children your son's age. Follow your pediatrician's advice, but, in my opinion, circumcision can be avoided. Your job with your new child is to be supportive and prevent discomfort, not to start off on the wrong foot.

**Reader 2:** It never ceases to amaze me when adult men reject circumcision for newborns. The woman who wrote to you for advice on this subject because she was adopting a baby boy from another country asked for both pros and cons, but you gave her only the negatives. We all know that circumcision is not necessary, but an uncircumcised penis is never as clean as a circumcised one. I have been told this by almost every woman that I have been intimate with. And yes, I do bathe every day and before every date. But more than one long-term girlfriend has told me that it is very off-putting in bed.

I know this is not the one and only reason to have a baby circumcised, but men do not seem to want to admit that this can create problems in the bedroom. I also read years ago that almost all cases of cancer of the penis were associated with an uncircumcised organ. In the case of the woman who wrote to you, I would be more concerned that she was considering the procedure for a baby boy already 8 months old. In my opinion, it should be done shortly after birth to minimize discomfort or not done at all.



**Reader 3:** I agree. But circumcision is a very personal matter. In any case, uncircumcised men would do well to pay meticulous attention to cleanliness. If this doesn't work, adult circumcision is a viable option.

**Reader 4:** My father has just had surgery to remove a growth on his penis that was cancerous. It is believed that the cause was from not being circumcised. I, too, have problems caused by not being circumcised. My question is, what should I do? Is this treatable with medication, or is surgery necessary? I pray you can give me some guidance.

**Doctor:** Penile cancer is more common in men who haven't been circumcised than those who have. If you are having difficulties, such as chronic infection or cancer, you should see a urologist for advice and treatment. Although adult circumcision is uncomfortable for several weeks after the surgery, it may be your best option. Follow the specialist's suggestions.

## Circumcision For Converts

[A question, with answer by Shaykh Hamza Karamali from  
*SunniPath, the Online Islamic Academy.*]

**Q.** Can you explain the ruling regarding circumcision in the Shafii madhab? Is it wajib or even fardh? And does a new convert get circumcised according to Shafii madhab? I am asking for a brother who recently accepted Islam and follows the Shafii madhab and wants to know the ruling for him regarding the circumcision, since he would have to expose his awrah to another man.

**A.** All scholars agree that circumcision is a religiously praiseworthy act, but they differ regarding its obligation. The position of the Shafi'i school is that circumcision is obligatory, but other scholars have held that circumcision is merely recommended. Because of this difference of opinion, scholars are generally easy-going and gentle with recent converts to Islam on the issue of circumcision.<sup>[1]</sup> The most important goal with new Muslims is to preserve and nurture their newfound faith, and imposing difficult rulings such as circumcision on them early on may well drive them away from Islam altogether. If, of his own accord, a new Muslim insists that he wants to get circumcised, he will be doing something praiseworthy by scholarly agreement. It would be permissible for him to reveal his nakedness to the doctor to get circumcised, although this would have to be limited to the extent of the need.

And Allah knows best.

[1] Shaykh Amjad mentioned that the scholars of Hadramawt do not emphasize the issue of circumcision when calling desert Bedouins – most of whom do not get circumcised – to religious practice. Imam Hasan al-Basri used to say, “People – black and white – accepted Islam and whether or not they had ever been circumcised was never made a matter of investigation.”

## Australian Doctors Rethink Anti-Circumcision Stance

[By Jason Gale, [bloomberg.net](#)]

Australian health officials may want to encourage greater use of circumcision for infant boys as research shows the procedure can help prevent the spread of HIV, the country's top AIDS expert said at an AIDS conference in Sydney, Australia last year.

The surgical procedure performed on adult men in Africa reduced their chances of getting HIV through heterosexual intercourse by as much as 60 percent, according to the World Health Organization. The finding is encouraging doctors in Australia to rethink their opposition to the practice, David Cooper, director of the National Centre in HIV Epidemiology and Clinical Research in Sydney, said in an interview. "I think the stance will be softened and that pediatricians and obstetricians will explain to parents a more balanced view of the advantages and disadvantages of circumcision", Cooper said. Doctors are "looking at it with less disdain than they did several years ago".

After the Second World War, Australia conducted routine circumcision of all newborn boys, partly to avoid hygiene problems related to germs that can linger in unwashed foreskins. The millennia-old technique, which involves removing a sleeve of skin covering the tip of the penis, fell out of favour in the mid-1970s as doctors concluded that the risks of surgery outweighed the benefits. Data collected in 2004 showed fewer than one in eight Australian males are circumcised by six months of age. In the U.S., more than two-thirds of adult men have had the procedure, mostly in infancy. "There is always going to be a controversy about whether to be cut or uncut," said Cooper, who is also a professor of medicine at the University of New South Wales. "It's now pretty clear that it's a low-risk procedure and does have a lot of benefits in addition to protecting against HIV."

Circumcision, considered a rite of passage in some religions and cultures, is controversial because the surgery may introduce infection, and cause bleeding, nerve and tissue damage. Some researchers say it's unlikely to stem the spread of HIV in Australia, where 83 percent of the 16,400 people living with the virus are men who acquired it through sex with men, rather than heterosexual intercourse. "As most HIV infections in homosexual men occur after receptive anal sex, circumcision is unlikely to be an effective HIV prevention intervention in Australian gay men," researchers at the center said in a study presented at an AIDS conference in Sydney. "It's a very effective intervention, but you have to have a certain prevalence of the infection to make it an effective prevention strategy", Lewin said in an interview at the AIDS meeting. "In Australia, you would have to be circumcising a lot of men to prevent one case. I think as a strategy in Australia, it's unlikely it will be taken up."

When other circumcision-related health benefits are weighed, the procedure "could be recommended by doctors in Australia", said Robert Bailey, professor of epidemiology at the University of Illinois in Chicago, who led one of the circumcision studies in Africa. He continued: "Certainly parents ought to be fully informed of all

the benefits as well as the risks of circumcision. It is plausible that circumcision may reduce HIV transmission in men who have sex with men because circumcised men have a lower incidence of herpes and other ulcer-causing genital diseases that provide openings for HIV to enter and exit the body. Also human papilloma virus, the wart-causing virus linked with certain cancers, is less common in circumcised men. It is very well established that cervical cancer is much more common in the female partners of uncircumcised men, and penile cancer is less common in circumcised men.”

## Royston's Little Op

**R**oyston has been having UTI problems since one month old. He's been through so many urine tests and has been under antibiotic since the first month. Yet each time, the urine test showed germ infection. After several tests and, with each time, a different germ being found, the doctor is beginning to suspect that Royston might not have UTI after all. He might be just having infection at his foreskin area. He has seen two paediatricians and both recommended circumcision for him. So, yesterday, we brought Royston to a doctor recommended by Raffles Hospital for the op.

At the clinic, the doctor begins by explaining to us how common circumcision is in the States and among some ethnic groups and how simple the process is. And given his age, he'll recover in a few days time. The op begins by the doctor using a marker to make a mark on his foreskin. That will be where he'll cut. After that, he stabbed Royston at the base of his penis with the anaesthetic jabs (yes, he really uses stabbing actions to pop the needle in). I think that is the most painful part of the op as Royston cries during the jabs. But I think the anaesthetic worked immediately because Royston is back to normal in a while.

The doctor then proceeds to use several pincers to pull on the foreskin and hold it in place. Next, he uses his ops scissors and cuts the extended foreskin away. And the final procedure is to put in a plastic ring around the penis to protect the wound for the next few days. That ring will automatically drop by itself in 4-6 days time.

The whole op took about ten minutes at the most and there's little blood. So not too scary. But for the next two days, my poor Royston might feel a little pain when the anaesthetic effect wears off. Hopefully with this op, his germ in urine problem will be gone and spare his body those antibiotic treatments. He'll go for his review and urine test next week. Hope for the best.

Oh ya, in case you want to know: the op cost me \$481 bucks!

*From an internet blog*

## Penile Washing After Sex Not A Substitute For Circumcision

Cleaning the penis after vaginal sex does not protect a man from infection with HIV, according to a study conducted in Rakai, Uganda and presented in the circumcision session at the Fourth International AIDS Society Conference in Sydney in July. Dr Fredrick Makumbi of Makerere University Institute of Public Health, Uganda, who presented the study, said that his study team had been surprised by this finding given that genital hygiene has long been thought to be protective against sexually transmitted infection. He emphasised that men who washed using soap a few minutes after intercourse had the highest risk of infection with HIV. He speculated that this could be because washing with soap and failure to dry resulted in wetness, increasing the chance of cells becoming inflamed and thus more vulnerable to infection with HIV. Dr Makumbi also suggested that washing soon after sex could remove enzymes in vaginal fluid that help neutralise HIV.

Three randomised controlled trials in Africa have shown that men who are circumcised have a lower risk of becoming infected with HIV. However, circumcision is not universally possible or acceptable, and genital hygiene has been suggested as an alternative. Therefore, investigators from the large Rakai circumcision trial analysed data from 2,552 uncircumcised, HIV-negative men to establish if post-coital washing helped to protect men against infection with HIV. Investigators interviewed men about their cleaning habits after they have sex. This was correlated to the incidence of HIV seroconversion during the study. During a total of 4,378 follow-up interviews, 83.0% of men reported cleaning after each time they had sexual intercourse. The HIV incidence in this group was not significantly different to that in the group who never cleaned, 1.69 per 100 patient years versus 1.22 per 100 patient years, respectively. When men who cleaned were asked how soon after intercourse they usually cleaned, almost half (49.2%) responded that they clean within three minutes. In this group of men, HIV incidence was 2.32 per 100 patient years. This was significantly higher than the incidence of 0.39 per 100 patient years among men who waited at least 10 minutes after sex before cleaning. That is to say that waiting 10 minutes before cleaning decreased the HIV incidence to less than 20% of that among men who washed right away.

Differences were also noted in HIV incidence depending on what cleaning method was used. Washing only, reported in 46.9% of interviews, was associated with an incidence of 2.20 per 100 patient years. Using a cloth and washing was used in 40.6% of cases and was associated with an incidence of 1.04 per 100 patient years. And using only a dry cloth, 12.4% of cases, was associated with the lowest incidence, 0.55 per 100 patient years ( $p = 0.0442$ ). In conclusion, the authors noted that while cleaning the penis after sex is common in this rural Ugandan population, caution should be taken in promoting it as an alternative to circumcision.

*Michael Carter & David McLay*

# ACORN

Issue  
Nº 6 2008  
Editor  
Ivan Acorn

## Editorial

**A** Happy New Year! And apologies that this, the last newsletter of 2008, is a little late.

This edition has a European flavour. My editor's column talks of the Cutting Club, an internet club for circumcised men, based in Germany. There are well over 5000 cut men, mainly German, which is at least a start in creating a more circumcision friendly culture. There is also news of a Hungarian website promoting circumcision, plus an account from one Hungarian of how he lost his foreskin. All this is some antidote to the news from Denmark in the last edition about a possible ban on male circumcision for boys under 15 years of age.

Time passes, and once again we are at subscription renewal time. I hope that you have enjoyed the 2008 *Acorn* experience and have found at least something of interest in each newsletter. It is amazing how much there is to say on this subject that fascinates us all. Please check your details and let us have your payments. Unfortunately we can no longer accept postal orders. UK cheques or cash only please.

*Ivan Acorn*

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Letters for forwarding should be marked with the recipient's identifier in pencil. They should be stamped 1st class and enclosed in an envelope addressed as above.

E-Mail may be sent to:  
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### The Cutting Club

For men absorbed by the subject of circumcision, the internet has been a god-send. Twenty years ago, guys with this interest were isolated. They felt that they were unique, peculiar even, in the nature of their preoccupation. Finding others with a similar interest was revelatory and indeed the *Acorn Society* was a trailblazer in this respect. It allowed members to explore openly their fascination with circumcision, an interest which previously they had felt necessary to bury. For many, it was simultaneously exhilarating and cathartic.

The coming of the internet has revealed just how ubiquitous the interest in circumcision is. This fascination transcends language, religion and age group and spreads across all continents. And why should this not be so? Circumcision is perhaps the oldest and is certainly the most widely practised surgery on males. Its survival from antiquity through to the present day is witness to its utility and to the benefits it is still seen to confer. Even today, circumcision is a life enhancing experience for many men. The removal of foreskin validates their masculinity.

Internet aficionados will be familiar with the many web based groups dedicated to circumcision. Typically, these are mailing lists where any member can send messages to all other members, exploring any aspect of the topic that interests them. The way in which messages are configured can differ from list to list. On some, you can explore a thread – a group of messages on a particular issue sequenced in date order; on others, all messages are placed in chronological order.

The Cutting Club is rather different. This is an internet club for cut men. It is based in Germany ([www.cuttingclub.de](http://www.cuttingclub.de)). However, it has English translations of the main pages and many of the members are either British or English speaking. There are two levels of membership. The basic level is free. The premium level costs €2 a month.

There are 5789 members overall and 214 in Great Britain. Members are asked to complete a short profile of themselves. This includes height, weight, body type, cock length and diameter, age when cut, style of cut, sexual tendency, and preferences with respect to sexual activities – active/passive in relation to wanking, mutual masturbation, oral and anal. Of course any or all of these fields can be left blank. Thumbnail photos can also be posted. Some members post no pics, some of face only and some of their members.

It is possible to sort through the members and select on criteria such as geographical location, age etc. Any of the members can be contacted by email via the website. One then has a choice as to whether to respond; and a dialogue and who knows what else can ensue.

There is a whole range of photo galleries on the site. In these a selection of (usually attractive younger) men display their bodies and more particularly their cocks – all well circumcised, of course. There is also a selection of videos in which those cut cocks are put through their paces in a variety of situations.

Some galleries and videos are available to all members but the full range can only be accessed by premium members. However, ordinary members can earn points by uploading stories or photos, and these points can then be used to access the premium member materials.

One feature of the home page is 'member of the week' in which a recent member, and particularly his member, is highlighted. There are also members' stories. These are usually outlines rather than detailed accounts. For instance, one member wrote:

"At the age of ten I was interested in what other boys had in their trousers for the first time. We compared our dicks while showering after going for a swim. My best classmate was circumcised and bragged about his dick and I asked myself why I hadn't been circumcised. That was the time when I wanted it too. I wanted to be like him and other circumcised boys in my class. A phimosis was diagnosed shortly after and fortunately I had to undergo circumcision anyway. I'm really honest about it. Even today I like circumcised boys better than the ones with a 'sausage casing'!"

There is also an advice section where a doctor (Dr Cutter!) sympathetic to circumcision answers any queries on the subject. For instance:

Q: I was circumcised eight years ago and I am satisfied with my foreskin-free penis. However, if I have an erection it hurts at the bottom side of the glans and the glans bends downwards. Is there anything I can do to make it better?

A: The frenulum actually does have merit in an uncircumcised penis. It keeps hold of the foreskin. Without the frenulum the foreskin, if it isn't a really tight one, would slide back and forth anchorlessly. Normally it should be possible to pull back the skin if the penis is fully erect without the frenulum dragging too firmly on the glans and causing tension.

However, 30 per cent of all uncircumcised men have a frenulum that is too short. If it is kept like that after a circumcision it often tenses at the bottom side of the glans = especially if the little ribbon is too short. In this case it will pull under the glans which will lead to distortion of the penis eventually. Empirically untreated cases like that lead to a break of the frenulum which is really painful and accompanied by heavy bleeding most of the time. Furthermore micro breaks can arise that can result in scars during the healing process. By further breaks the tissue can scar over again and the flexibility of the frenulum gets more and more limited. Only a full removal of the frenulum can avoid problems like these. A frenulum that has been removed this way will lead to an even skin surface and therefore is desirable for aesthetic reasons.

There are also a number of articles on aspects of circumcision. Recent additions include: *Circumcision does not repress appetite for sex* and *With a foreskin, there is a higher HIV-risk!*



What is perhaps most amazing about the site is that it is German based. It has always been thought that Germany, with its anti-semitic past, was a country where circumcision had made few inroads. If such an internet club can flourish in Germany, why isn't there an English speaking equivalent based in the UK or the USA? Perhaps, if there were an internet savvy member, the *Acorn Society* itself could sponsor such an innovation. Any volunteers?

Ivan Acorn

## A Hungarian Circumcision

I was circumcised as an adult, shortly after my 35<sup>th</sup> birthday, and I am very satisfied with the results of the operation, the look, the easy care etc. I am also very proud of my circumcised penis, I feel that it helped me to be more sure of my manliness.

In our country (Hungary), circumcision is very seldom performed. It is a usual rite among religious Jews, but most of the people of Jewish origin in our country have abandoned circumcision. Obviously, circumcision is performed for medical reasons to treat severe phimosis or other penile illness, but the operation is unknown as a social custom or a standard prophylactic measure. (I believe that none of my classmates at school was circumcised, except for possibly one boy.)

In our family circumcision was never mentioned nor practised. Like most boys, I was born with a tight foreskin that was loosened when I was 3. However, I had a lot of problems with my tightish prepuce and I highly disliked pulling it back and washing it. These sorts of troubles ended when I started to masturbate at around 13 with pulling the skin back and forth, and the regular motion of my foreskin over the glans made the opening large enough and the skin loose enough.

I first came across with the term 'circumcision' when I got Dr. Spock's best-seller, *Baby and Child Care* in my hands which was (then) advocating circumcision as standard care of the penis. (I understand that later he changed his views and was not recommending circumcision.) Though I cannot remember when I had first seen a circumcised penis, I do remember that I was very much impressed with the result of the operation. In later years I read as much on that subject as I could, including ethnographical books and travellers' memoirs on circumcisions among native Africans and Australians, books on religious customs (i.e. Jews and Muslims), as well as medical and sexual advisory books, pamphlets and popular Q&A publications. Thus I learned that circumcision is a social 'must' in the USA and in several other English speaking countries, and I also read personal accounts of men who chose to be circumcised as teens or adults.

From my readings I became an ardent (though quite silent) fan of circumcision, but I did not have the courage or the possibility to submit to circumcision. Nevertheless, I kept my foreskin retracted as often and as long as I could. (Actually, I wanted to try how it feels to be circumcised, plus I wished to look circumcised when changing for doing sports or in the showers.) Then, about four years ago I developed a tiny infection on my glans. First I was very scared of having something more serious (i.e. a cancer or the like), as I learned that the lack of circumcision



might result in such illness. (Actually, it was not sore or itching.) After two or three weeks, I went to see a friend of mine who became an MD. He looked at my penis and told me that it was a minor fungus infection. He gave me a prescription for a cream and suggested that I keep the foreskin fully pulled back until the infection disappeared. He explained that fungi, like normal mushrooms, grow in a warm and humid environment like underneath an un-retracted prepuce, while the bare glans always stays dry which prevents such infections. He added that this is the basic rationale behind circumcision among the people living under a hot climate, and he said that he would recommend circumcision if I was ready to go for that. I knew that he, though himself uncircumcised, was in favour of circumcision as a doctor. (We did actually discuss that issue years before. Then it turned out that his younger son had to be cut for health reasons.) Though I murmured something like "I am too old for it", in fact, I decided to have it done if and when I had the time and courage.

A few months later I called him and asked his help to find a urologist willing to do a circumcision without apparent medical reasons. He was not surprised at all; moreover, he said he supported my decision and agreed to help. Within a few days he assigned me to a well-known urologist in town, with whom I made the necessary arrangements and he performed the operation on a cold Friday morning in February 1996. I was circumcised under local anaesthesia, and the operation lasted only about half an hour. I received a tight bandage, and my penis looked like a mummy, fully covered with cloths.

After a brief rest I was able to go to work, so I did not miss a day. I felt no pain at or ever after the operation. (Actually, the surgery assistant told me that he underwent the same and the operation is a lot less painful after the late twenties than before.) To my surprise, the dressing was removed the following day. I was very excited to see the new look of my male organ. It was great. The glans was bare and free from any excess skin. It seemed to be a bit swollen, but the doc told me that it was normal. I was told to be careful when taking a shower and to avoid any situation that may cause an erection.

I received a low, fairly tight circumcision. The skin of the shaft was seamed to the skin right beneath the ridge of the glans, so I was left with no inner foreskin and the frenulum was also removed. I had no problems with getting used to the circumcised penis, as I had kept the foreskin fully pulled back for several months before the operation. I found that, though the skin of the glans became coarse and dry, I had lost no sensitivity at all.

The circumcised penis helps penetration, as there is no excess skin moving back and forth, so the contact with the female organs is direct and very exciting. I am still coming very soon, sometimes too soon. As circumcision is rare in our country, I was afraid about what my friends with whom I did sports would say about my circumcision. I expected they would laugh at me or pull my leg, but I experienced no negative reactions at all. They were a bit surprised, though they said they understood my reasons. I met my wife after my circumcision. She had had no experience with the circumcised organ before and she is very fond of my form. We agreed that if we have sons born (which we hope to happen a.s.a.p.) the boys will get circumcised before they leave the hospital.

As I am still very interested in circumcision, I have searched the topic on the Internet too. (It was long after my own circumcision.) I was very much amazed to stumble on the many anti-cut sites which made me a bit nervous about my decision, but I realised quite soon that the information they give is inaccurate and highly biased.

*Andras – Budapest*

## **Hungarian Circumcision Website**

The foregoing is an account of my circumcision in February 1996 at the age of 35. Two years later, I started to use the Internet. Naturally, the phrase 'circumcision' was one of the first things I searched on the net. I found an incredible amount of material there, in favour of circumcision as well as against it. I was quite surprised to learn that RIC is so hotly debated in the USA. I thought it was so much of an established social practice that it was beyond any dispute, just like breathing or eating, or just as smallpox vaccination.

I read through everything I could and I realised that most of the anti-circumcision propaganda is a simple lie, and thus very dangerous. Everything they wrote about being circumcised was so different from my own experience. In the meantime, I was pleased to find the pro-circumcision websites and I was thrilled to find many circumcised Hungarians as well.

I started browsing the Hungarian web, I think, in 2000, and then I found many discussion forums, 'ask the doctor' and FAQ places which dealt with circumcision. Having read them, I made a few findings:

- Many teenage boys and young men struggle with a variety of penis problems, mostly with tight foreskins.
- There is a lot of mis-information and lack of information about circumcision. Many men would not even know what exactly they cut off when a man gets circumcised nor what a circumcised penis looks like.
- Despite all of the foregoing, circumcision is not all that rare and unusual in Hungary.
- Non-medical and non-religious circumcisions are also something not unheard of in Hungary, so I was not a complete fool either when I got it done at 35, without any medical reason.

Reading was soon followed by writing, and I started responding to questions put up in discussion forums, and wrote private e-mails to those who asked about circumcision. In the course of my correspondence I have not only helped many boys and men, but I have also learned a lot. I also got into contact with Dr Ferenc Fekete who started his private men's health clinic in the early 1990s. He is now the most renowned specialist in adult male circumcision in Hungary and does about 120-150 circumcisions per year.

I have also realised from my correspondence that many boys and men do not even understand that they should go to a doctor and that the example of others, of those who have already had the operation, may be crucial for them in taking

the first step. Many of them find me with their questions, and now I often get questions from women whose husband, boyfriend or son has a problem.

The idea of the website is not my own, even though I have been of the view that a popular, though still professional, website could be very useful. A few years ago there was a short-lived trial, which was carried out by a young guy in his mid-20s who got circumcised in 2001, but that site became inactive after a few months. (The said page was revived last year by its owner; however, it has still been quite inactive to date.)

In early autumn 2005, I started to exchange e-mails with a young guy also in his mid-20s, who was up for circumcision that October. He was having it done partly from choice, partly because of a minor tightness. After his circumcision, he asked why not to create a properly done website; if I could supply the contents, he would be happy to do the IT parts, as he was working as a website designer. We started working, and quite soon we came up with the basic concept for the new website. We decided that our website:

- Should be nicely done in terms of graphical display, and should convey the idea of safety and cleanliness, and thus be appealing to the eye, trustworthy and convincing.
- Should be a site which a mother of a toddler boy or a young teenager may look at without any problems. Therefore, despite the fact that it is to be about the male genitalia, there should not be anything which is of direct sexual or pornographic content.
- Should clearly state that we do not give medical advice, so browsing through should not replace a visit to a doctor, even though all information on the page should be accurate and properly verified.

While doing the IT work on our future website, we continued collecting materials, and whenever I discussed circumcision with someone, I always made reference to the page in the making. We were both pleasantly surprised by the reception of the idea, and people always asked about when they should expect the page to be up and running. Once the test version was ready, we showed it to many people, and we got extremely good feedback.

Since we both had jobs, and the home page making was voluntary work, the whole process was quite slow. At one point, we sought help from another 'club member' and another IT specialist who completed the work for some money. (Otherwise, the whole exercise was done on a free of charge basis, except that we have to pay for the ISP to keep up the website.)

After about 18 month of work, we could open the page in August 2007. In the past 14-16 months, the website ([www.korulmeteles.hu](http://www.korulmeteles.hu), all in Hungarian) has proved to be immensely successful. It has also become very clear that this kind of information is very necessary especially as most young people now get their information via the Internet. Such information was not previously available in Hungarian.

There are about 3-5 new circumcisions every month which I help the guys to get through or help them after the operation. I also receive many personal accounts and even photos before and after, which I put onto the website. Honestly, I am very proud of it.

*Andras – Budapest*

[Editor's note: We will be publishing some of the personal accounts in future editions of the newsletter.]

## Denmark And Circumcision

**[In the Editorial, issue 5/2008, it was noted that Denmark may be about to ban circumcision for boys until the age of 15. R.W. responds.]**

**I**n my opinion, Denmark has got it just about right in banning the circumcision of boys until the age of fifteen. I would go even further; and ban circumcision until any boy or man requests it. All males should have the right to determine what happens to their bodies. Religious circumcision is an anachronism and not in keeping with the modern world.

If, or when, a boy decides to have a circumcision, it should be in full knowledge of the facts and not done at someone else's behest. It would be a great help if he was shown photographs of circumcised males with explanations of the different methods of obtaining a result. Personally, I think a circumcised penis looks a lot better than an uncircumcised one, especially when erect, but looks are not the only factor in this subject. Unless there is an urgent medical reason for the operation – let the male decide. The zealots have had their day!

*R.W. – Manchester*

## Tight Foreskin.....?

**Q.** I am 30 and I have a tight foreskin. I am stretching and after 2 weeks I am able to pull the skin when flaccid and hold the same at erection but there is a little discomfort as the skin gets tight and I end up masturbating. I use a lube while doing this. I see that the skin has definitely loosened up a little bit but still when erect it's not coming back. Shall I continue the same process or is there any better one?

**A:** One thing that really helps is to sit in a warm bath and the skin gets softer. Put the forefinger and the one next to it close together on the left hand, and slide the end of the foreskin over those two fingers while you are not erect. If you are erect, you won't be able to do it. Once you slide the end over the two fingers, spread the fingers to stretch the softened end of the foreskin. Don't do it to pain, but just until you can feel the stretching sensation. Do this a few times for several sessions of warm baths and you will find that the foreskin will retract completely on its own when you become erect. Don't force the skin back when it is still too tight, cuz it can get stuck behind the crown of the knob. If the knob starts to swell, that can be a problem.

Why not a shower? Because it's easier to do it sitting and relaxed, and it's easier to keep your gear under warm water to get the skin soft. When the job is all done and the skin slides back, go back to showering.

You have good gear and you are lucky to be natural. I thank my parents that I am too. You will have amazing detail sense of feel in your Love Life and good control because you can feel more of where you are progressing to control stimulation. Always keep the skin covered over the knob when not in use to preserve the high sense of feelings in the knob and the underside of the foreskin.

*From Yahoo! Answers*

## **Wearing It Bare**

**L**ike most uncut males, the masturbation method that I discovered at puberty and used into adulthood was moving the outer foreskin, with the inner foreskin fairly still on the head. I just assumed that jacking off was more difficult for my cut friends due to lack of a foreskin. Wanting to know how they did it and what they felt, I experimented. That's how, long before I started living skinned-back, I learned how to jack myself with the head of my penis bare.

I'd begin by pulling the loose skin all the way to the base and holding it there with the thumb and index finger of my left hand, simulating a circumcised look. With my right hand, I'd then stroke the skin on my shaft, moving it only enough to tug on the head on the backward stroke and not enough to push any over the rim on the forward stroke. I found this tugging on the head without even touching it was as stimulative as rubbing on it. I also found that my hard shaft itself was sensitive to stimulation in a duller but deeper way than the head. The three free fingers of my left hand, meanwhile, were free to play with my balls. When I'd want that additional zing to bring myself off, I'd rev up the tug rate and allow the index finger of my right hand to brush very lightly the sensitive underside of the head. This whole combination can give me a climax that I feel deeper in my internal sexual organs than just in my dick and its root.

For me, this method became the quickest way to jack off. I use it when I feel like raping my horny self to get a badly wanted orgasm as soon as possible. When I'm not as driven, and/or I have time to prolong my experience, I use the traditional method. Sometimes I make such slow, sweet love to the head of my dick and bask in its simple pleasure for so long that I almost don't care whether I orgasm or not. Sometimes when I choose to end a long session without allowing myself to come, my sexual high can last the rest of the day. Hey, I can come any time, but that's something really special! Everybody should try it once in a while. The key is deciding not to go all the way before you even start.

Skipping a few orgasms will not harm your body, so long as you ejaculate semen every week or so to flush out your system. Billions of men have practised tantric sex in India and Taoist sex in China for centuries. In both tantra and the Tao, beneficial forces are believed to accumulate in men during sessions of intercourse in which the male climax or certain of its aspects do not occur. Such men are allowed to come during sex, but the more times they opt not to, the more the

mystical benefits. Unfinished masturbation is a learning tool for those wishing to make their sexual reflexes voluntary in preparation for tantric or Taoist marriage. Neither India nor China seem to have suffered any lack of fertility as a result!

...but I digress. Before adopting the skinned-back lifestyle (only a few months ago), I'd usually do a combo. I'd enjoy the traditional rub for a while until I decided to come, then I'd switch to the bare-head tug to take myself to the more profound orgasm that it would give. Since beginning to wear it bare, I use the bare-tug method more than before. That doesn't mean that I don't roll it forward now and again for the traditional foreskin rub (especially when I'm not going to finish the job). The answer is that you can do it either way. You can use the time that it takes to train your foreskin to stay back to learn how to jack yourself without a foreskin. That way, if the hoped-for foreskin shrinkage happens, you'll still be a happy man with a happy dick.

Since wearing it bare, I have noticed no loss of sensitivity to stimulation. The inner surface of my foreskin was very tender when first exposed. I put up with it, and it very slowly got more used to touching clothes, but it still has a way to go. It was never erotically sensitive anyway, just tender skin. My glans is as sensitive as ever. I'd read that it would dry out, peel off, and toughen. All that happened was an almost unnoticeably slight peel of the epidermis, just one cell layer thick (like a slight case of windburn). That was in the first week. It's the same penis it always was – just bare-headed.

I enjoy nudism, although I'm rather new to it, and I look forward to showing off my new look next summer. That's what this is all about for me. Skinning back is a way to be and feel more naked

*Mike V (from the internet)*

## **But I'm Not Circumcised.....**

A Romanian man told me about his induction into the old communist Romanian Army 20 years before the Iron Curtain fell. Daniel said his foreskin was short and tended to retract, giving him the appearance of being circumcised. Males in Romania usually were not cut, unless they were Jewish; he was therefore mistaken as a Jew when he was being inducted, totally nude, with about 100 others, none of whom were cut and most of whom joined in his persecution after the fun started.

Daniel said about half the Romanian army medical and clerical staff were females who started harassing him big time, handling his cock and balls roughly and generally taunting him because they thought he was Jewish, few of whom survived in Romania under the Nazis during WW2.

Probably fuelling this persecution, Daniel was not a communist party member, and kept wondering if he would wind up dead as this nude abuse spun out of control. You can imagine his horror at that moment – no titillation at all.

*George, U.S. Army 1962-1963*

## Picture Gallery



## What They Did To Me

I was not circumcised at birth as I was born in Russia, where the practice was unpopular and perhaps even unheard of or even illegal. My family emigrated to the USA when I was 8, and as soon as we got here, the home of the brave and the land of scalpel wielding surgeons willing and able to disfigure young boys, everyone around me started putting on the pressure to go and 'get cut'. I come



from a Jewish home and my natural whole penile status was seen as a mistake, an error that needed to be remedied immediately. Physically, there was absolutely nothing wrong with me, and yet every time I went to the JCC (Jewish community centre) pool and got in the showers, I was made to feel embarrassed or ashamed. For years before it actually happened, circumcision haunted me. My family made jokes about 'the axe' and I, being only 8 or 9, would cry myself to sleep sometimes, shaken by horror. I had nightmares about it. In fact, one of the reasons I let them talk me into it, much later, just before my Bar Mitzvah at the age of 13, was to finally get it over and done with. To rid the spectre floating constantly over my head (no pun intended).

I have since pretty much renounced my Jewish roots, but 6 years ago, when I was much more impressionable, ignorant, and naive, I was going to Hebrew school and kind of digging this whole religion thing. Part of me actually wanted to go through with the 'covenant with god', I wanted to sacrifice whatever necessary to have him on my side, and for the Jewish community to consider me 'really Jewish' and 'really a man'. So I let the rabbi and my father talk me into it. The night before the hospital appointment, I remember having crazy doubts, and then letting my father write the whole thing off as 'just a snip', a routine procedure, like getting a nail clipped.

We get to the hospital, me and another friend in an identical situation (another reason I let myself get talked into this, a good friend of mine was also doing it). This part is a bit difficult for me to think about but I guess I should just get it all out. Skip the initial proceedings and they're strapping me into the surgery bed. Yes, strapping me in, so I can't struggle. They talked me into doing it under local anaesthesia, I'm not sure how...something about money and possible complications. My dad didn't like the idea of me getting drugged up. This part drives me insane. Before any anaesthesia is applied, a female nurse comes up and begins the torturous preparation process. God this is awful, she's got a bottle of antiseptic in one hand and a firm grip on my poor, sensitive glans, which had until then never even seen the light of day. To tell you the truth, I don't think it had even fully separated from my foreskin yet. So here I am, howling like a madman, while this heartless woman is tearing the hell out of my penis, forcibly retracting the skin and dousing the head with abrasive chemicals. To add insult to injury, she not only ignores my complaints but blames it on me! Accusing me of being a dirty uncut unhygienic kid! How would she like it if I pulled out her clit hood and deadened her most sensitive parts with rubbing alcohol! God I think I've been slightly and unwillingly misogynistic ever since.

Anyway let's get to the actual thing of it. The rabbi shows up, the surgeon shows up and they get to work. I get a blindingly painful shot in my scrotum, yes you heard me, let's all wince, another one in the base of my penis, and another one somewhere else, I don't remember. I don't think the anaesthesia fully set in before they started but then again that's what I always think at the dentist's as well. In either case, what the doc called 'not pain but just pressure' amounted to the worst pain I've ever experienced in my life. A whole lot of tearing, screaming, cutting, and sewing up later, I was done and stumbling back to the car. I was



relieved and traumatized at the same time. I hadn't realized that the worst was yet to come.

My exposed glans had been wrapped up in tape, and within two weeks they expected me to take it off. Think about this, a primarily internal organ, which had been kept moist by the body for 13 years, is suddenly exposed to the elements and covered in dry cloth. What do you think happened? It fused. That's what happened. It took me 5 hours in a bloody bathtub to tear the cloth off, one painful millimetre at a time, and with each pull I remember seeing raw bits of my old glans coming apart and floating away. For weeks even a sudden blow of air would hurt. Don't even mention showering or urinating.

For me, that initial pain is hardly the worst of it though. In principle, that's how the glans should be, ultra sensitive. What maddens me is the fact that after all the trauma it underwent, the tearing and bleeding and exposure, it was forced to act in self defence and changed form, became essentially calloused. Forget the foreskin itself, it's important of course, but I realize now that more important to me was its use in keeping the most sensitive organ of my body in its proper state. Every time I look down at my dried up, wrinkled, bumpy glans I'm reminded of what they did to me.

*From [www.circumcisionquotes.com](http://www.circumcisionquotes.com)*

## The Kindest Cut

### How circumcision is the secret weapon in the battle against HIV/Aids

After weeks of waiting, Michael Phiri decided to take matters into his own hands. The 16-year-old from George Compound, a township outside Lusaka, was so anxious to be rid of his foreskin, and so frustrated after being turned away from the circumcision clinic at the local hospital for the third time, that he took a bread knife and did the job himself. The resulting bloody mess had one positive outcome; it sent him straight to the top of the queue for surgery, and he got his operation performed, as an emergency, by the urology specialist Kasonde Bowa. "He had made a good start, with a dorsal cut as far as the rim of the glans, but things had got difficult from there," a smiling Dr Bowa says, with admirable understatement.

As Zambia's leading expert on circumcision, Bowa tells this story to illustrate the soaring demand for the procedure that is sweeping Lusaka and other towns across sub-Saharan Africa, as word spreads of its remarkable preventive power. After 25 years of research and the expenditure of billions of pounds, it turns out that the oldest surgical operation in the world, performed since antiquity, is the best defence we have against HIV/Aids.

In crisp shirt and tie, despite the sweltering heat, Bowa tells me of the benefits of circumcision. We're standing outside his cluttered office at the University Hospital, where the exotic flamboyant trees that pepper this sprawling city shed their vermilion blooms on to the patients waiting in the shade below. Bowa started Zambia's first pilot project offering circumcision as a defence against HIV

in 2004. It was soon overwhelmed. “We were operating three afternoons a week but had such high demand that we were unable to cope. We needed more space and more staff.”

The simple act of removing a man’s foreskin reduces his risk of contracting HIV by about 60 per cent. The reason is that the moist underside of the foreskin is thickly supplied with Langerhans cells, a key route for entry of the virus into the body. Langerhans cells are also present in the glans (head) of the penis, but after circumcision the skin of the glans becomes drier and thicker, denying the virus an easy point of entry. Circumcision, if rolled out across the continent, offers the first real prospect of saving lives by preventing infection on a significant scale. Estimates suggest that if universal circumcision were introduced across sub-Saharan Africa, it could prevent 300,000 deaths in the next 10 years and three million deaths over the next 20 years. It is sometimes described as a “surgical vaccine” – with good reason.

Zambia has been among the first to offer the operation and pilot new services, and other countries are following its lead. Yet, globally, only 1 per cent of total AIDS funding is earmarked for male circumcision. Progress towards delivering the single most effective preventive measure yet discovered against the pandemic is agonisingly slow.

Across the road from Bowa’s office, what is believed to be the world’s first dedicated circumcision clinic outside a hospital or research programme is doing brisk business. Launched last year by the international charity, the *Society for Family Health*, following Bowa’s lead, the New Start centre is sited in an anonymous, dusty building behind the YWCA. Its appearance gives no hint of the pioneering work carried out within. This is deliberate; the charity fears that the service would be besieged if it were more widely advertised.

As I watch, John Banda, a shopkeeper, aged 29, climbs on to the table in one of the three operating rooms, clutching his green surgical gown and grimacing at the ceiling as Aggie Mahule, one of half a dozen nurses and clinical officers given two weeks’ training to carry out the procedure, injects local anaesthetic into the base of his penis. “Relax and feel at home,” says Aggie kindly as she swabs the surgical area with disinfecting iodine. John, fearful of the pain and, possibly, for his manhood, makes no response.

Next door in the ‘recovery’ room, Richard Chimuka, 31, a computer trainee wearing a black designer shirt and low-slung jeans, sits with his legs apart, looking relaxed and pleased that, for him, the operation is over. The surgery was over in 12 minutes – and no, it wasn’t painful, he says. Does it bother him that the operation was performed by two women? “Actually, I felt excited about it – like putting my painting in a gallery”, came the smooth reply.

It’s not difficult to persuade Zambians of the virtues of circumcision. It is already practised traditionally by the Luvale and certain other tribes in the North-Western Province, where the HIV rate is half that in the rest of the country (6.9 per cent of the population in the region is infected, compared with 14.3 per cent for the country as a whole). In Lusaka, one in five of the adult population is infected

(20.8 per cent), one of the highest rates in the world. Surveys have shown wide acceptance of the procedure and increasing interest among parents wanting the operation for their children.

More than 1,500 men have had the operation since the New Start clinic opened in August 2007, and more have been circumcised by mobile surgical teams that visit hospitals in Kafue and Kabulonga, an hour's drive from the city. This is good for them, but in the context of the country's epidemic – 100,000 new infections a year – it is like using a water pistol against a forest fire. In a week spent in Lusaka, I searched for any agency, charity or expert opposed to rolling out circumcision – and I could not find one. Among the dozen organisations I visit, all voice their support – only the level of enthusiasm varied.

“It is the most important defence against the disease that we have,” says Mannasseh Phiri, a GP and Zambia's best-known AIDS activist. “The trials have shown that it really does work, it is relatively easy to do and it is a lot cheaper than putting people on drug treatment.” Jeffrey Stringer, director of the *Centre for Infectious Diseases Research* in Lusaka, which is piloting a neo-natal circumcision service, tells me: “If we had a vaccine as effective as this, we would be jumping up and down in the streets. A 60 per cent protective effect is fantastic. It is one of the most effective preventive strategies we have.” Yet, as Steve Gesuale, head of the circumcision project at the *Society for Family Health*, points out, there is “very little funding from donors, very little government support and very little going on”.

Despite the lack of public support, the message about the benefits of the operation is reaching all levels of society. In Garden Compound, the densely crowded township close to the centre of Lusaka, the tiny Viro Clinic – “We prolong and save” reads the legend above the door – displays a poster in the window advertising male circumcision. Outside, the faded red and blue plasterwork is crumbling. Inside, the three cramped rooms contain a pot plant reaching almost to the roof, an examination couch doubling as the operating table, and a small fridge. Beside it, on a table, a teddy bear is propped against a broken clock, along with red plastic roses. Violet, the smiling receptionist, says demand for circumcisions has increased. “There are more in the winter [June and July] and in the evenings and early mornings when it is cooler. The wound heals better”, she says.

Interest in circumcision has spread beyond the capital, to the country's vast hinterland, according to Karen Sichinga, chief executive of the powerful *Churches Health Association of Zambia*, which runs one-third of all Zambia's hospitals, mainly in rural areas. “The demand is increasing in our mission health facilities”, she says. For Sichinga, the operation does not carry the moral dilemmas involved in handing out condoms or preaching abstinence, an important factor for a faith-based charity. But she, like some others, is cautious of treating it as the silver bullet, the “answer” to AIDS that has been so desperately sought for so long. “Science has proved that the benefits outweigh the disadvantages”, she said. “But you have to work hard to persuade people. Over 90 per cent of Zambia is Christian, not Islamic.”

From township clinics to mission hospitals in the furthest reaches of the country – all such facilities will need to be recruited if the target of 500,000 circumcisions

in five years, notionally set by the *Society for Family Health*, is to be achieved. Even that represents only half the number required to curb Zambia's HIV infection rate, calculated on the basis that four operations are needed to prevent one infection. Some experts, including Bowa, warn that even if the money is available, the vast increase in staff and facilities needed will take time to deliver. Others are more optimistic. Hospitals are already being used at weekends, with existing staff paid extra, and discussions are under way to hold circumcision clinics in the evenings. High-risk groups could be targeted first – the military, the police. It is not as simple as rolling out a vaccination programme, but there is already experience with cataract surgery, which is provided to hundreds of thousands of people across the world by staff with basic training, and circumcision providers from several countries in Africa have travelled to India to learn from the cataract experience.

*A shortened version of an article by Jeremy Laurance, The Independent*

## **Bris Avrohom**

**B**ris Avrohom is an organisation founded in 1979 to help Soviet immigrants assimilate into American life and lead them back to their Jewish roots. Today the organization has branches in Jersey City, Hillside, Old Bridge, Brooklyn, N.Y., Minnesota, Toronto and Ukraine.

*Bris Avrohom*, which means 'covenant of Abraham', provides financial and social support to newly immigrated Russian Jews, as well as classes and literature to help them reconnect with their history and customs. One of the most significant services provided by *Bris Avrohom* is the re-creation of Jewish customs and celebrations that immigrating Jews missed while living in their home countries. The services include performing circumcisions, or brissin, for babies and men who were never circumcised – the oldest so far was 75.

## **Law Fails To Reduce Number Of Botched Circumcisions**

**S**ix years after a law was brought in to try to stop circumcisions being performed outside of the Swedish health system, it is being estimated that 2000 boys a year are now being given the operation unlawfully. The National Board of Health and Welfare is blaming a lack of resources and poor information and is warning that many boys are suffering serious complications after the surgery.

It is now looking into ways to reduce the number of those undergoing the procedure illegally and says one problem is that many Muslims say they are met with suspicion when they arrange circumcisions in hospitals for their sons. The newspaper *Svenska Dagbladet* reports that only eight of Sweden's twenty county councils, which run local health services, offer the operation if it is solely for religious reasons.

*From Swedish Radio*

# ACORN

Issue  
Nº 1 2009  
Editor  
Ivan Acorn

## Editorial

The editor's column in this edition is a paean of praise for the foreskin. Since I elected to shed my own prepuce some years ago, it may seem odd that I should be authoring such an article. But the truth is that I receive very few contributions from members actively promoting the benefits of the foreskin. I would love to hear from intact members as to why they have chosen to retain what many others, voluntarily or involuntarily, have long since discarded.

In a letter to the editor (page 8), D.B. complains that previous newsletters have encouraged members to lobby for routine infant circumcision. I will return to the merits and demerits of RIC in another editor's column. What I do dislike is the Gestapo-like attitude of the NHS to the question. Parents seeking circumcision for their sons are mostly given very short shrift – so much so that circumcision is virtually a non-option. At least let there be some choice about the matter. It is therefore welcome to see that an increasing number of circumcision clinics are being established, a topic I hope to return to in the next edition.

*Ivan Acorn*

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### In Praise of the Foreskin

Within the *Acorn* newsletter, the foreskin is not a popular appendage. There is much discussion as to the best means of removal and the benefits of a foreskinless life. Yet millions of men world-wide live happily with their prepuces and there are even 17% of *Acorn* members who have chosen to stay intact. Perhaps therefore it is time to reappraise this superfluous piece of skin.

What can we say in praise of the foreskin? Quite a lot, actually.

First, it is natural. Every male is born with a foreskin. (There may be exceptions, but so few that they can be counted as birth defects – albeit of a non-serious nature.) Indeed, it is this very naturalness that has come to be the main weapon in the anti-circumcision toolbox. The foreskin, it is argued, is as much a part of the body as fingers, toes and ears. It is as unnatural routinely to amputate it as it would be to amputate these other appendages. Admittedly, it can cause problems, but they can be dealt with as they occur. We do not perform routine appendectomies to prevent future cases of appendicitis. We wait upon events. The only similarly preventive operation was tonsillectomy, where it was once fashionable to remove healthy tonsils from young children to prevent future problems. But that operation, as a routine, is now out of fashion. Indeed, the very real function of the tonsil in preventing disease is now recognised. Similarly, the anti-circumcisionists say, it is time to honour bodily integrity with respect to the foreskin.

Second, the foreskin is a remarkable feat of evolution. The easy solution would have been for the penis to develop without a foreskin: a simple rod with the shaft covered with just sufficient skin – rather like a finger; perhaps with a little slack to accommodate erection and tumescence. But no, nature rejects the easy solution. Instead, we have an extremely sophisticated mechanism. The skin on the shaft is mobile. Instead of being joined immediately to the penis at the point where the shaft meets the glans (the sulcus), the shaft skin continues and extends typically to beyond the tip of the glans. (Foreskin length varies so that in some men, it extends well beyond the glans whereas in others, it barely reaches the tip – indeed the extremity of the glans may peep through.) The skin then doubles back on itself, forming a double layer, and is joined back to the penis on the shaft at the sulcus, the ridge between the glans and the shaft. At the point of the fold, there is a ridged band. The nature of the foreskin then changes so that the inner foreskin is mucosal rather than normal skin. The ridged band is sometimes referred to as the frenar band because of the way the muscle sheath at the tip of the foreskin is connected to the frenulum. This muscle sheath helps to contract the tip of the foreskin so that it remains positioned over the glans. On the underside of the penis, the foreskin is attached to the glans by the frenulum. Sometimes referred to as the love string, the frenulum is an elastic band of tissue in the form of a cord within a web of skin. It sits within the v-shaped groove on the underside of the glans and tethers the foreskin to the penis.

The wonder of the penis is that, as the male becomes sexually aroused, the penis engorges with blood and becomes erect. The Cowper's glands, sitting inside and at the base of the urethra, emit a lubricating fluid (pre-ejaculate or pre-cum). As the erection grows, the foreskin gradually retracts, distributing the lubricating fluid across the glans as it folds back. At full erection, the glans is fully exposed with the foreskin sitting in its retracted state in the sulcus, the groove at the base of the glans. Once orgasm and ejaculation have been achieved, the penis gradually detumesces. The frenulum now guides the foreskin back over the glans so that the glans is once again covered as the penis becomes flaccid.

Evolution is based on the survival of the fittest. Over aeons of time, as each living organism develops and mutates, nature gradually chooses the better solution in favour of the less favourable. The sophisticated foreskin mechanism has therefore developed as the preferred design for penile covering; this is true not just for man but also in many other mammals – the bull, the horse, the ape to name just a few.

Third, the foreskin has a purpose. The glans is extremely delicate and highly sensitive. The main function of the foreskin is to protect the glans from damage. During infancy, the foreskin is attached to the glans and protects it from urine, faeces, and abrasions from diapers. Throughout life, the foreskin keeps the glans soft and moist and protects it from trauma and injury. Without this protection, the glans can become dry, calloused, and desensitized from exposure and chafing.



Fourth, the foreskin is an aid to masturbation. This of course is not to imply that circumcised men cannot masturbate – they can and do! However, this has to be a learned technique. Some ingenuity is required to find ways of pleasuring the cut penis, whereas the intact penis has a natural mechanism ready to hand (literally!). This is why the Victorians, with their aversion to masturbation, saw circumcision as a means of discouraging if not preventing the practice. As the male baby explores and learns about his body, he naturally discovers his penis. He finds that touching it and rubbing it gives particularly pleasant sensations; he will obviously want to explore some more. He will find that rubbing the foreskin on the head hidden beneath is what gives greatest satisfaction. There is an advantageous spin off to this activity since the boy will at the same time be loosening any adhesions between the foreskin and the glans. Sooner or later will come the day when the boy discovers that the foreskin will retract and he uncovers for the first time the source of his pleasure. It is but a short step from there to discovering that repeatedly covering and uncovering the glans in rapid



succession maximises the sensation until one glorious day an orgasm occurs, possibly dry at first but eventually the first awesome moment when his balls send forth their first load of sperm laden semen.

So, with all this going for the foreskin, why has it had such a bad press? Why, ever since ancient times, has there been such a vogue for its removal? It has to be recognised that an individual foreskin does not always perform in the optimum ways listed above. There can be problems – tightness and irritation being the most common. Foreskins can also be high maintenance – especially in hot climates. It is interesting that circumcision is indigenous in the hot countries of Africa, the sandy countries of the Middle East and the humid countries of the Far East.



Although circumcision has now been absorbed into religious and tribal customs, the origins may well have been the high volume of problems suffered by the uncircumcised; removal of the foreskin was a simple preventative measure. As far as the USA and the UK is concerned, circumcision became the vogue in the 19<sup>th</sup> century, originally in response to the scourge of masturbation. As masturbation came to be seen as a natural activity rather than an abomination, the justification for routine circumcision morphed into a health and prophylactic measure.

But particularly in the Western world, where daily showers are the norm, is the foreskin any longer high maintenance? Just how much time does it take to wash under the foreskin daily and to retract it when urinating? In other words, should we start admiring the foreskin for the wonder of evolution that it is, and leave nature alone?

*Ivan Acorn*

## Thoughts From Anthony

**R**oundheads get more time in bed; there's no need to "unwind" at the end of the day!

Whilst cavaliers are still 'appeeling', roundheads are 'flaring' to go!

Those circumcised are certainly more forward; they don't need to draw back!

The penis is like a book; ladies prefer 'friction' to 'non-friction'! That puts the roundhead more than a chapter ahead!



## Zsolt's Story

**[In issue 6/2008, we published an article about a Hungarian website which promotes male circumcision, and promised some personal stories from that site. Here is the first of them.]**

I first saw porn movies in my mid-teens, and I wondered why I did not see the foreskin of the guys. I liked the sight, but I did not know why it was like that. Later we had a chat about the matter with the guys at school, and they told me why. This was the first time I heard about circumcision.

A few years later, in 1991, when I finished my military service, we often went to the nudist beach with my that-time girl-friend. Once we saw a family, father and two teenage boys, and they all were freed of their foreskins. My girlfriend became very excited by the sight of the uncovered glans, and she suggested that I should wear the foreskin pulled back. I did it, and telling the truth, it was a very pleasant feeling for me too, so I decided it should always be like that. Unfortunately, it usually slipped forward after a short while, and often trapped my hair, which was very bad. Then I developed a new technique: I pulled back the skin then I pushed a bit forward, so the rim of my glans kept it in its place. It worked out very well and after a few month my foreskin became shorter, and it hardly covered half of my glans when pulled forward. I wore my foreskin pulled back for more than eight years and I looked like as if I were loosely circumcised.

When I started using the Internet in the late 1990s, I started collecting information about male circumcision, about the methods and results, and I also learned that it could be done to adults too. I was hesitating for about a year what to do, while I read everything I could on the web, from doctors' Q&As to medical articles and discussion forums. At one point, I found an e-mail address to a doctor on a health advisory site, and I wrote him a letter asking about getting circumcised.



I received a very kind answer from him in a few days. He suggested Dr Fekete and also gave his telephone number. After a few days of further wavering, I phoned him and I got an appointment. By then I had another girlfriend, and I spoke to her about getting circumcised, and she convinced me that I should do it and she said she would back me in everything.

I went to see Dr Fekete, and after spending 30 minutes with him, we agreed that I will let him know if and when I had finally made up my mind. This was in early February 2000. In about two weeks, I made my final decision and phoned him. "OK, Zsolt", he said. "I will see you next Tuesday morning, at the Urology clinic." He also explained to me how to get there. I had a very simple digital camera, and I made a few pix and waited for Tuesday to come.

Tuesday, 29<sup>th</sup> February 2000, has arrived. TOP SECRET. No one knew of my big project. I took my backpack and as if was going to work I went to the hospital. The closer I got the more excited I became. The doctor told me not to eat anything before the operation and to drink more than usual.

I got to the clinic and went to the reception, where a few very good looking girls, ten years younger than me, were sitting. Oh, dear, I thought, that is something. How would I tell them that I came to get circumcised? Fortunately, the doctor appeared and I said that I came to see him. He also asked if had changed my mind. "Nooooooooo, not at all", I told him, I still wanted to get circumcised. "OK", he said. We checked in and he told me to wait for him on the second floor. A nurse of my age (28) appeared and took my data, then a young doc appeared and asked me if I was nervous. I said certainly I was nervous, so he gave me some pills and suggested that I walk around until the pill had its effect. I did not know what it was, but in about a few minutes I was calling the doc by his first name. Dr Fekete shepherded me to his office, inspected my dick and asked how much he should cut off. I told him to remove the whole foreskin, as I wanted to be fully circumcised. "OK", he said, and told me to wait some more.

In a few minutes a guy in a green uniform appeared and took me to the surgery. While I was undressing I thought that it was the point of no return, but the doctor asked me once again if I really wanted it. I said a very strong and crystal-clear "YES." I lay down on the surgery table and the surgery assistant fixed my legs to the table with some straps. I asked him to explain what was what, and what was to happen, so he could keep me busy. By then I was not at all excited, I was rather in a kind of euphoria, I guess because of the pill I had got before.

Then a very kind elderly lady appeared and she washed my private parts with some dark liquid, I guess it was a disinfectant. Then they put up a sheet to hide from me what was to happen and they started the operation. There were already four of them busy with me. Dr Fekete said that he would tell me what was happening. I got 4-6 injections to my dick, and that was the most unpleasant part of the story. After a few minutes I felt as if I was sunbathing on the beach, with my hands behind my head, and I was just listening to the chatting of the team. They were joking and teasing each other, and we all had a very good time. In about 20-25 minutes, they were ready, put a dressing on my dick and were gone. The surgery assistant took me back to the room where I started the whole thing about an hour before. Dr Fekete showed up soon. I paid him for the operation, he looked at my organ, gave me a few suggestions about post-operative treatments and told me to go home.



So I went. I took the metro, then a tram, then the suburban rail, and I got home. I was prepared that it would hurt like hell, but nothing. I phoned the doctor and asked what would happen. He said it could not be worse than a not too strong tooth ache, but nothing serious. I was very lucky and I felt no pain whatsoever in the 2-3 weeks I was healing. Next time when I went to see the doc he told me that if there had been no pain before, then there could not be any more. (Honestly, I was hesitating with getting circumcised because I was afraid of the pain. Bloody hell, if only I knew ...)



The stitches fell out by themselves, and I could try the new form just three weeks after the surgery. It was so wonderful without a foreskin. To make love without it is even more wonderful.

Since then we have gone to the nudist beach close to Budapest (in fact, abandoned gravel pits turned into a free nudist beach), and I have often chatted with a few mature women about my circumcision. In fact, they realised that I was circumcised and asked me about it. I also saw that some uncircumcised men pulled back their foreskin when they saw me.

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I wrote the above story of my circumcision in 2001-2002. Now, eight years after my circumcision, I am still so much obsessed with it, I have become a 'circumcision maniac'. I feel so much better, so much healthier since my circumcision, and I am very proud of my circumcised dick, which looks terrific, as Dr Fekete really did a great job. By now the scar-line is almost invisible, just the colour difference between the inner foreskin and the skin of my cock shaft shows that many years ago, there was indeed a circumcision done. I am now 38 and still unmarried, but I have had many girls in my bed probing my circumcised dick, and they were all, without exception, very satisfied with it. Honestly, I think that every man should be circumcised, as soon as possible, but it would be never too late. I think that with my future sons I will wait until they turn 7-10, when they will know, largely because of me, what is circumcision and they will be mature enough to understand why is it important to be circumcised, so they could agree to it.

Ten-fifteen years ago, circumcision was very rare in Hungary, but now it has become quite popular among young men. I regularly see circumcised guys on the nudist beach, older and younger alike, and I always look it up on the Internet including on Andras' excellent web-site ([www.korulmeteles.hu](http://www.korulmeteles.hu)), which is all in Hungarian, and it is clear that circumcision has become a lot more common and a lot more accepted in Hungary in the past ten years. (I am also thankful to Andras for translating my story into English.)

Finally, I have a very good story: Only very recently, I bumped into an old class-mate of mine, whom I have not seen for more than ten years. We talked about many things, about what happened to us since we have last seen each other, and I mentioned in passing that I got circumcised years ago. There was a meaningful silence for a second, then he admitted he had wanted to get it done for many years, but he was not brave enough. We talked about it for at least two hours that evening, and I very much pushed him to get circumcised as soon as possible. I also gave him the web-site link and the name of the doctor who did mine. A few days ago, I spoke to him once again, and he said he had made up his mind and would get it done as soon as he had the money. So be it ...

*Zsolt*

## **A Letter To The Editor**

I was somewhat taken aback by the Editor's Column in issue 5/2008. For some years there has been an attempt to keep *Acorn* neutral in the arguments for and against circumcision, but now you seem to have truly nailed your colours to the mast and are encouraging us to lobby for RIC.

I am totally against this principle, as I feel strongly that boys and men should be able to choose for themselves the condition of their penis. I would not go so far as to label RIC infant mutilation, but I do consider that it is an unwelcome practice that should not be carried out at a stage in life when there can be no defence.

I was circumcised as an adult purely by choice, thinking that it would improve my sexual sensations, but I was wrong. Before circumcision I had a fairly short foreskin, which sometimes would reside in the skin-back position, so I was aware of the feeling of an exposed glans, but also conscious of the cheesy smell of a covered glans, despite frequent washing.

One cannot deny the fact that an exposed glans is much cleaner and has virtually no odour, but what I had not realised was that the stretch nerves in the foreskin play a large part in the sensations of erection and intercourse. After circumcision these nerve endings are lost and I no longer experience the exciting feeling of a swelling penis. Intercourse and masturbation are still good, but different.

I have no doubt that some men benefit from circumcision, especially those with long or tight foreskins, but it is wrong, in my opinion, to promote the idea of circumcision as being the wonderful procedure that will bring sexual bliss to all men, because it simply is not true. I decided to be cut after months of communication on pro-circumcision sites, where I was constantly being told it improved sex 'a million times'. I now realise that I was being drawn into it by circumcision fanatics, and fanatics are not good in any situation.

I have no huge regrets at being circumcised and, on balance, I am very happy with my penis, but I would say to anyone who is thinking of having it done: "Be cautious; consider your present condition and be aware that it may not improve your sexual life."

And if you have boys of your own, do not have them circumcised as babies, because then you are depriving them of the opportunity of considering it for themselves. Whatever the outcome, there is no doubt that going through the procedure is an incredible and exciting experience.

Please keep *Acorn* sitting on the fence and do not fall into the trap of fanaticism.

*D.B. – Notts*

## Acorn Cuff Links

[An article from *Pleasure Zone* in the *FT* magazine]

When I first started my leather goods and accessories shop, we sold cuff links by Emma Willis, whose double-cuff shirts I often wear. There was one particular design – a little silver-gilt acorn – that I loved and found myself wearing every day. So in the end I went to the chap who made them for Emma and had them recast in a pale rose gold, with a set of dress studs to match. That was over a decade ago and they are still the only cuff links I wear.

I always wear double-cuff shirts for work – button cuffs only if I am going to be in the office all day, or I'm leaving at noon to do something relaxing. I love cuff links but I don't see that a man needs a collection if he finds the perfect design, which these are. They go from day to evening never looking too formal or underdressed, and I love their significance – the acorn was a favourite symbol of the Renaissance artists, and one the pre-Raphaelites also use, and I enjoy that historical link. Also that classic proverb about mighty oaks growing from little acorns reflects my approach to business and the way that it's grown.



*Submitted by Koteka – London & Lancashire*

[The cuff links can be obtained from Emma Willis, 66 Jermyn Street, London SW1Y 6NY ([www.emmawillis.com](http://www.emmawillis.com)). The cost: silver at £450, silver gilt at £520 and gold at £1600.]

## Recruiting New Members — And A New Webmaster!

Over the past few years, the *Acorn Society* has held its own with respect to membership numbers. Each year, a small number of members decide not to renew or, sadly, pass on; normally, however, we recruit sufficient new members to make up the shortfall.

This doesn't mean that more members would not be welcome; they would. It is one of my constant complaints that I receive too few contributions to the newsletter from members. On the other hand, I know that lots of you feel that you told your story some years ago when you first joined, and now have nothing more to say.

So an influx of new members would be welcome to add fresh experiences and different perspectives.

How can we attract these new recruits? Often word of mouth is the best method. For instance, I have just received an application from someone who has heard about us via a current member and is very enthusiastic about joining. I have a plentiful supply of back copies of the newsletter, so if you would like a few to pass on to likely recruits, just drop me a line.

Of course, it could be embarrassing to proselytise openly, but often the subject of circumcision can be discreetly introduced into the conversation; it is usually apparent from the response whether this is a topic of interest to the guy concerned or whether the seed has fallen on barren ground. I have, for instance, used a general discussion on the scourge of AIDS to mention the success of circumcision in Africa in reducing HIV rates. The degree to which the guy expresses interest in the trials and the results can indicate whether he shares our unusual interest in circumcision.

But these days, the main source of information about circumcision and therefore our main potential source of recruitment is the internet. The *Acorn Society* has a website ([www.acornsoc.org.uk](http://www.acornsoc.org.uk)) but sadly the original webmaster is now too busy to keep it up to date. In particular, the website has an archive of extracts from past newsletters. The last extract is from 2004. So anyone coming to our website probably assumes that we are now inactive, and goes away again. Also, this out-datedness inhibits me from circulating details to the various circumcision mailing lists, which could be an abundant source of new members.

So we badly need a new Webmaster. Is there a member out there who is IT savvy, who has a basic knowledge about running and up-dating websites; and who has a little time to give to the Society? If so, your help would be very much welcomed. If you think that you could assist, could you please get in touch with our production manager, Vernon, in the first instance via the *Acorn* mailbox or by e-mail: [production@acornsoc.org.uk](mailto:production@acornsoc.org.uk). This assistance could be vital to our future prospects – you could well be the future of the *Acorn Society*!

Ivan Acorn

## The Royal Princes

I remember that in an earlier newsletter someone suggested that if it became well known that the Royals were circumcised this might start people (both male and female) thinking that circumcision would be a good thing for males, for their male partners and male offspring etc. I think it was widely assumed that Prince William had been circumcised shortly after Diana's death but I have not heard or read anything about Prince Harry – so maybe he still has a foreskin??

Concerning William, there has recently been a video on the circlist web site showing him having a pee during what I assume to be a rugby/football game. It clearly shows his glans uncovered therefore suggesting that he has been circumcised. As the video is foreign (Spanish I think) it may be a fake but I do not



know. The picture of Harry Potter star Daniel Radcliffe is a fake and I have seen pictures (again on the Internet fake or not) of the real owner of that penis.

If members have not seen the Prince William video, go to the circlist web page ([www.circlist.com](http://www.circlist.com)) and scroll down to recently added articles and click on the Prince William entry. The fake Harry Potter picture is at the circumstitions web site.

*C.B. – Cornwall*

## **Polish Immigrant Grandma Gets Grandson Circumcised**

**R**ecently our housekeeper stopped me and told me that her daughter had a new baby, and it was the first boy. She told me about the delivery and how the mother was doing and then said "but they left a bit extra down there (pointing sort of to her stomach), if you know what I mean." She said she didn't know the word for it, but was concerned it wasn't right. She knows I'm in the medical field and always asks me medical questions. I had thought she was still talking about the mother and was not at all certain what she was trying to get at (she has quite a heavy Polish accent) when she said "you know the boy... he has too much skin 'down there'... they didn't finish it properly."

At this point I realized she was talking about circumcision. So I said "Oh you mean he wasn't circumcised... that's where they cut off the foreskin on his penis." She said "yes, can you write it down for me?" She proceeded to say that in 'her country' (Poland) they don't do it to boys and her sons were never done, but that now they are here in the USA she wants to make sure her grandsons are given 'all the advantages, just like the American boys...' and she pointed out they were American now and should be just like all American boys. I told her to talk to her daughter about it and just to take the little lad back to the doctor and ask for him to be circumcised.

Two weeks later when she returned she told me that they had taken my note to their doctor who had circumcised the boy right there in the office during that visit. They were very glad to have it done and she said "we both think it looks much better and is healthier too" and of course I agreed.

I asked her if this was common among her peers and she said that it was regularly discussed by the Polish women in her circle here in Chicago (where we have the second largest collection of Polish people in the world... the first being in Poland itself). She said all of the moms-to-be and grandmothers like her wanted to make sure it was 'done' and that since it was covered by the insurance, why not get it "as the boy would be better off and more accepted too."

Hopefully all the immigrant women in the USA are working to get their American born babies well circumcised. I did tell her that it isn't just for babies and that they can get their husbands and older sons done too. Hopefully a few older skins will get clipped as well!

*From Circlist*

## Ritual Circumcision

I've seen ritual circumcision of pubescent and post pubescent boys in Africa by a shaman, and ritual circumcision (brit mila) of both adults and babies by a mohel.

I have witnessed ritual circumcision in Kenya, Tanzania and Uganda. In each case the boys were given a fermented drink to consume about 20 minutes before the ritual. Some were pretty much stoned; others not so. There was nothing else given. Most boys were pretty stoic through the cutting. A few cried. A few boys were held during the procedure, but most shrugged away anyone who tried to hold them.

I have talked to both young boys and men before and after. The adult men were more concerned and hesitant before, the tribal boys were all eager as this was the sign that they were, at last, becoming MEN. Most had a stiff upper lip (they were not stiff elsewhere) but a few winced quite a bit but held back the tears.

The actual cutting was rather quickly done. The severed skin was not discarded. I asked what was done with it and was told it was eaten. I don't know whether they meant it was consumed by tribal members or by animals, or what. I took it to mean that the shaman consumed it. A white powder (maybe ashes) was blown onto the boy's cut cock. This I was told was to stem bleeding. It seemed to work. Most boys were able to walk away from the stool on which they were sitting by themselves (with legs spread apart).

I saw one Jewish circumcision where the baby was given a bottle with wine to suckle before the bris. The father did the circumcision and collected the blood, which he drank. Babies tend to cry when they are cut.

In one case, the man (a friend) who was being circumcised had almost no foreskin, and he was merely pricked (no pun intended) – no real cutting (there wasn't much to cut). He was a gentile and was getting married. The father of the bride (a Jewess) did the pricking.

My own circumcision was done when I was an infant. Unfortunately, I don't remember (and I'm sure I cried), but I am very pleased with the result. I just appreciate it every time I see or take hold of my cock

*Dorje (from circumsexual Yahoo group)*

## Circumcision Debate Pits Science Against Religion

**[Article by Sally Thorner, Baltimore [wjz.com](http://wjz.com)]**

A circumcision debate is pitting science against religion. It's the same basic procedure whether it's done in the hospital or the home. But there is one major difference. Two babies – both newborn boys – are having very different experiences. Like 70% of males, they are circumcised, but their response is pitting science against religion. What's up for debate is the management of pain during their surgeries.



“The moment that we are waiting for”, said Rabbi Moshe Rappaport. “It might be a little uncomfortable, and at the same time, it might be very magical.” In the Jewish religion, a Mohel performs the ritual circumcision, called a bris. Rabbi Rappaport minimizes the baby’s pain with a numbing solution and wine for the baby to suck on. “There’s something right when the baby has a natural reaction to a bris and cries for a short time”, he said.

While the ritual circumcision typically happens in the home when the baby is eight days old, the medical circumcision happens in a hospital soon after the baby is born. A baby in the hospital is given Tylenol and sucks on sugar water. The big difference is they receive an injection to numb the entire area. “It’s inconceivable to me that there are even questions about this any more”, said Dr. Myron Yaster. Dr. Yaster is a paediatric anaesthesiologist and an Orthodox Jew. As a physician, Yaster’s views on babies and pain trump his religious beliefs. “Historically, it was long believed that babies or newborns did not feel or remember pain to the same degree that older children and adults do”, he said. “We now know that that’s completely incorrect.”

In a recent study, Canadian researchers found that boys who are circumcised without pain relief are more sensitive to pain later in life. “The parents are the consumer here. Do they want their child to experience the pain or not? There are techniques that are available, very easy to do, very simple, that will eliminate the pain”, Dr. Yaster said.

“Pain is okay”, Rabbi Rappaport said. “It’s a ritual, a covenant, a connection.” It’s religion vs. science and a debate over pain management that doesn’t end here. “Everybody looks at pain as being bad”, Rabbi Rappaport said. “Pain demonstrates a connection to your well-being.” “You have to separate belief from fact”, Dr. Yaster said. “There is belief that my children need to be circumcised but there’s also fact: I don’t have to do it painfully.”

Methods even differ from doctor to doctor. Not every procedure includes a shot to block the pain. Some believe the pain from the shot is as bad as the circumcision itself, so if you decide to circumcise your son, you should ask the doctor or the Mohel how he or she plans to control your baby’s pain.

## Just A Little Off The Top

So here I am, thumbing through the stacks of typical barbershop magazines, all at least 14 months old. American Rifleman, Golf Digest, Popular Mechanics, Guns... Wait a second. Here’s a different one. Some Biblical Archaeology Review thing. How’d that get here? No matter. It’s different, different than yet another article on the sight on that new .50-caliber handgun or the challenges on the back nine at Colonial.

Whoa! Here, about 50 pages in, an article titled “Circumcision: Who Did It, Who Didn’t and Why.”

Even in a guy-friendly place like a barbershop, that’s a headline that will cause a shudder. Even in America, where a majority of the male population is circumcised

and a large majority of that majority has been so marked since they were a week old and so have a very poor memory of the procedure. Be brave and read on. Circumcision has a long history in the ancient world, as early as 23 centuries before it was practised on Jesus Christ. The Egyptians did it, as did the Canaanites, Ammonites, Moabites, Edomites, Phoenicians, Arameans and – perhaps most famously – the Israelites. The Assyrians and the Babylonians did not.

The oldest known depiction of circumcision is on a wall relief of a tomb just southwest of Cairo. Two boys reaching puberty are being altered by a priest. One of the boys tells the priest: “Rub off what is there thoroughly”, and the priest answers him: “I shall make it heal.” Neither priest nor pubescent apparently addresses the single most glaring unanswered question raised by the whole matter: who started this whole business and why? If a guy comes by pointing a jagged oyster-shell at your groin, wouldn't you expect him to be able to give you some sort of an explanation why this process is desirable? (The most logical explanation is simple. The male organ simply looks better post-circumcision than it does pre-circumcision. And looks matter: consider how visual an animal the human male is and just how much time he spends gazing at himself.)

But even if the origins weren't clear, the effects could be. In something known as the Ebers Papyrus, Egyptians offered a remedy for the discomforts of circumcision: “dzrt, honey, cuttle-bone, sycamore, fruit of dzja are mixed together and applied thereto.” There's no further explanation of dzrt and dzja. These must be archaeologist talk. Then there was the account given in the Great Karmack Inscription of the Libyan-Mediterranean invasion of Pharaoh Merneptah (1212-1202 BC). In this account, we learn that the Egyptians had different punishments for prisoners of war. Circumcised prisoners had their hands whacked off. Uncircumcised prisoners lost their genitals.

Among the Egyptians and most other Semitic peoples, circumcision was commonly a puberty rite or an initiation to marriage. In Arabic *hatana* means “to circumcise” and the words for “bridegroom”, “son-in-law” and “father-in-law” are all derivatives. (It's amazing the depth and width of knowledge that can be collected at a barbershop. Ladies, study your man when he returns from his favourite tonsorial parlour. Doesn't he look smarter?)

Obviously, the Israelites put a different spin on everything by mandating circumcision for every boy-child who had reached the ripe age of eight days. No longer is it a matter of hygiene or matrimony. Yahweh himself told Abraham: “Every male among you shall be circumcised. You shall circumcise the flesh of your foreskin (besar “orlatkem) and it shall be a sign (“ot) of the covenant (berit) between me and you.” Not that the Israelites of the Old Testament didn't sometimes find ways to take advantage of their special custom in intertribal squabbles. The article tells of the Hivites of Canaan, whose prince Shechem “defiled” Dinah, daughter of the Israelite patriarch Jacob. Shechem, the Book of Genesis tells us, “loved the girl and spoke tenderly to her.” So his father proposed a compromise to Jacob's sons: “Intermarry with us; give us your daughters in marriage and marry ours.” But Jacob's sons declared no marriages could take place because the Hivites weren't properly altered. The Hivites agreed to the new conditions – ah, the price

of diplomacy – and it was done. But it was all a ruse. The Israelites slaughtered them “on the third day, when they were still in pain.” (When I read this, I let out a moan that resounded throughout the barbershop.)

My shuddering continues as the article cites the First Book of Samuel, in which David purchases Saul’s daughter Michal for the bride-price of 100 Philistine foreskins. But the topper comes at the end of the story of the Israelite wandering in the desert. Poised to lead his people back to the Promised Land and celebrate Passover, Joshua is instructed by Yahweh to “make flint knives and circumcise the Israelites again a second time.” In the name of all that’s holy, why? Scholars speculate that perhaps the Egyptians didn’t involve the entire glans and corona while the ancient Israelite practice involved the complete prepuce or foreskin. Maybe during their long captivity, the sons of Abraham had adapted the Egyptian method and thus the need for “a second time.”

I put the magazine back on the stack, fishing for my handkerchief to deal with the chilly sweat now covering my forehead. All the while reflecting on the full meaning of “a second time.”

The man behind the barber’s chair is motioning to me. He’s holding scissors. Snip, snip. That’s OK pal. Maybe some other time.

*By Ronnie Virgets, bestofneworleans.com*

## **Christian Parents Seek Out ‘Holistic Circumcisions’**

**[By Nicole Neroulis, Religion News Service]**

**M**ark Kushner pulled up to the Watson family’s suburban Philadelphia home a week after the birth of their first son, Colin. In the dining room, he unpacked the tools of his trade: sterilized surgical instruments, topical anaesthetic, prayer shawls and a small bottle of kosher wine. The shawls went back into his black bag. But to Megan and Christopher Watson’s happy surprise, the mohel – pronounced ‘moyle,’ the title for a Jewish ritual circumciser – had copies of several prayers appropriate for the Presbyterian parents to read for the occasion. “We thank you for the miracle of human experience in the birth of our child”, they recited, as Kushner gently rocked their infant before the procedure.

Kushner, who is based in Philadelphia, and Philip Sherman, a mohel in the New York City area, say they have performed more than 30,000 circumcisions since training together in Israel in the 1970s. Most of their business comes from traditional brit milah ceremonies for 8-day-old Jewish boys. But in recent years, they have increasingly catered to Christian families who eschew a hospital procedure in favour of a \$300 to \$800 house call – a trend Sherman has dubbed ‘holistic circumcision’. “They want their babies circumcised in the comfort of their homes surrounded by family and friends, and they want it performed by someone highly experienced, who brings spirituality and meaning to the practice”, he said. “And it’s over in 30 seconds, compared to what hospitals do, which can be from 20 to 45 minutes, with the baby strapped down.”

Many Christian clients, including the Watsons, liked what they saw at a friend's brit milah, also known as a bris. Others are conservative Christians who want to follow Old Testament tradition, or learned about holistic circumcisions from the Internet, their doctors or word-of-mouth, Kushner said. Yet this anecdotal rise in Christians calling on mohels comes as the U.S. circumcision rate – historically much higher than in other parts of the world – is in decline. In contrast to the 85 percent reported in 1965, just 65 percent of all male newborns in American hospitals were circumcised in 1999, according to the most recent figures from the National Hospital Discharge Survey. Reliable data on religious circumcisions outside hospitals is hard to come by.

Megan Watson acknowledges that she had mixed feelings about having Colin circumcised, but deferred to her husband's judgment. At least at home, she said, they could comfort their son throughout the process, and she could breast feed him soon afterwards.

As Christopher Watson held his screaming baby's legs still on the tabletop pillow, Kushner snipped the foreskin off the tiny penis. The process took less than a minute. Afterwards, the infant's wails surrendered to a wine-dipped cotton swab, then his mother's breast, while Kushner relayed a list of instructions about how to care for the wound over the next three days. A week later, with Colin completely healed, his mother said she would wholeheartedly recommend using a mohel to other non-Jewish families who want their sons circumcised. "Everything is wonderful. We've been having some good sleep-filled nights; Colin's been sleeping about four, five hours at a time," Watson said. "He's a pretty happy baby."

## Friendly Action?

[From the *Electric New paper*, Singapore]

A 15-year-old Hong Kong boy saw his friend urinating and thought his foreskin was too long. So he did the unspeakable to the 11-year-old victim: he cut off the foreskin with a pair of scissors in a public toilet. To gain the victim's confidence, the older boy even whipped out his membership card with St John Ambulance. To take the victim's mind off the pain, he made him read an English school book.

The incident took place on 17<sup>th</sup> June last year. In court, he pleaded guilty to causing hurt. His lawyer said in mitigation that he's a genius with an IQ of 145, and came in fourth position in his school's cohort. He was also an avid reader of first aid manuals. The judge asked for a probation report and a psychological assessment on the boy before adjourning the case to Friday. The boys cannot be named to protect their identities.

## Apology

The production manager apologises for the delay in getting this issue to you following heavy work commitments over the last few weeks.

Vernon

# ACORN

Issue  
Nº 2 2009  
Editor  
Ivan Acorn

## Editorial

A recent article in *Men's Health* (reprinted in an abridged version on page 12) had the challenging title: 'Should all males be circumcised?' *Men's Health* has been notable in the past for its anti-circ tendency. This article in contrast is well balanced – indeed, if anything, it shows a pro-circ bias. Certainly it takes to task in no uncertain manner the more virulent wing of the anti-circ movement with its constant outpouring of untruthful propaganda.

The pity is that the article appears only in the American edition of the magazine. Do the editors feel that circumcision is a matter of no interest to guys in the UK? This may now be the land of the foreskins, but is the matter settled for ever? Does our population not merit information? Is a debate not warranted, especially since the article is so eloquent about the potential health benefits of circumcision? Perhaps a few comments on the magazine's discussion website are called for!

But at least circumcision is now available on demand in the UK and my Editor's column tracks the welcome rise of circumcision clinics over the past few years.

*Ivan Acorn*

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### Circumcision Clinics

Google the phrase 'circumcision clinic' and about 22,000 results appear; confine the search to the UK and there are still 7,500 entries. I doubt that there are quite this many clinics in the UK – multiple entries are rife. Nevertheless, it indicates just how prevalent circumcision services now are. How different this is from forty years ago when elective adult (or even infant) circumcision was extremely difficult to arrange. Access to the operation was via GPs who tended to view anyone seeking circumcision as more in need of a psychiatrist than a surgeon.

Perhaps the first crack in the ice was the Marie Stopes Clinic which advertised male circumcision, vasectomy and other minor surgical procedures in the pages of *Forum* magazine. The surgeon was a Dr Hassan and there are several *Acorn* members who were once separated from their foreskins by his scalpel. For those in the know, Dr Sifman in North London, Dr D'Silva in Luton and Dr 'John Smith' (a pseudonym) in the North of England were also prepared to undertake adult cuts and revisions.

Then cosmetic surgery clinics began to add male circumcision to their list of operations; but the charges were often exorbitant and the outcomes not particularly aesthetic. With the dawn of the internet, however, it became possible for other clinics to offer services on line at more reasonable costs. What these clinics realised was that the demand was not just from adults; it was also from parents for the circumcision of their sons, especially where this was a cultural or religious requirement.

First into the field was Custom House Surgery ([www.circumcisions.co.uk](http://www.circumcisions.co.uk)) in East London where Dr Zarifa has built a formidable reputation as a sympathetic practitioner who will attempt to meet the demands of patients, or their parents, with respect to the type of circumcision undertaken. Meanwhile Dr D'Silva's clinic has morphed into the Circumcision Centre ([www.circumcisioncentre.co.uk](http://www.circumcisioncentre.co.uk)).

There are now many other clinics in various parts of the country advertising on line. As might be expected, [www.baby-circumcision.co.uk](http://www.baby-circumcision.co.uk) is just for babies. The clinic is in Golders Green, London, the centre of a large Jewish community. The clinic is run by a mohel with ten years experience who is now offering the service to everyone including the Muslim and African communities. Circumcision is performed with the traditional shield and scalpel method without anaesthetic.

But most clinics cater for babies through to adults. The Integral Medical Centre ([www.integralmedical.co.uk/circumcision-london](http://www.integralmedical.co.uk/circumcision-london)) for instance, runs a circumcision clinic in Harrow Wealdstone (North West London). It uses the Plastibell method for babies and young boys, forceps guided or sleeve resection for older boys and adults. Its prices run from £120 for a baby under one year to £500 for adults. This includes two free follow up consultations. The site promotes circumcision very positively:

“Circumcision is a great way to protect yourself or your baby son throughout life. Surgical foreskin removal has huge medical benefits and significantly reduces the risks of developing the following unpleasant and life-limiting illnesses.” The site then goes on to detail these benefits: prevention of urinary tract infections, phimosis, balanitis and penile cancer; reduced risk of HIV/AIDS and other sexually transmitted diseases; and reduced risk of cervical cancer for partners.

The internet sites of some clinics are basic in the information that they offer. Others promote the benefits of circumcision, give details of their services plus costs, have a list of frequently asked questions, have testimonials from satisfied patients (or their parents!) and even supply photographs of the end results of previous patients.

One of the most comprehensive sites is the above mentioned Custom House Surgery in East London ([www.circumcisions.co.uk](http://www.circumcisions.co.uk)) where costs vary from £150 for a baby under two months to £600 for an adult circumcision or £800 for a revision. On its home page, the Custom House Surgery has sections dealing separately with the different needs of babies, boys and adults. It also specifically addresses the question of frenulum removal:

“This can be a variable part of circumcision or a single separate procedure. The frenulum is the web of skin which attaches the inside lower tip of the foreskin to the glans where it stretches on retraction down the cleft on the underside. It differs in individuals, being very tight in some when, on retraction, it pulls down on the head of the penis causing pain. A tight frenulum, which is called frenulum breve, may be an uncomfortable problem. In others the frenulum is apparently absent because it was either torn early in life or never developed. Quite often the frenulum is automatically removed during a circumcision. However, some men wish to have a circumcision but retain the frenulum. Very occasionally patients opt to have only the frenulum cut and removed, preferring to retain their foreskin and remain uncircumcised.”

The clinic also undertakes re-circumcisions: “Custom House Surgery has also been able to assist those who have been circumcised earlier in life and are unhappy with the result. Re-do circumcisions are often performed to remove excess foreskin left from a previous operation.”

The site has a good frequently asked questions section and also a section of patient comments. Typical is a letter from a father in SW England:

“My son (age 10 years) had a retractable, but very tight foreskin (which intermittently tended to get a bit inflamed and which had also on occasions got ‘stuck’ when retracted). After much debate (and a discussion with him about his feelings on the matter) we decided that we would go ahead and have him circumcised whilst he was still young enough not to be hugely embarrassed by the procedure.

“Having taken time to explain things fully to him, he was not in any way frightened of the surgery. The bruising and swelling all settled within about seven days and the stitches dissolved completely after two weeks. After healing my son has a very pleasing cosmetic result, with a straight scar line and a fully uncovered



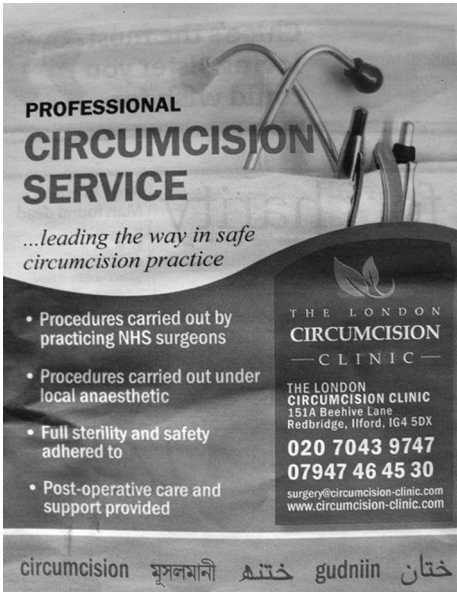
glans. He has been delighted with the outcome and has said to us that it looks and feels much neater and is much easier to keep clean. He also feels much more relaxed about passing urine (which in retrospect he had found a bit directionally unpredictable whilst he still had a foreskin!)

"In summary; he has not been adversely affected in the slightest way by the procedure, nor has he become at all self conscious or embarrassed after it. Prior to the operation he had chosen to keep it a secret from his school friends. However, after his return to school (his operation was done during half term) he has had a full discussion with his friends about his experiences. He has said to me that his advice to any boy considering whether to have the operation or not would be 'go for it' – certainly as a parent I feel we made the correct decision and any concerns that I had about my son having it done at this age were completely unfounded."

One of the overseas clinics with a very high reputation is The Circumcision Center run by Dr Cornell in Atlanta, USA ([www.circumcisioncenter.com](http://www.circumcisioncenter.com)). Dr Cornell specialises in adult circumcisions and revisions and performs over 250 operations each year. His website is very comprehensive and includes photographs of previous patients, some with both 'before' and 'after' pictures. The Reed Centre in Florida, USA ([www.penisdoctor.com](http://www.penisdoctor.com)) run by Dr Harold Reed, has a similar high reputation although circumcision is just one of a range of penile operations offered by the Centre including lengthening and foreskin restoration.

The proliferation of circumcision clinics is welcome since they offer a direct service which by-passes often hostile GPs. But the main advertising route is still the internet. This is fine for those parents who know that they want their son circumcised and are internet savvy. But there are many parents who are not aware of circumcision and its potential advantages and never consider it as an option. It is therefore a welcome move that clinics are beginning to use other media to advertise their services. For instance, Peter, a member in Essex, has sent in the adjacent ad from his local free newspaper.

The various foreign scripts at the bottom of the advert indicate the market that the advert has in mind – the Muslim ethnic minorities. Unfortunately, the website consists only of a home page with little detail – although it does state that all age groups are catered for. It is apparent therefore that the clinic will deal with males of any age, colour or creed. It is excellent news that such clinics are prepared to advertise in the more popular media. Anything that raises the profile of circumcision and alerts parents to the possibility can only be a good thing.



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circumcision مُسْلِمَانِی خَتْمه gudniin ختان



The *Acorn Society* itself does not keep a list of circumcision clinics or practitioners. The *Gilgal Society* ([www.gilgalsoc.org](http://www.gilgalsoc.org)) (PO Box 53515, London, SE19 2TX) does excellent work in this respect, providing advisory leaflets and lists of practitioners for the price of postage and packing. If you do discover new circumcision clinics yourself, the *Gilgal Society* would no doubt be pleased to hear to add them to their list.

Meanwhile, the *Acorn Society* is certainly interested in hearing of experiences at the various clinics. If you yourself, or someone you know, has undergone circumcision at a clinic, do give us your impression and ratings, and share with us your experience.

*Ivan Acorn*

## Who Is Circumcised And Who Is Not?

I have always been very interested in my friends' penises, often just checking whether or not they were circumcised. (Size was also important too.) At school, where we often played around, most boys I saw were circumcised like myself. Sometimes we managed to wank together but I could often observe mates when we peed together. Although I agree generally with keeping foreskins where possible, I have to admit that a cut dick (soft or hard) is much nicer to see than an uncut one. Uncut soft dicks look rather untidy, as many lady friends will agree.

I was circumcised for serious phimosis as a schoolboy. Phimosis is more often associated with boys with large penises. As an older adult, I am proud of my large penis when erect. (Just under 7" and thick should not be hidden away!) Inspection invited at any time by appointment...

Over the years, I have kept a note of the cut or uncut state of as many of my friends as I can recall. It's all completely inoffensive to anyone else but fascinating to me; so if any readers care to let *Acorn* have pics of their own dicks (erect or otherwise) for passing on to me, I should be very grateful indeed. No-one needs to show their faces if they are at all shy, but a note of your age at the time of the pic would be very helpful! Genuine pics of our cocks, taken in private, always fascinate me. Two cocks together – even better.

*Keith Price – West Yorkshire*

## A Balanced View

Many thanks to the editor for a very good and well balanced edition of *Acorn* (1/2009). It was good to read his Editor's Column with its description of the foreskin and also Zsolt's story.

I think many of us who are in favour of circumcision are enthusiastic because we were glad to be shot of our foreskins either because of phimosis or in my case balanitis. Many though, greatly value their foreskins which are a great source of delight to them.

For many years I lived in areas where circumcision was taken for granted. At school in the North West, half of us were cut, and half weren't. I then worked in two areas with a large Jewish population, Manchester and North East London, and again circumcision was not an issue. It was when I moved to South West London that I entered a circumcision free zone. It was after I moved that I was cut and this was noticed in the changing rooms. I have had a number of gentle questions over the last five years. I refuse to give advice though I echo Zsolt's story that if you are keen to be cut wear your foreskin back for a period. I also echo DB's advice that many of the pro circ sites are over enthusiastic.

This is where *Acorn* comes in. I find it easier to hand over a copy of *Acorn* to someone who is particularly interested and tell them to do their own research. A couple of years ago a guy told me that his two teenage sons wanted to be circumcised; what would I advise? The answer was that that was not a road I was going down; it was between the three of them (actually I think I was rather evil and said 'Why not try it first?'). But this edition of *Acorn* puts the issues evenly and if I am ever asked again about circumcision I shall simply give copies.

*J.G. – Surrey*

## Campaigning Tactics

The Editor's Column in issue 5/2008 was headed: 'Let's start a campaign'. I'm used to campaigning so here are some thoughts.

Firstly, don't sit down on the Town Hall or the Ministry steps with a placard as this will get you arrested. I've seen this from both aspects.

Secondly join the Establishment. I'm a member of Diabetes UK and they have hammered home time and time again the medical aspects of diabetes, and acceptance and government money is now flowing in and research is accelerating. They have proved their case. We now have enough evidence that circumcision can reduce the rate of HIV transmission, and we now need accurate figures as to how it reduces other sexually transmitted diseases. When I last enquired of the NHS I was told that no statistics were kept. Anecdotal evidence from World War 2 supported the belief that US soldiers who were cut were less likely to suffer STDs than British soldiers. We now need evidence.

Thirdly, we need to promote circumcision as part of a balanced sex education programme. I am sad to read account after account of those with phimosis or balanitis who are into their 30's and 40's without realising that something can be done. I was in my 50's and with a lot of intense pain before I realised that there was a remedy.

Fourthly, we need to point out that circumcision is not some sort of grotesque painful mutilation but, with the right surgeon, a fairly painless procedure. It doesn't leave you numb, and in my case has left me with increased pleasure.

*J.G. – Surrey*

## Picture Gallery



## A Strange Case Of Double Standards

[An article by Laura MacDonald from *Indymedia UK*]

Another child has died from male circumcision in England – apparently the third such death in 25 months – and boys (from babies to teenagers) are being regularly treated in hospitals for serious injuries or infections resulting from ritual genital cutting. NORM-UK, the charity concerned with the foreskin, calls on the government to implement fully the UN Convention on the Rights of the Child and give both boys and girls protection against ritual wounding – in all its forms.

Amid the clamour about the death of baby Jaden Mack in a dog attack, and the continued reverberations of the 'Baby P' case, another child death was reported rather quietly at about the same time. Nine week old Celian Noubiwe died as a result of a wilful wounding, commanded by his parents. He's the latest in a list of children to die in this way, and for every Celian there are around 100 who are treated for life threatening injuries but who survive.

The injury and death figures for this particular type of wound are in fact rather comparable to those for dog bites. In the last 25 months it's understood that 3 children have died\* following it and thousands overall will have required some form of follow-up treatment for issues such as blood loss, persistent pain or infection. The police have taken photographs of some of the injuries, which presumably then were filed away, as the government has made it clear no prosecutions can result.

In fact the government has said that anyone is free to inflict this on a child, anywhere any time. In a recent letter to NORM-UK, the Department of Health said that the only way in which this kind of wounding could result in a prosecution is if the perpetrator had "pretended to be a doctor". This would mean that the mechanic who burned off part of a 3 year old's body with a soldering iron (as reported in September on More4 news) apparently acted perfectly legally...

So what is it that makes us turn our faces away when a child spends a period in hospital because adults burned him or cut him, or when a baby bleeds to death in his cot over a long lonely night? The answer is a fear of criticising religious practice. The excision of around 50% of a child's penile skin is considered a duty in two large religious groups and we don't like to talk about either the direct harm or the collateral damage... because doing so might offend. We're even careful to construct the statistics so that the deaths simply disappear. When NORM-UK asked the Department of Health about circumcision deaths in late 2007 they told us, "the Office of National Statistics holds mortality statistics and these data show no evidence of death where circumcision was listed as the secondary cause".

It's easy to see how this result is achieved – just as Haringey's ex-Children's Services Director knew, hitting targets is all about what you choose to measure. So for example when in 1991 Raju Miah had the most sensitive part of his genitals excised, and never woke up, the death was recorded as 'narcotic poisoning' (i.e. an overdose of anaesthetic). Not a circumcision related death then. Neither apparently was the death of baby Boma Oruitemeka in London in 1990 from severe

haemorrhage after circumcision (without anaesthetic). In this case the Coroner Dr Douglas Chambers was almost endearingly frank about his own reasons for avoiding the issues: "I'm not going to stir up that hornet's nest" he said, "oh no thank you not at all."

In Ireland in 2005, hearing the case of baby Callis Osaghae, Judge Kevin Haugh (the late) drew the lines more clearly. He instructed the jury to put their "white western values" aside. So dutifully they did, finding the man who razored off one of the most blood and nerve rich areas of the baby's body not guilty of reckless endangerment. Fourth generation genital cutter Osagie Igbinidion walked free from court complaining of the "immense pain and distress" he had gone through during the trial process. Callis had no chance to tell of his pain and distress – he had died in 2003 with not a drop of blood left in his body. Although the humanists spoke up for Callis, those concerned with human rights – and more particularly child rights – generally remain silent in such cases. They like to think that (male) genital cutting injuries are a competency issue and not intrinsic to the practice. Yet complications have been recorded in as many as one in two boys, deaths are regular in both developed and less developed nations; and the intent of the surgery is – as the sage Maimonides admitted – a reduction in sexual pleasure.

Long-standing human traditions are clearly important. Yet the belief system or habits of one person cannot over-ride the absolute rights of another – be they one day old or 100 years old. So we don't allow the ritual facial scarification or even tattooing of a minor and we've banned all ritual female genital mutilation practices from small incision to radical excision. We're stepping up action against forced marriage, and we've criminalised those who would not 'spare the rod' or even the heavily applied hand. All this is scripture, tradition, belief, culture and hadith notwithstanding. So if that mechanic had put down his tools and spanked the boy hard as a punishment for crying he could have faced prosecution for common assault.

The NSPCC campaigned for this new law, and in fact want it taken further so that any and every smack is classified as assault – as does the Children's Commissioner for England Sir Al Aynsley-Green. Yet they will not campaign to protect boys from sacrificial genital cutting, or even to have the use of anaesthesia or sterile medical equipment made compulsory. When asked why, they cite, "the sensitivity of the issue".

We call on the NSPCC and the government to end this shameful relativism, and start applying the values we have all agreed: every child matters and human rights, including the right to bodily integrity and personal autonomy, are universal.

\* We have been unable to ascertain the details of the death which apparently occurred in London in Summer 2008 after a male circumcision. It seems likely that over the years there have been others which, like this one, simply pass 'under the radar'. The third death – that of baby Amitai Moshe on 9th February 2007 – comes to inquest at Hornsey Coroners Court, London on 20th April 2009.

## Circumcising Tyler

**[At the end of last year, a father recorded his thoughts on the internet as he arranged the circumcision of his adolescent son. The account will be serialised over the next few editions of the newsletter.]**

### Part 1 – Why Tyler isn't circumcised

**17 October 2008**

I believe RIC is brutal and psychologically damaging. Look at all the bad jobs done with RIC 99% of the time. The glans hasn't fully developed yet, there are complications that go undiagnosed, and yes, there is evidence of extreme pain, problems with maternal bonding, and keeping a freshly circumcised penis in a diaper. I think the cons outweigh the pros in this instance, all anti-circ ethics aside. If I look at it as objectively as possible, I'd say the only reason RIC is attractive is because it's relatively cheap and your son won't be conscious of it.

When my first son was born 13 years ago anaesthesia was not nearly as widely used as it is today and, again, my RIC was poorly done and I've seen plenty of men with RICs I'd say were too aggressive. While there are doctors out there who know what they are doing, there are plenty who don't and I see no reason to trust the sexual and physical health of my sons to a roulette wheel of possibilities. Those are the reasons I'm still wholly against RIC.

When I look at other cultures that circumcise, I find that the best time to do it is just before puberty. The penis is still relatively small yet large enough to be circumcised carefully, the glans has matured, and you can have your son circumcised the way you want him to be by a doctor who specializes in penises, not vaginas, or is fresh out of med school.

Because of my beliefs, neither of my boys are cut. I originally believed that they should choose for themselves. However the new information about circumcision helping to prevent STIs has changed my mind and my ex agrees with me. I plan to have my oldest, Tyler, who is in early stage 2 of puberty per his paediatrician, circumcised soon.

**18 October 2008**

I'm in the unenviable position of having to convince an adolescent that circumcision is the best thing for him and having to find a doctor who will do him the way I believe is best. His paediatrician is going to provide me with a referral to a paediatric urologist he says does excellent work. Unlike an infant he'll have full anaesthesia, an expert doctor, and the risk of fewer complications. I do not see his age as a drawback other than I think that I waited a year or two too long. I also think that, in an Iron John kind of way, his circumcision will help him feel like he's now becoming a man.

I must admit I have no idea what I'm going to say to him about it and I want to convince him without giving him an ultimatum. He knows I'm getting a revision and has no desire to know anything more about it. Otherwise I don't know how



he feels. He has never approached me or his mother about it other than asking once why he wasn't circumcised. We simply said we didn't think it was good for babies and he just accepted that.

I'd like him to approach it enthusiastically. If I have to bribe him (he wants a Wii and an iPod touch), then I'll do that too. I've talked to him about the importance of condoms and having sex responsibly. Even though I've done that and I think he's a responsible kid, I'm frankly terrified that he'll catch something. Girls these days are really forward and seem to be far more willing to put out than when I was young. I don't think he's sexually active yet but I could be wrong. I first had sex when I was his age and my parents didn't even think I had started puberty until I was 16!

My long consideration of a revision has led me to Circlist and a bunch of other groups. I now understand just how psychologically important circumcision is to a man and that many find it erotic. That's OK. I've learned far more than I thought I would and am extremely glad I waited so long to do something about my revision so that I might have all the choices before me. I feel so certain about the value of circumcision that I'm not only putting my own penis on the line, but my son's as well even though I don't relish the thought of having to raise the subject with him. But I'm the dad and I've been a good dad. I've made unpopular decisions before because I believe they were for the best and I've talked to my kids about difficult subjects because that's what I signed-up for the minute I agreed that we should start trying to have kids.

So even though it may be difficult for me and my son may not like the idea, I am still prepared to risk my popularity with him for the good of his health. That's the approach I think I'm going to take first though for all I know he'll love the idea. When I think about whether it's worth the effort now or whether I should have had him RIC'd, I still prefer this way. My RIC was a bad job and I didn't want that for my sons and I still stand by that.

## **26 October 2008**

As far as my son is concerned, things aren't so hot. The paediatric urologist my paediatrician referred me to didn't work out. He did, however, refer me to another paediatric urologist in the same practice and I spoke to him on Friday. This new guy is a breath of fresh air. He immediately agreed that circumcision is a good idea for all men and even spent a fair amount of time telling me how important it is for health and hygiene. When I asked him if he would do a low and tight, he quipped: "That's the only way to do 'em!" and then went on about the importance of removing the inner mucosal tissue. I hated to tell him he was preaching to the choir but I was so put at ease that I made an appointment for my son to see him on 26 December. Because Christmas is on a Thursday this year, the holiday vacation is unusually long and this doctor believes that should be enough time to allow my son time to heal before school starts again in January though he will not be able to participate in sports for a while. We'll be in his office at 8am and, if the consult goes alright, there's no reason Tyler couldn't be freshly circumcised and out of there by 10am.

## Should All Males Be Circumcised?

[An edited version of an article by Charles Hirshberg  
from the American edition of *Men's Health*.]

The day your wife gives birth to a baby boy, the kind, bespectacled face of Marvin L. Wang, M.D., is one that you want to see coming through the recovery-room door. Co-director of newborn nurseries at Massachusetts General Hospital in Boston, Dr. Wang has a perky, conversational bedside manner that puts everyone at ease.

I have to hustle to keep up with him as he strides energetically between hospital rooms. Right now he's congratulating a pair of new parents. Larry is standing on wobbly legs, looking both ecstatic and shell-shocked, while Joy sits serenely, holding their newborn son to her breast. Dr. Wang jokes with the new parents a bit and then says, "I understand you may want to have a circumcision for your baby." Larry and Joy don't answer immediately. At last Larry says, "Well... we don't know." Dr. Wang smiles. He's familiar with the befuddled expression on Larry's face.

Circumcision, of course, is the surgical removal of the penile foreskin from the glans – the fleshy crown of the penis. It is one of the most commonly performed procedures in American hospitals and, except for abortion, it may be the most controversial. The procedure has long been known to reduce the spread of a few rare, serious diseases, and to prevent a few annoying, uncomfortable ones. But in 1999, the American Academy of Pediatrics (AAP) determined that the risk of surgical complications, though small, nearly cancelled out the benefits. They neither discouraged nor recommended the procedure. Since then, 16 states have eliminated Medicaid coverage for nearly all circumcisions.

But 2 years ago, a consortium of experts convened by the World Health Organization and UNAIDS (the United Nations' HIV program) announced that circumcision should indeed "be part of a comprehensive HIV prevention package". It did so because three separate, meticulous medical trials in Kenya, Uganda, and South Africa, involving more than 10,000 men, had proved that circumcision could reduce the risk of female-to-male HIV infection by approximately 60 percent. This discovery is one that, over the next two decades, could save three million lives in Africa alone.

Now, no one believes that the potential health benefits for American males are nearly as great, or as urgent, as they are for men in Africa, where HIV is spread mostly through heterosexual intercourse. Still, similar study results are turning up on this continent as well. A team of researchers from the CDC, Johns Hopkins, and the Baltimore health department examined the records of more than 1,000 African American males – all heterosexual – who tested positive for HIV at Maryland clinics. Uncircumcised men were 50 percent more likely to be infected. These results have caused many U.S. doctors to reconsider their positions. "I've always told families that the health benefits of circumcision are real, but not enough to warrant advocating that all boys be circumcised," says Lise Johnson, M.D., the



director of healthy-newborn nurseries at Boston's Brigham and Women's Hospital. "But I find these HIV studies pretty striking. The weight of scientific evidence might be shifting in favour of circumcision."

Larry, the new dad, is circumcised himself but never thought much about circumcision until his wife became pregnant. "Joy kept saying, 'It's up to you,'" Larry tells Dr. Wang, "but when I finally said I wanted to do it, she said, 'Whoa! We have to talk.'" After a few uneasy moments, the new father's feelings spill out. "I guess I don't feel too strongly either way," he says, looking at his son tenderly. "But if there's a risk of hurting him..."

Dr. Wang says the operation rarely hurts much anymore; since the 1990s, it's become routine in U.S. hospitals to anaesthetize babies before the procedure. For every 1,500 circumcisions, there are maybe three complications, nearly all of which amount to a little unexpected bleeding or a treatable infection. In return, according to the AAP, circumcised boys have a lower risk of urinary-tract infections and penile cancer, and, indeed, "a slightly lower risk of getting sexually transmitted infections (STIs), including HIV, the virus that causes AIDS."

Circumcised or not, every man owes his foreskin a great debt of gratitude for its service in the womb. In the third month of gestation, when the nascent penis begins to bloom, the foreskin forms a little protective blanket under which the rest of the penis can safely grow. But once you and your penis are fully baked, the advantage of a foreskin is not clear. Some scientists speculate that it protected the prehistoric penis as it swung, naked, through thick forests and over tall grasses; and unless you take your penis on that sort of excursion, they argue, you don't need a foreskin.

That perceived uselessness may be one reason circumcision has such a long and varied history. Archaeological evidence suggests that the practice may be at least 6,000 years old. Muslims and Jews, along with the aborigines of Australia, the Aztecs and Mayans of this hemisphere, and many other cultures all independently adopted this squirm-inducing practice, and it seems unlikely they'd have done so unless they were convinced that it conferred some earthly benefit. Here in the United States, foreskins were left mostly undisturbed until the second half of the nineteenth century. But it wasn't until the North Africa campaign of World War II that American doctors turned into enthusiastic circumcisers. More than 145,000 American GIs based there slacked off on their cleaning regimens and came down with foreskin-related ouches – chiefly, balanoposthitis (inflammation of the foreskin and glans), phimosis (a foreskin that's too tight to retract over the glans), and paraphimosis (a foreskin stuck in the retracted position). After the war, doctors advanced a theory that circumcision reduces rates of cervical cancer – a hypothesis now confirmed by scientific research. Circumcision became routine, but anaesthesia wasn't part of the plan. That, more than any other factor, may have provoked the fiery anti-circumcision movement that casts its long shadow over the Internet.

Isaac is a newborn whose mother, months before she gave birth, made the decision to circumcise him. He awaits Dr. Wang atop a small operating table. His expression is blasé until a nurse standing over him slides a sugar-coated

pacifier into his mouth. His eyes open wide and he commences sucking with gusto. Sugar, Dr. Wang says, is known to send a rush of endorphins to certain parts of the brain, dulling sensitivity to pain. Dr. Wang gently wraps Isaac's legs in a soft harness. Until fairly recently, he remarks, it was standard practice to restrain babies' arms, too. "But it's distressing to them to be tied down like that, and it's really not necessary."

Fortunately, Dr. Wang says, circumcision is no longer performed in American hospitals without anaesthesia. After a quick examination of Isaac's manhood (if that's the right word for it), Dr. Wang administers four evenly spaced injections of lidocaine around the base of the baby's penis; Isaac shows no distress. At that point, Dr. Wang waits 5 minutes for the anaesthetic to take effect, then swabs Isaac's privates with sterilizing iodine and gets down to business. He arranges a clamp that pulls the foreskin forward, off the penis, where it can be safely cut off with surgical scissors in one snip. Isaac became agitated only once – when his sugary pacifier fell from his mouth. "Usually," says Dr. Wang, "the part they hate most is being washed off afterward. They don't like to feel the cold."

A few weeks later, I call Larry to find out what he's decided to do. "We opted not to do it," he says. "When you go on the Internet and read about this," he says, "you find out that there's really no reason for doing it. People try to think up new justifications for it, and when one doesn't work, they come up with another."

If you go on the Internet, you'll 'find out' precisely what Larry found out. The problem is, it's not true. I googled the word "circumcision", and two of the first three sites that popped up were the Circumcision Research Center and the Circumcision Information and Resource Pages – titles that suggest unbiased collections of data. In fact, both sites are run by anti-circumcision crusaders. A seemingly unending list of similar sites followed: Mothers Against Circumcision, Doctors Opposing Circumcision, Stop Infant Circumcision Society, and Milos' NOCIRC. Many of these activists have spent decades arguing that circumcision has no medical value, and recent scientific revelations have left them red-faced – not with embarrassment, but anger. According to Milos, for instance, all three of the Africa trials were part of what she calls an "ill-fated plot to circumcise everyone regardless of AIDS status!" She and others often demonize the scientists whose research has produced facts that contradict their extremist views.

Daniel Halperin, Ph.D., spent much of the 1990s poring over epidemiological studies of AIDS, looking for places in Africa and Asia where HIV rates were relatively low and then trying to figure out why. Halperin, a senior research scientist at Harvard's school of public health, concluded that circumcision played a role and he paid a high price for saying so – many people thought he was nuts. In some ways, since he's been proved right, the price has become steeper. To get a flavor of it, look at his inbox. "F\*\*K OFF," begins one e-mail, "with your PRO-CIRCUMCISION BIASED BULLS\*\*T ... [forcing] genital surgery on young boys who haven't done anything wrong." Another e-mail calls him "a Super Racist" devoted to the murder of Black Africans under the guise of helping them. "It's been quite a struggle," Halperin sighs, shaking his head.

But it's not without its rewards. The Africa trials add substantial weight to a mounting pile of evidence that circumcision also reduces the spread of other sexually transmitted illnesses, including several types of cancer and venereal disease. The journal *BMC Infectious Diseases* published a study (coauthored by Halperin and four others) that compared rates of cervical cancer – caused by the sexually transmitted human papillomavirus, or HPV – in more than 100 countries in Asia, Africa, and Latin America. In countries where fewer than 20 percent of men were circumcised, cervical-cancer rates were about 70 percent higher than in countries where more than 80 percent were circumcised.

All of this makes many public-health experts in the United States lament the decision of some states to withdraw Medicaid coverage for routine circumcision. “Because uncircumcised males face greater risk of HIV and other sexually transmitted infections,” a different study concludes, “lack of Medicaid coverage for circumcision may translate into future health disparities for children born to poor families.”

So what's the verdict? Should all males be circumcised? Not one doctor or scientist interviewed for this article expressed that opinion. Robert Bailey, Ph.D., a professor of epidemiology at the University of Illinois at Chicago, feels that “American parents should definitely factor all of this in, but it's not an automatic. Most of the diseases [circumcision] is known to prevent are pretty rare in the United States.” But, Halperin notes, “those illnesses may be rare at least partly because circumcision has been so widespread here.” But whatever you decide for you and yours, do not let anyone tell you circumcision can't slow the march of HIV. At a time when billions of American tax dollars are pouring into Africa to fight AIDS, it is extremely important that money is spent on methods that have been proved to help.

## Damages For Surprise Circumcision

A man who woke up in a Norwegian hospital and found himself the recipient of an unexpected circumcision has been awarded NOK 20,000 (US\$ 3,000) in compensation from the surgeon.

The Court of Appeals ruled that the physician in charge was negligent for not reading the man's journal before the operation, and found the result of the surgery constituted injury. The patient told the court that he would never have embarked on surgery to relieve an uncomfortably tight foreskin if he had known a circumcision would result.

The man claimed that the circumcision had destroyed his sex life by reducing the sensitivity of his penis and because he was now embarrassed to appear naked in front of his wife. He said he was also embarrassed to be naked in public bathing facilities now.

The surgeon said in his defence that at least 60 percent of American men are circumcised and that the procedure is routine for Jewish and Muslim babies. He also argued that the man was objectively better after the operation and he had been warned that the foreskin could be partially or completely removed.

The appeals court chose to believe that the resulting circumcision came as a shock to the patient, and ruled he had suffered damage, though not 'considerable' damage. The court also ruled that circumcision remains unusual in Norway and that the physical changes to the man's organ were self-evident.

*From the newspaper Sunnmørsposten*

## **Gays Know Whether They Are Cut**

**[A report on research published in *Sexually Transmitted Infections*]**

There is a proven association between circumcision and the prevention of HIV infection. But if men do not know whether or not they are circumcised, there could be misreporting of status, leading to misleading results. So a study was undertaken in Australia among gay men, basically to discover whether they knew their status.

A subgroup of 240 participants in the Health in Men (HIM) cohort study in Sydney, Australia attending annual interview agreed to a brief genital examination by a trained study nurse who was unaware of their previous self-reported circumcision status.

Three cases in which the examining study nurse was unsure of participants' circumcision status were excluded. Of the remaining 237 participants, 155 (65.4%) were classified as circumcised on examination. All participants who self-reported being circumcised were found on examination to be circumcised. Five participants who self identified as being uncircumcised at baseline were classified as circumcised on examination. The overall agreement between circumcision status on examination and self-report was 97.9%.

The study concluded that self-report is a valid measure of circumcision status in this group of predominantly Anglo gay-community-attached men. The researchers believe their findings can be generalised to similarly aged gay-community-attached men in other developed countries.

## **Man Sues For New Foreskin**

A German man who was circumcised against his will during emergency penis surgery is suing his doctor for cash to rebuild his foreskin. Karl Spandl, 50, from Bonn was rushed to the Troisdorf Hospital for surgery after a painful abscess developed on his penis. But while he was under the knife his doctor, unnamed for legal reasons, also chose to remove his foreskin to prevent complications. Spandl said: "When I woke up I almost passed out again with shock. I never said they could take that. And now I have almost no feeling in the tip – my sex life has been totally ruined."

The mechanic is now demanding £14,000 from his surgeon for a second penis operation – this time to rebuild his foreskin using membranes taken from inside his mouth.

*From the Internet*

# ACORN

Issue  
Nº 3 2009  
Editor  
Ivan Acorn

## Editorial

In my gym locker room a couple of weeks ago, an American father and his toddler son were changing into their swimming togs. Both were neatly cut. Across the gangway, a similar English father and son were still intact. And so the different traditions continue. But which of the two boys will gain most from their heritage – the circumcised or the uncircumcised? My Editor's Column this edition tackles the controversial question of Routine Infant Circumcision (RIC). In a related article reprinted from *Time*, a father agonises as to whether to have his baby boy cut.

Incidentally, I am told that the preferred expansion of the R in RIC is now *Requested* rather than *Routine*. I find difficulty with this change. I acknowledge the difference between a circumcision which is performed to resolve a medical problem and one which is requested by parents for cultural or prophylactic reasons. However, surely the argument is that the benefits of circumcision are so great that the procedure should be applied *routinely* to all baby boys. So, for the time being, I shall carry on using *Routine* as my preferred terminology.

Ivan Acorn

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### Routine Infant Circumcision

**B**aby Luke is seven days old. Hanging from his penis is a Plastibell. Its function is to strangulate his foreskin. In a few days time, the Plastibell will fall away together with his necrosed foreskin. Luke will then be fully circumcised.

Routine infant circumcision is a controversial procedure – the more extreme opponents categorise it as genital mutilation. Even people who judge the operation objectively have qualms about removing healthy, natural tissue without any immediate medical need. So is Luke going through an antiquated and obsolete operation, or will his circumcision ultimately be to his benefit?

Three main arguments are put forward in favour of infant circumcision: it protects against urinary tract infection (UTI) in the early years and offers some protection against HIV and other sexually transmitted diseases from puberty onwards; it acts prophylactically to prevent diseases of the foreskin such as phimosis and balanitis; and it improves the sexual function. We will look at each of these arguments in turn.

UTIs are bacterial infections of the urinary tract (kidneys, ureters, bladder and urethra). They can become serious if undetected, and may lead to permanent kidney damage. There is evidence that UTIs are less common in circumcised infants. This has been substantiated in a systematic review of twelve research studies into the matter conducted by D Singh-Grewal et al and published in the *Archives of Diseases of Childhood* 2005. There were three different types of study design within the review but all had a similar result and indicated a large reduction in UTI rates in circumcised over uncircumcised boys. Circumcision substantially reduces the rate of UTIs.

With respect to sexually transmitted infections (STIs), the most recent research has just been published in the *New England Journal of Medicine* in a paper entitled “Male Circumcision for the Prevention of HSV-2 and HPV Infections and Syphilis” by Tobian, Serwadda, Quinn, et al. (See report on page 5.)

The study investigated whether male circumcision prevents certain sexually transmitted infections (STIs) in HIV-negative adolescent boys and men. The STIs included herpes simplex virus type 2 (HSV-2), human papillomavirus (HPV) infections as well as syphilis. 3,393 males were included in this study and randomly allocated to either immediate circumcision (1,684 males) or circumcision after a 24-month wait (after the study had finished).

What were the results of the study? After 24 months, the circumcised men had a 7.8% overall chance of testing positive for the genital herpes virus, compared to a 10.3% chance in the uncircumcised group. In the circumcised group, the prevalence of high-risk HPV genotypes was 18% compared to 27.9% in the uncircumcised group. There was no significant difference between the two study groups in the proportion that developed syphilis.

What interpretations did the researchers draw from these results? The researchers say that “in addition to decreasing the incidence of HIV infection,

male circumcision significantly reduced the incidence of HSV-2 infection and the prevalence of HPV infection". They say that other related research shows that male circumcision decreases the rates of HIV, HSV-2, and HPV infections in men. In their female partners, it reduces infections of trichomoniasis, bacterial vaginosis and other sexually transmitted infections. The researchers conclude that their findings "underscore the potential public health benefits of the procedure".

To the results of this study can be added the results of the three randomised controlled clinical trials conducted in Africa to determine whether circumcision of adult males would reduce their risk for HIV infection. The studies showed that circumcised men had a 60% reduced chance of acquiring the HIV virus over their uncircumcised peers.

Thus the first reason for infant circumcision is justified. It confers substantial protection against UTIs in infancy and STIs in adulthood.

There are three main problems that can occur with foreskins – phimosis, balanitis and frenulum breve. In phimosis, the opening of the foreskin is too narrow to allow the foreskin to be retracted over the glans. A foreskin may retract perfectly during boyhood but nevertheless become phimotic at puberty. This is because, as the glans grows, it becomes too large for the foreskin opening. Frenulum breve is where the frenulum is too short or too tight causing a painful pulling on the glans during sexual activity. In fact, a guy can learn to accommodate frenulum breve by adapting his masturbation technique and the problem then becomes apparent only on intercourse. Thrusting can be extremely painful or, alternatively, the frenulum snaps, again with pain and considerable bleeding. Balanitis, inflammation of the foreskin or glans, can occur at any age.

It is estimated that up to 10% of males have penile problems which require circumcision. If all males were circumcised in infancy, such adult interventions would be obviated. But, it will be argued, 10% is a relatively low rate and does not justify the wholesale slaughter of all foreskins. Let those who suffer have surgical intervention as necessary, as happens with all other medical diseases. The problem is that these penile defects manifest themselves mainly at puberty or during first sexual relations. It can be extremely embarrassing, mortifying even, for a teenage boy to be faced with such difficulties at this age. Men are notoriously reluctant to consult their doctor about any illness. How much more reluctant they will be to consult about a penile problem, especially if their doctor happens to be female. Many men just grin and bear it. Indeed, it is probable that many men have a low quality sex life because of foreskin problems which they live with. They may not even know how the foreskin should function. Many men with phimosis are not aware that their foreskin is meant to retract and they become aware of the problem only when infection occurs because of lack of foreskin hygiene.

Apart from the embarrassment factor, there is the economic. Adult circumcision is much more expensive than infant circumcision. The operation is more complex – sutures are required for an adult, and healing can be complicated by penile erections. Add to this, the GP consultations, the referral process, the initial consultation, the operation itself and the follow up, all involving more medical and administrative resources together with work-time lost for the patient. Infant



circumcision on the other hand is a relatively simple process with few of the concomitant costs which adult circumcision involves. In addition, circumcision at this young age is an insurance policy against future penile problems. Baby Luke will never suffer from phimosis, frenulum breve or balanitis.

Turning to the question of sexual performance, the anti-circumcision lobby argues that circumcision both removes erogenous tissue (the inner foreskin) and blunts the sensitivity of the glans through exposure. The sexual experience of circumcised men is thereby diminished. Studies to confirm or deny these claims are difficult to carry out. The majority of circumcised men were circumcised in infancy or pre-puberty. They therefore have no sexual experience with a foreskin with which to compare their cut experience. Even when men are circumcised as adults, before and after comparisons are difficult because the circumcision may have been carried out for medical reasons; the sexual experience of such males may not be typical of those with problem-free foreskins.

A study, published in the January issue of *BJU International*, sheds more light on the impact of circumcision on male sexual satisfaction and function. The study involved 4,456 sexually experienced Ugandan men (aged 15 to 49) who were HIV negative. All men were scheduled to receive circumcision; however one group was circumcised as soon as the study began and a second group was circumcised two years later. Researchers looked at sexual desire, satisfaction and function in both groups at six, 12, and 24 months. Their findings included:

- 98.6 per cent of the circumcised men reported no problems in penetration, compared with 99.4 per cent of the control group.
- 99.4 per cent of the circumcised men reported no pain on intercourse, compared with 98.8 per cent of the control group.
- Sexual satisfaction was more or less constant in the circumcision group – 98.5 per cent on enrolment and 98.4 per cent after two years – but rose slightly from 98 per cent to 99.9 per cent in the control group. This difference was not felt to be clinically significant.

At the six-month visit there was a small, but statistically significant, difference in problems with penetration and pain among the circumcised group, but this was temporary and was not reported at subsequent follow-up visits.

This study demonstrates that circumcision does not result in any decrease in sexual function or satisfaction. It reinforces other studies which have shown no decrease in sensitivity in circumcised men. Circumcision can therefore be argued as a win-win situation. It does not adversely affect the sexual experience for anyone, but significantly improves that experience for anyone with foreskin problems.

It is fashionable to argue that the foreskin should not be removed before the age of consent; that the foreskin should be left in place until the guy himself is old enough to decide on its removal. But that is to treat circumcision as a cosmetic procedure – a life style choice like a tattoo or a piercing. Circumcision is in a different league from that. If the above evidence is to be believed, it is a minor procedure which confers lifelong benefits. Surely routine infant circumcision is a no-brainer?

Ivan Acorn



## Circumcision Is Found to Curb Two S.T.D.'s

[By Nicholas Bakalar, the *New York Times*]

Male circumcision, already shown to reduce the incidence of HIV infection in men, also reduces transmission of both herpes simplex virus Type 2 and human papilloma virus, a study has found.

According to the Centers for Disease Control and Prevention, at least 45 million people in the United States aged 12 and older have had herpes, or HSV-2, the incurable infection that can cause recurrent painful genital lesions. About 20 million are currently infected with human papilloma virus, or HPV, which causes various genital cancers, including most cervical cancers. There is no treatment or cure for HPV, but there is a vaccine now licensed only for girls and women.

The study, a randomized clinical trial published in *The New England Journal of Medicine*, assigned more than 3,000 uncircumcised Ugandan men who were not infected with HSV-2 to undergo immediate circumcision or to be circumcised 24 months from the start of the investigation. A subgroup was similarly evaluated for HPV infection.

At 24 months, 114 men of the men initially circumcised and 153 of the non-circumcised tested positive for HSV-2. After controlling for various health and behavioral factors, the researchers estimated that circumcised men had a 25 percent reduced risk of infection. The results do not apply to their partners. For the types of HPV that cause genital cancer, the results were even more striking. About 18 percent of circumcised men were infected at the end of two years, compared with almost 28 percent in the control group. Even after adjustment for types of sexual practices, symptoms of sexually transmitted infections and other variables, the circumcised men had a 35 percent reduced risk of infection.

The mechanism for the effect is unclear, but the authors suggest that the retraction of the foreskin during intercourse exposes the penis to infection, and that the moist area under the foreskin may then provide a protected environment in which the viruses can flourish.

Asked about the applicability of the African results to men in the United States, the study's senior author, Dr. Ronald H. Gray, a professor of reproductive epidemiology at Johns Hopkins, said, "There is no reason to believe that this is in any way unique to Africa."

The study confirms the results of two previous trials in South Africa, and Dr. Gray believes that taken together the studies have significant implications for public health. "The findings suggest that there are important lifetime health benefits to the procedure," he said. "I think it's important that pediatricians consider the lifelong benefits that might accrue from circumcision when they are advising parents on whether the procedure should be performed in baby boys."

Other experts agreed. Robert C. Bailey, a professor of epidemiology at the University of Illinois, Chicago, who has published widely on the subject, said the *American Academy of Pediatrics* and other professional associations "are not taking

the lead in providing clinicians, nurses and midwives – the people who assist parents in making decisions,” with the information they need. “And so parents are not being fully informed,” he added.

An editorial published with the study said that rates of circumcision in the United States were declining, and that they were lowest among black and Hispanic patients, groups with disproportionately high rates of HIV, herpes infection and cervical cancer. There are 16 states in which Medicaid does not pay for routine circumcision, and this may exacerbate the problem among the poor, the editorial said. The authors acknowledge that both intervention and control subjects were self-selected, and that compliant subjects might be at lower risk for infection to begin with. That could result in an underestimation of the effect. Since the men were evaluated only at 24 months, it also is difficult to determine whether the lower rate of infection was because of a reduced rate of acquisition or an increased rate of infection clearance.

Still, considering the results of their own and previous studies, the researchers conclude that circumcision should now be accepted as an effective intervention for HSV-2 and HPV prevention, even though they emphasize that the procedure is only partly effective and that the promotion of safe sex is still essential.

*Submitted by Californian*

## **No More Smelly Foreskins!**

A new cream, NodorO™, is on the market. Its function is to banish genital odour. The blurb from the website is reprinted below. The cream is manufactured in the United States but can be shipped internationally. It can be bought from the website [www.nodoro.com](http://www.nodoro.com) at a cost of \$12.99 per tube.

Have you ever asked yourself

“Why is it that no matter how much time and effort I put into washing my penis in the shower, I still get that awful whiff of a rancid smell throughout the day, or even right after a shower?”

Don't worry, you are not alone. Finally, there is a solution. NodorO™ is a safe and effective OTC (Over The Counter) medicated cream developed in accordance with an FDA approved monograph; NodorO's brand was specifically created to destroy and prevent MGO (Male Genital Odours) and can be obtained right here on this website. Do not get fooled by scented creams and oils. NodorO™ does not mask or cover the smell, it REMOVES, KILLS and PREVENTS ODOURS. You must solve the problem at the source by using NodorO™.

President/CEO and NodorO™ Creator, Dominic Adams suffered from MGO since he was a teenager, until he realized his discovery. Adams personally tested the product for several years, which inspired him to share his discovery with the world and created NodorO™. “I could not imagine my sexual life without NodorO™ anymore. I have no more fears of repulsing my partner due to bad genital odours. For anyone who has ever dealt with MGO, it is a miracle cream. I went from

being embarrassed because of the smell, to being confident,” says Adams without embarrassment or shame anymore.

Typically, MGO occurs with men who are not circumcised. Due to the moist environment between the foreskin against the glans, it is a favourable environment for the growth of fungi cells. NodorO™ targets the micro-fungi called tinea corporis that may be causing your MGO. However, MGO is also common with men who are circumcised.

Sex can offer you some of the best and most intense moments in your life. But unpleasant odours can ruin your sex life and potentially your relationships. Let's be honest, unpleasant smells are a turn off for anyone, and the last thing you want is for a fishy smell to be coming from your own penis. Simply apply NodorO™ for 2 days (see instructions), and you will notice results right away. Use as needed and as directed.

We understand that such a problem is very embarrassing, therefore NodorO™ will be shipped anonymously and will be billed to your card discreetly. Don't wait anymore! Take charge of your hygiene, improve your confidence, and get NodorO™ today. You too, will soon be able to say: "I SMELL PERFECT!"

## **An Attention-grabbing Topic**

Circumcision seems to dominate Men's Magazines and the internet more than ever. It is a topic or subject that has grabbed people's attention in recent times. Put the case: should all men be circumcised? Some will answer yes and others no.

As a circumcised man I am in favour of circumcision just for the 'cosmetic appearance' – if nothing else. Compulsory or mandatory circumcision is dead against my principles and smacks of the totalitarian state and there would be no equivalent for women. In my opinion, all circumcisions should be voluntarily performed unless some dire medical condition dictates otherwise. As for the proliferation of 'circumcision clinics' for the want of a better term – I believe this is a good trend. It would give a man the opportunity to consult the clinic and if necessary, 'book himself in for the op' without giving away too much information to other people.

My circumcision was performed when I was about three years old in the early years of WW2 at the behest of my mother and due to phimosis. I was duly taken to the Jewish Hospital and appropriately circumcised. A few days later I was taken back and my stitches were removed to reveal a perfect circumcision. However, my frenulum was left intact and over the years gave me some irritation during intercourse despite the sexual position we were adopting at the time. August 06 gave me an answer to this discomfort – a re-circumcision at the Custom House Clinic in London with Dr Zarifa. Arrangements were easy with Sylvia Nicholas the admissions secretary. I had some skin on the shaft of my penis removed which gave a tighter feel and appearance. My frenulum was also removed which makes intercourse much more pleasant.

*R.W. – Manchester*

## Should I Opt For Circumcision?

[An article by Joel Stein from *Time*]

I knew having a child would force me to examine my life, but I didn't expect to have to start with my penis. When my wife and I found out we were having a boy, everyone asked if we were going to circumcise him. All I knew was that circumcision is something the U.S. does and Europe doesn't and is therefore awesome. Our penises are clean and sleek and new like Frank Gehry skyscrapers, while theirs are crumbling, ancient edifices inhabited by fat old men in hats.

But when I thought about it, there was something disturbing about the fact that someone had chopped off part of my penis – a part that not only had nerve endings and a protective function but also could have made me look bigger. When I presented these arguments to my lovely wife Cassandra, she told me to shut up. Her argument was largely based on aesthetics and involved a lot of detailed talk about the surprising number of men she had dated. It's hard to win a debate when you're busy covering your ears and singing to yourself.

I argued that our son would not feel embarrassed either way, since compared with American babies in the 1960s, when 90% got snipped, about half of newborns are now deforeskinned – and only about 30% of California infants. I went on Facebook to ask if being made fun of in the locker room was apocryphal. What I learned is that even Facebook users disapprove of making parental decisions on Facebook. And kids probably don't make fun of one another, since the *Centers for Disease Control and Prevention* found that only 69% of circumcised and 65% of uncircumcised adolescents know which one they are. Also, you don't need to be Don Rickles to respond to someone's mockery of your foreskin with a casual "Dude, why are you staring at my penis?"

All I knew was that this is clearly not a decision I should be making for another human being. What school he attends, what he eats, which bouncy seat he should bounce in – sure. Whether to alter your genitals for aesthetic reasons is a question meant for your mid-20s at Burning Man.

Still, I knew this decision was going to be made now or never, so I started asking every medical professional, woman and gay man what kind of penis they preferred, which, to my shock, got me a lot of dinner invitations. Though there seemed to be a slight aesthetic preference for not wearing a hat and a slight functional preference for keeping one on, no one had a really good argument for giving your baby plastic surgery. A paediatrician told me the sole reason he circumcised his son was so that the kid looked like him. If my son looks at my penis and the biggest difference he notices is foreskin, I have far more serious problems. Plus, if I wanted my son to look like me, I wouldn't have worked so hard to marry someone better-looking than I am.

It turns out, though, that there's an enormous group of people who would argue passionately for my son's foreskin. Francis Crick and Jonas Salk were among the Nobel laureates who signed a petition to the World Court to end circumcision. The last week of March was Genital Integrity Awareness Week, which included a

march from the White House to the Capitol, which, while not far in miles, is an eternity when measured in baby foreskins. This cause is so real, it has its own ribbon. There's even a group called *Jews Against Circumcision*, made up almost exclusively of Jews whose parents no longer talk to them.

The antislipping crusaders argue that the ancient Greeks rejected this violent tribal custom of the Jews and Muslims; hardly anyone practises it anymore besides those groups and Americans. They argue that the Jews created it as a way either to exclude women from their club or to ritualize the sacrifice of the firstborn male. They say it was brought to the U.S. in Victorian times only as a means of reducing masturbation by limiting sensation, in what has to be the biggest failed medical experiment in history.

Cassandra would not hear any of this. She felt strongly that our son should feel Jewish and that when she bathes him, she shouldn't have to touch his penis too much. And then last month, a study from Africa showed that circumcision greatly reduces the chances of catching a sexually transmitted disease. And I had lost my argument.

So in a few weeks, I'm going to buy some bagels, call a mohel who is also a paediatric surgeon and believes in local anaesthetic, and do something that I'm pretty sure is wrong. I have a horrible feeling that all of parenthood is like this.

## Circumcising Tyler

**[At the end of last year, a father recorded his thoughts as he arranged the circumcision of his adolescent son. The account is being serialised over a number of editions of the newsletter.]**

### Part 2 – Convincing Tyler

**26 October 2008**

Now that I had a good doctor, it was time to sit down with Tyler and tell him what was what. It pretty much boiled down to me knocking on his door and coming in and starting to talk about how he was becoming a man and how his body's changing and how important it is to have safe sex. He sat in his chair clearly embarrassed but nodding and 'uh-huhing' to show he was listening. I finally said: "You're probably wondering where I'm going with all this." He replied that indeed he was. So I, rather undiplomatically, just came out and said: "Well Tyler, I've decided that the best thing for you is to get circumcised." His eyes just widened, his jaw opened slightly, and he looked at me sideways as I had feared. The rest was rough. He didn't cry but I could tell he was close to it despite my reassurances that being circumcised is best not only for health but for sex and hygiene. I told him I found an excellent doctor who will make sure it doesn't hurt at all and that not only would I get him the iTouch for Christmas but he'll get the Wii as well. I then tried to take the long view by saying: "But I think you'll appreciate your circumcision for far longer than any of those things." That bit of wisdom was lost on him.

Right now he's up in his room here at my place being very quiet. He immediately called his mother who stood by me as we discussed though she immediately called me afterwards worried about him. Despite everything between us, she is a good mother and for that I'm thankful. This is one of those times I just feel like, "You're mean daddy!" I'm going to spend time building up his enthusiasm for this once the shock wears off. I gave him a print-out showing an adult penis cut in the low and tight style and the entire page of teen and adult reactions from *Circlist*. He tossed it aside when I gave it to him though I'm sure he'll read it at some point.

I don't think he's so against being circumcised as the idea of having surgery as that was what he talked about most, though he did surprise me when he asked me if it would feel different when he masturbated. I explained that it would but that it would feel better after he had healed. He was, oddly, also concerned how many people would be looking at him and if he would be in the hospital. I think the idea of a lot of people looking at his penis is embarrassing for him. Otherwise he was very concerned how many shots he would have and if he would have an IV. I told him I did not know but would ask the doctor though I assured him the surgery would be painless.

Frankly, I expected more opposition though it wasn't the "I've been dying to ask you about it Dad!" reaction I hoped for. I'm going to play it by ear and gradually introduce him to the idea that this is a positive experience with a lot to look forward to. I am still certain I've made the right choice.

## **28 October 2008**

Tyler turned 13 this summer. We spent a good part of yesterday discussing this entire situation. I apologized for making it sound like an order and went into greater detail about all the benefits of circumcision. He read the print outs I gave him last night and I think that, at this point, he's more worried about having surgery than what the surgery is about. His best friends are circumcised and I believe most kids around here are, so we also talked about looking like other guys. I'm not sure where he is in puberty compared to his friends, but I think he's lagging a bit behind. When I asked the paediatrician about it I got the pre-canned response, "all boys are different, whatever he's at is right for him, etc. etc." OK, but when he goes to high school next year will he be ridiculed or will he fit in? I know many kids these days either don't shower after sports or shower with their underwear on. I think it's a bit ridiculous having lived through the non-trauma of gang showers my entire high school experience. However I do want to encourage Tyler to branch out in other sports. I'm not a rah-rah sports dad by any means. What's important is that he be healthy and look after himself. It's so easy to get fat these days and I think the habits he develops now will last him through his adult life.

I didn't push the issue any more than he seemed willing to talk about but I did emphasize that this decision was made with every regard for his health and that I made it with love for him. I was kind of surprised. Usually when I say things like he bristles or sighs or I get a "Daaad!" This time he just said: "I know."

Tyler has asked me not to tell his brother David about it and I agreed that Tyler should be the one to tell David. This is a private matter though he should speak to his brother about it before the time comes. David is nine and he's in the same situation that Tyler is. I told Tyler that it's very important that he not frighten David because he'll be going through it himself soon enough. I completely expect David to be much easier to handle once Tyler is done. They fight like cats and dogs, have very different personalities and interests, but I do know that David looks up to Tyler the same way I did with my older brother. Once Tyler is done, I expect David to fairly pester me to be circumcised. That's the kind of dynamic they have. What one has, the other wants.

## **1 November 2008**

As an update, I've decided to take my son in early for the initial consult so he can ask the doctor all the questions I can't answer. Tyler's very interested in talking to the doctor and understanding everything about what's going on. I'm happy to say he's gone from shocked to cautious to curious. I admit I also want to meet this doctor so I can get a feel for him before I commit my son's circumcision to him. If he can put Tyler at ease then I think that will greatly relieve the anxiety.

I have apologized to Tyler for sounding like such a jerk when I first spoke to him. I was very nervous speaking to him and I guess that showed in how I raised the whole issue. Now that the whole initial awkwardness of the subject has passed, we've talked more about it more comfortably and I think we're both much happier with how it's all going.

## **25 November 2008**

Tyler had his consult today with the urologist doing his circumcision. As I stated earlier, I wanted to move up the consult so he could have his lingering questions answered that I felt would be answered best by the doctor.

The doctor interviewed us both together asking about why I thought Tyler should be circumcised and I responded with the health, cleanliness, and social reasons which I believe are important. The doctor basically agreed with me though he did warn us quite strictly that circumcision is no substitute for a condom. Poor Tyler turned beet red but then did perk up a bit when the doctor mentioned that condoms are easier to use for circumcised men, something I hadn't thought of.

As the conversation turned to discussing just how things would go, Tyler started asking questions about anaesthesia, pain, how long it would all take, stitches, if he would be awake, and if other people would be able to tell he wasn't circumcised at birth. The doctor spoke frankly and with a reassuring smile on his face the entire time. He talked to Tyler like an adult and that always impresses me. He's board certified, says he's likely done hundreds of circumcisions and as he said: "I've never had one fall off yet!" That got a chuckle from Tyler and that made me happy.

After that, he and Tyler went into the examination room while I read an ancient issue of *Architectural Digest* with Rod Stewart on the cover, but they were out in less than ten minutes, Tyler looking slightly sheepish if none the worse. He then



sent Tyler out to the waiting room while he asked me about medical histories and if I was sure this was what I wanted and did I know that Tyler had a tight frenulum? I replied that I didn't as Tyler had never mentioned it to me. Well guess what? Now that he does, insurance will cover the procedure and so that's less money out of my pocket. That done, I paid and we left.

On the way home I asked Tyler if he felt good about this doctor and if he had all his questions answered. He said he had and when I asked him if he was OK with it, he said he was. Then he asked not to talk about it any more.

And that was that. We're still scheduled for the 26th of next month and we'll see how it all goes. I'm really glad we did this before the surgery itself. It seemed to relieve Tyler's anxiety a great deal and made me feel more confident in my decision on not only circumcision, but the doctor as well.

## Tamás' Story

**[This is the second personal story from the Hungarian website.]**

I am 29 now, and I had no problem whatsoever with my foreskin, as I could easily pull it back even when fully erect. In fact, I was not fully satisfied with it, because it was quite long and thick, and I had problems with using condoms. Plus, if the girl was not tight enough, my skin slipped forward and I was moving back and forth in my own foreskin. Nevertheless, I had never thought of getting circumcised until early 2007, and I thought that voluntary (non-medical) circumcision is a simple nonsense.

On one occasion, my girlfriend at that time started to play with my dick with the foreskin fully pulled back with one hand, and stroking the mushroom head with her other, and I liked it a lot. I also did it when I was alone, and I tried to keep my foreskin pulled back. Unfortunately, it did not work, because as I said it was too long and thick, so my glans could not hold it back. I started to browse the net to get some idea what to do, chatted with lots of guys who were circumcised, and I sort of started thinking about getting it done myself. By then I had a new girlfriend to whom I mentioned the idea and she was very pleased with it. It turned out that she wanted to suggest circumcision herself, as her ex-boyfriends were all circumcised, and she thought that every man is cut in Hungary, just like in the US.

I chose Dr Fekete, who runs a successful private clinic in Budapest, specialises in men's health and does scores of circumcisions. I was circumcised in late June 2007 and I had a very smooth and problem-less healing period. Unfortunately, the doctor did not cut off enough skin and the scar was not too nice either, so I went back to him in April 2008 and had a correction surgery done. My second operation was also very smooth and I healed very quickly. Now I have a new girlfriend who loves my circumcised dick and I am also very pleased with my organ. I have already decided that I will get my future sons circumcised as soon as possible. I am sure the mother will agree, as it is a lot better for the man and for the girlfriends and for the future wife too.



## Picture Gallery

[The images are of Tamás whose story appears opposite.]



## Circumcision In Fiction

[Extracts from *The Young Stud* by Peter Brown]

**(This is taken from fiction about guys being taken into slavery. In this story, Steve has just been sold and is about to be inspected by his new owner.)**

I wondered what my owner would be like, and stood there trembling in anticipation and worry. I was standing there buck naked when I heard a guard snap "Turn around, boy, and stand still!" There in front of me was an older guy and behind him, another guy: tall and very well muscled.

The older man's eyes raked me up and down as they had before the auction, and he nodded slightly as he said to me "You're mine now, boy. You will refer to me as 'Boss.'" I was about to say something when the guard looked at him and said "Included in the price is any other procedures you want... vasectomy, circumcision, even castration... We have a fully trained nurse who's qualified for all those operations on slaves."

The man looked at me, and smiled. "Don't look so worried, Steve! The last thing you'll be having is a vasectomy, or the loss of your balls, will he Jeff?" The big guy's faint smile broke into a broad grin as he answered promptly "No, boss!"

"I'm not so sure about the circumcision, though." My owner peered at my dick as he said this, and went on "He's not got a horrible long flap overhanging the end, and I quite like the way his piss slit is peeping through even when he's all shrunk up with the cold. But, on the other hand, especially in your line of business, the traditional 'high and tight' is so much sleeker. You'd agree with that, wouldn't you, Jeff?"

The big guy smiled again. "Well, Boss, it's true that it's easier to shower and everything, and I suppose it looks better when you're not erect... But a young guy like this... Well, it seems a shame to spoil his pleasure as it's not so much fun jerking off without your 'skin..." "Oh, come on, Jeff! When's he going to be jerking off in future?" "Sure, Boss... But mightn't it be better to wait and see how he works? I mean, if you have to sell him if he's unsuitable, then you'd get a better price with him still 'au natural', especially since, as you say, his 'skin kind of enhances the general look of his dick. You could always have it done later..."

My owner nodded.

\*\*\*\*\*

In the afternoon of the third day, when I was working out as usual in the gym, a guard came over, and told me to follow him. The guard took me into a kind of first aid room, with one of those treatment chairs in it, and after a few moments a youngish guy in slacks and a pullover entered.

"Right, Steve, take that jockstrap off, and sit in the chair, please."

The doctor bent over me, and before I could react, had fastened straps from the chair around my forearms and waist. Then he stood there with a stethoscope, and

listened to my heart.” Very good, Steve! Excellent! Not a sign there of any problems, so we can proceed. Now, let me make sure you’re immobile...” As he said this he fastened more straps around my thighs, and a thick one around my chest.

“Sir, please, what...”

“Oh it’s a very simple procedure. I do it all the time, mostly to the newly enslaved. Your owner has decided to have you circumcised.” “No, sir, there must be some mistake... He didn’t have me done when he bought me...” “...and now, evidently, he’s changed his mind. I have the minor procedures order here that he signed when he left you in our charge, and he’s coming back for you tomorrow so there’s no time to be lost...”

He opened a cupboard and laid some stuff out on the top of the low cabinet that lined one side of the room, then came and stood by me holding a black thing, about the size of a fat cigar. “Now, Steve, there will be some... Some, shall we say, ‘discomfort’, I’m afraid. But the whole operation only takes a few minutes. It’s my belief that it’s wrong to anaesthetise a slave during a very minor surgery like this, as it’s better for you to remember how it felt, as an aid to your further understanding of the way that your owner has total control over you. So put this between your teeth and bite down on it – you’ll find it helps to bear the pain. And it stops your screams disturbing everyone else in the building.”

I went to say no, to beg him not to do it, but as I opened my mouth he slipped the rod in. It was hard rubber, and tasted of it. I sat there then, totally unable to move, watching the doctor as he broke open a sterile packet containing a scalpel. He pulled up a low stool and sat on it, between my legs, and said casually “OK, Steve, here we go... The first cut frees everything up...”

I was looking down as he picked up my dick, and ran the scalpel around between my ‘skin and my dick head, at the bottom. Then he ‘skinned me back, showing me that my ‘skin was no longer attached at the base. That lovely sensitive triangle of skin down there was all covered in blood, and it hurt like hell: I was screwing up my face with the effort of trying to remain calm.

“Good”, he muttered to himself. “Now a lot of men find this just a trifle painful, but hang in there...” He took a metal cylinder and slid it down over my dick, pulling the loose ‘skin over the outside. I wanted to shriek as the edge of the cylinder touched the raw part of my dick head underneath, where he’d freed it already, and I could feel sweat breaking out all over me as I heard my muffled screams as I bit down into the rubber as hard as I could. He didn’t say anything then, but teased and stretched my ‘skin along the surface of the cylinder. Then, in one practised, fluid movement, ran the scalpel neatly around, removing a perfect circle of flesh. I could see the blood welling out from the cut ring all around my dick, and I think I was beyond feeling any new pain as my entire dick hurt with a general hurt all over, a hurt that sent stabs of pain through me all the time.

The doctor was smiling at me now: “There, all over... I’ll just spray this with the new miracle stuff... based on spiders’ webs... that seals cuts closed, and stops bleeding: it’s really good in applications like this as there’s a lot less scabbing and almost no residual scarring...” The aerosol was cold against my dick, but I could

tell from the way he was washing his hands that it was all over. "Right, Steve ... That's it! A proper 'high and tight' as we say in the trade, so now you look like a slave all over. Now, no jerking off, no sucking of that cock, and certainly no fucking for a week or two. We don't want the wound opening up, do we? A lot of men think that that's the hardest part – not having any form of sex for a time, and it must be particularly difficult for a young, virile guy like you. But I'll warn your owner, too, and perhaps he'll buy you a chastity device – that's usually best, as so many of you slaves are incapable of avoiding temptation!"

With that, he walked out, leaving the guard to undo the belts holding me to the chair, and lead me back to the cell.

## Circumcision Within Families

I would like to share some matters regarding circumcision within my family. My father was born in Wales in the early part of the 1900's and was circumcised. While I cannot be sure, I presume that he was done soon after birth. My mother's brother, also born in Wales about 5 years later, was also circumcised. This did take place soon after birth, so I gained from overhearing chatter.

My brother and I were both circumcised. My brother was born in England in the 1930's and I in one of the British African colonies in the 1940's. My brother's son was born in England in the 1950's and he was circumcised.

If I had had sons they would most certainly have been circumcised as where we lived it was common for the gynaecologists attending mothers to offer circumcision to baby boys on the 8<sup>th</sup> day. Ten years ago my grandson was born here in Australia and his parents carefully considered the situation and decided to have him 'done'. This was not a problem as there are medical practitioners here who gladly offer this service. The boy's father, uncle and grandfather (all born in Australia) are all circumcised, as is another uncle (born in England in the 1960's).

One wonders what the position will be when my grandson perhaps has a son himself. Will he by then have seen the benefits of circumcision or will he consider himself to be an odd man out in his society and not let his son be the same way? Time will tell.

*From Circlist*

# ACORN

Issue  
N° 4 2009  
Editor  
Ivan Acorn

## Editorial

**A**fter a famine as far as Society meetings are concerned, two come along together! There is an official meeting scheduled for the end of October (see page 9). I do hope that everyone will make an effort to come along – it offers a great opportunity to meet like minded people and discuss the subject that fascinates us all.

A member is also offering to organise an unofficial meeting in Leeds if there is sufficient interest (see page 10). The two meetings are not in competition. Indeed it would be great if we could have more local meetings, even if only a handful can attend each one. So if any other member wants to take the initiative, I shall be happy to give the necessary publicity.

Meanwhile on page 4 we publish an extract from a doctor's column in the *Daily Mail* which is actually pro-circumcision. The medical profession has long been the main stumbling block to a greater circumcision rate in the UK. If doctors (and the media) are starting to be more favourably inclined, perhaps the tide is beginning to turn as far as circumcision in the UK is concerned.

*Ivan Acorn*

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## Editor's Interview

Edward is very proud of his long, thick member. But that very thickness, he believes, caused the phimosis which necessitated him being circumcised as a teenager.

Edward was born before WW2, but unlike many babies of his era, he was not circumcised at birth. He does not know why and he had no brothers to “compare notes”. However, his father was not cut so it may have been a family trait to stay intact. In contrast, he found that most of his school friends had been “done” in babyhood.

Edward was 16 and had just left school when his father told him he had to be circumcised. “I think it was because he was concerned about cleanliness. I couldn't retract my foreskin at all, with or without an erection, but being a man of the world, he must have realised that I had already been wanking for about two years. He once told me that an uncle was unable to father any children because of his over-tight foreskin. My foreskin wasn't very long but it clung closely to the glans at all times. It didn't hurt my glans, even when erect. I can't remember any irritation or infection. So it must just have been tightness and personal cleanliness that persuaded my father.”

Anyway, Edward was sent to hospital, extremely uneasy about the matter, not because it was a circumcision (most of his school friends had been cut) but because he was afraid of an operation of any kind. It was a strange experience. He had local anaesthesia so was “needled” all round the relevant area, making him insensitive from his navel to just above his knees! Then he was given a series of further needles to amplify the anaesthesia before any surgery began.

Edward takes up the story: “I couldn't really feel anything except a curious and rather unpleasant tickling sensation although I knew exactly where the surgeon was snipping. The nurse asked me if I wanted to watch. I gave a definite ‘No’, so a blanket was placed over my chin to leave me staring at the ceiling.

“When they had finished (i.e. after about 25 minutes), I found they had wrapped miles of bandages around my dick. Their primary concern was to prevent traces of urine soaking into the bandages and possibly infecting the wound, so I was supplied with plenty of anti-bacterial medicine to dab on the bandages. These remained in place, I think, for about five weeks. Curiously, during this time I discovered that they had injected drugs of some kind to maintain an erection, presumably to make the surgery easier for them. (The erection gave me no sexual pleasure!) Eventually I simply found the bandages had dropped off inside my clothing and the revealed dick was painless. I was pleasantly surprised. It was some time before I could enjoy further wanking, solo or otherwise, but of course everything cleared up and eventually I resumed my pleasures.”

Edward was given a tight, low circumcision – the scar, now indistinct, is about half an inch behind the glans. The frenulum was retained. He was quite happy being circumcised and found masturbating (even alone) far more comfortable than when he had a tight foreskin. It was easier for access since he generally wanks

by rubbing the rim of his dick-head, rather than by wanking the shaft and using the foreskin passing over and over the glans to excite.

From that time, Edward has enjoyed his circumcised dick on innumerable occasions. He believes that daily orgasm is very beneficial for health! He describes being circumcised as “great”. All his various partners, both female and male, have thought his circumcision “neat”, enhancing the appearance of his large endowment. “They like my size, too,” adds Edward with a sly smile.

Edward confesses to a preference for wanking in company with others and not solo. “My earliest experiences were, inevitably, with friendly schoolboys. I can wank cut and uncut men equally happily. Not many men have wanked me, but those who have, have done it in a similar manner to me wanking them. I don’t think circumcised and uncircumcised men behave differently at all. We should remember that the peak of excitement is not as we cum, but in the few moments when we have reached the inevitable point where we cannot stop cumming in a few moments.”

Edward did his National service in the RAF, but was never posted overseas. “In spite of sharing space in our billets, I saw very few other cocks. I did, once only, have a mutual wanking session with a regular chap, but we never had the opportunity to repeat it. During the night, it was quite common, if one awoke, to see men in adjoining beds lift their bedclothes and wank (and cum?) in view of their neighbour. Sometimes in the gloom I could see a neighbour’s sheets going up and down as he was solo wanking and thought no-one was watching. His groans when he came made me very hard but I was always too shy to do anything like that myself.”

The whole subject of circumcision fascinates Edward. He didn’t know about the different types until he read the *Acorn* newsletters. To his regret, he finds that more young men today are uncircumcised, “probably because of the costs and NHS unwillingness to perform the operation unnecessarily.”

Edward has ideas about expanding the readership of the newsletter. “A fair proportion of *Acorn* members will be gay or bisexual men and, of the gay men I meet, the larger majority all have quite an interest in whether friends or partners are circumcised. It’s a subject you often discuss in detail and one in which I have a considerable interest. In suitable private circumstances, it’s very helpful and interesting to see other men’s equipment (erect or not), with or without actual contact. I can vouch personally for getting hard very quickly when I am in a group of accompanying exposed erections.

“If the foregoing is true, I’m sure you would greatly expand the readership of your excellent magazine if several readers would agree to write to you to recount their first (or one of their earliest) sexual experiences and add whether their partner at the time and themselves were circumcised. Interesting points to explain are who made the first approaches and how, and what they liked to do best to enjoy themselves. (Readers would doubtlessly compare all this with their own experiences.)”

*Ivan Acorn*



## Daily Mail Supports Circumcision

[From the *Daily Mail* column: Ask the doctor]

By the way: from my first days at medical school I opposed the circumcision of healthy baby boys, seeing it as an unnecessary and primitive ritual mutilation. In any subsequent – often heated – discussion about the rights and wrongs, the fact that the human being concerned neither gives his permission nor has an anaesthetic (on many occasions) usually features high up on my reasons why.

But I might be about to change my views on the basis of an item of good research just published in the *New England Journal of Medicine*. The study was carried out on more than 5,000 adult men, half of whom were circumcised at the beginning of the trial and half of whom were circumcised after two years. The finding from comparing the two groups was that the incidence of the herpes simplex (type 2) human papillomavirus (members of this family cause cancer of the cervix) and HIV were significantly reduced in the circumcised group – by up to 35 per cent and the study is on-going.

Circumcision protects men from disease because removal of the foreskin 'toughens up' the previously delicate and sensitive skin covering the glans of the penis. Therefore, it is harder for invading viruses to penetrate the skin. The implication of these findings – that circumcision is an effective measure for reducing infections and significant sexually transmitted viruses – has raised questions about whether it should be encouraged at birth. But ultimately, of course, it is not perfect protection – the only things that are: abstinence, complete monogamy within a relationship or the careful practice of safe sex.

*Submitted by W.E.M. – Sussex*

## A Reply To Keith

[In issue 2/2009, Keith Price asked members to contact him.  
Anthony shares his reply to Keith with us.]

Your interest in the penile status of others is one that is shared by many, though few will admit to it! Your keeping detailed notes may be less common, but attention to fine points is a feature of the observant. I was curious to read that most boys you saw were circumcised like yourself, so there were obviously very few foreskins at your school. How did you feel when with foreskin, albeit tight, before you were circumcised? For most boys it would have been a fait accompli in infancy.

One acquaintance, circumcised in the 1930's, found 50% of classmates at school were circumcised like him. Done in 1945, at secondary school I found that in my class, there were 45% in the circumcised group, leaving a slight majority of foreskins (55%). Of a generation 20 years later, one happily circumcised man reported that, in his class, 9% were circumcised and 91% foreskinned. What are the figures 25 years later for those aged 15?



You mentioned the importance of size but no detail other than being circumcised or not. Yet there are many types of circumcision ranging from 'high' to 'low', surgical freehand to forceps guided, clamp or Plastibell, even ritual; and certainly many foreskin types, skin thickness and length particularly with overhang.

My data involved the whole of my class over 3 years from flaccid shower room observations in alphabetical order – size, whether circumcised or not, with glans size, scar and foreskin type with details of overhang. There were 14 of us circumcised, and 17 with foreskins. Like you I found some foreskins not at all attractive, but there were also ugly circumcision scars and threateningly overflared glans! One had a Jewish style circumcision with a beautifully straight scar and a corona overlapped with residual foreskin like the cup of an acorn.

Just after I made the late discovery that I had been circumcised, I took to long trousers on becoming a teenager at 13. Then, of the 50% of the class still in short trousers, 40% were circumcised and 60% intact. A year later only 18% remained bare kneed, but of this minority, 17% were circumcised but 83% had foreskins. By age 14½, all remaining in short trousers were exclusively foreskinned, all with overhang, particularly one who had more overhang than his penis length! Could it be that concerned parents not only had their sons circumcised, but thought them sufficiently mature for an early change into long trousers? Conversely could parents that didn't care so much have left uncircumcised sons in short trousers, prolonging their boyhood appearance?

The two with the smallest penises were circumcised, their glans like tiny button mushrooms. Only one had a neat straight scar (already mentioned) whilst the other 13 circumcisees had irregular scar lines, some lumpy, even ragged, including mine. Some foreskins were noticeably thin, even membranous, whilst others were luxuriously fleshy, even rosetted at the tip.

Looking through my papers recently I came across that list from over 50 years ago. It proved quite nostalgic, and reminded me of 31 wet slippery wriggling bodies in the shower sporting such a variety of penile appearance, a genital gallery indeed! Variety indeed, a real education in itself!

You mention wanking with other circumcisees, but the opportunity did not arise for me. On separate occasions I did see one roundhead and one cavalier masturbating.

### **Addendum as to circumcision types**

In recent decades, the widespread use of the Plastibell in hospital, private clinic and GP surgery for neo-natal and infant circumcision has resulted in neat straight scars, and of the 'high' type with retained frenulum and much mucosa, retaining more erogenous tissue. Neatness has always come from the shield guided ritual of Judaism where the frenulum is always retained and some foreskin, especially underneath.

Things were more radical, less merciful, previously. Surgical circumcision in the first half of the 20<sup>th</sup> century was of the 'low' type, entailing removal of all outer foreskin and inner mucosa together with all the frenulum with only enough tissue

left to approximate and suture the two separate layers. Bleeding from the frenal artery was dealt with by a mattress suture. The scar line was mostly irregular with skin tags, stitch tunnels, sometimes lopsided, lumpy underneath at the mattress suture site. Loss of sensory tissue was maximised, even to the point of resulting in a painfully tight erection which made masturbation less easy.

The devil is in the detail!

*Anthony*

## **Circumcising Tyler**

**[At the end of last year, a father recorded his thoughts as he arranged the circumcision of his adolescent son. The account is being serialised over a number of editions of the newsletter.]**

### **Part 3 – The operation**

**26 December 2008**

**T**he deed is done and I'm happy to say Tyler has just joined the ranks of the circumcised!

So far everything has gone really well. The day began with us getting out the door on time and I advised Tyler to wear his jock and sweatpants. Dr. A had prescribed 2mg of diazepam to be given half an hour before arrival. Diazepam is Valium and this is to calm the nerves so I gave it to Tyler just before we got out the door. Our appointment with Dr. A was for 10:30 am so we were on the road by 9:45 to be sure we got there on time. We spent the drive mostly talking about his Christmas dinner with my ex's relatives (a colourful bunch). The conversation was a little forced and I thought he was nervous so I asked him if he was and he said yes. I asked him what he was nervous about and he said he was worried about how it might hurt and that the stitches seemed to be the thing that caused the most trouble. I've given him access to some circumcision anecdotes so he could get an idea of what it's like and I had noticed that too so I said we'd ask Dr. A when we got there.

We got to the office and the receptionist was very friendly and welcoming, greeting Tyler directly. He was embarrassed and so went over to the waiting area with his Gameboy and zoned out. I filled out a few forms, read a few magazines, and tried to be as nonchalant as possible because I was a little nervous myself. I didn't expect that but I realized I was trusting my son's body to some man I had only met once before. I'd never felt that before taking him to a doctor but this time I did despite the fact I found Dr. A very pleasant and outgoing. We were called about 10 minutes after our 10:30 appointment time so that was good. We were shown into the surgical room where there was a hospital gurney/bed type of thing and right behind us was Dr. A looking doctorish, very friendly to us both. Tyler just said, "Hey," and kept looking around the room searching for anything that looked horribly painful. There wasn't anything so that was good and Dr. A quickly took Tyler's weight, temp, and blood pressure all the while asking Tyler

about school and what he liked to do. It's like Dr. A had a whole interview style to put kids at ease. It really worked well with Tyler as he loosened up the more he talked. This was great. It wasn't like, "Come in, drop your pants, don't look at the giant needle." Dr. A got Tyler to relax by doing other things first. I really appreciated that.

When those things were finished he asked me if I wanted to stay and I said I'd stay if Tyler wanted me to. Tyler shifted a bit and mumbled something to the effect that he didn't care so I elected to stay and give him some reassurance. Then the moment came and Dr. A had Tyler lose everything except his shirt and socks and hop up on the gurney/bed thing. He did so and asked if he could keep his Gameboy and Dr. A said it was cool so long as he kept his arms up near his chest. Dr. A then reclined the bed quite a bit until Tyler's torso was only slightly raised. Dr. A then put a towel across Tyler's midriff and then told Tyler that he'd feel some injection stings and if he relaxed it would be less painful and go quicker. I was sitting up near Tyler's head and put my hand on his arm instinctively. With that, Dr. A made some injections in the base of Tyler's penis. Tyler flinched and closed his eyes, drawing in a sharp breath. It seemed to take a long time. I think there were five in total but I was keeping an eye on Tyler's face and encouraging him to be brave, telling him it'll be over soon.

It was over soon and almost immediately Tyler relaxed when Dr. A said the shots were over. At that point he swabbed Tyler's groin with betadine, draped him, put up a drape curtain, and then tested Tyler for feeling. There was nothing and so he went straight to his business. I was surprised there was no nurse assisting him but kept my mouth shut. The last thing I wanted to do was question Dr. A as it may have made Tyler nervous.

At this point Tyler asked for his Gameboy and started playing something and I just sat back and watched him play Yugioh, asking him about the game and how it worked and what to do. Dr. A also talked a bit, asking about school, what Tyler liked to do, and the games he used to play back in our day. I asked Dr. A what method he was using and he said it was "coronal". I've never heard this term before and can't find any definition for it.

I was half-watching Dr. A, trying not to look over his shoulder. I gather what he did was stretch out the penis to approximate erect length, made a mark on the shaft where the skin met the corona, and then cut a circle around the glans and then cut another line further down the shaft where he had made the mark. He then snipped around the glans, severed the frenulum, and then pulled the remaining shaft skin up to the base of the glans. With that he began suturing the frenulum and then the shaft skin to the base of the glans. It looked really simple to me and the shaft skin didn't seem loose and all the inner mucosa was gone so he really had done what I asked for. There was surprisingly little blood. The suturing took longer than the circumcision itself but even then, the entire thing took less than an hour. Dr. A put a bandage around the penis, half way over the glans and half over the shaft, wiped off the surgical area, removed the drapery, and the towel and pronounced he was done. It looked really neatly done and when Dr. A said he was done, Tyler looked at him in disbelief and asked: "You are??" It was just that

fast and Tyler later told me he felt some tugging now and then but nothing else. He got dressed and I asked him how he felt. He said he was fine and hungry so I paid, thanked Dr. A, got a script for painkillers, made an appointment for next Friday, and we left. It was 11:47! Tyler didn't seem the worse for wear either. So we went to Outback for lunch.

On the way I asked Tyler how he felt about the whole thing and he said it was easier than he thought. By the time lunch was done, Tyler was a bit stiffer and wanted to go home. The anaesthesia was wearing off and so I stopped at the drug store to drop off the script and we went home. Tyler spent the rest of the day on the floor in front of the TV sitting on cushions. He felt better not wearing anything so we setup a sheet tent over his groin and basically we played video games most of the rest of the day after calling his mom to let her know he was still alive. I got the idea of giving him an ice bag to put on his groin if he should feel an erection starting. I think that helped because Tyler asked me to refresh the ice before he went to sleep. I checked the dressing three times on Friday and there was only some spotting under where the frenulum was. That was it. There was remarkably little swelling. I gave Tyler one of the Tylenol 3s that afternoon and another before bed to lessen any pain he might feel from catching sutures on fabric or erections and to help him sleep. Tyler didn't want any blankets so I pulled an electric ceramic heater out of the closet to warm the room so he could sleep without any blankets. All in all not too tough.

## **Circumcision Doesn't Just Remove The Foreskin!**

Congratulations to the Editor on his article promoting RIC (routine infant circumcision). This is a trivial operation which brings enormous benefits and it is a great pity that it has fallen out of fashion. But the Editor only makes half the case. He concentrates on the advantages of removing the foreskin in terms of preventing future foreskin problems and reducing the risk of disease. All this is true. However, to my mind, the biggest benefit of circumcision is the baring of the glans. This is so much the case that, even if the foreskin could be guaranteed always to be problem free, I would still recommend its routine removal.

The bare knob has a lot going for it. First, it reduces over-sensitivity. The glans that is constantly hidden under its skin is just too sensitive to touch when it emerges. Many guys have a hair trigger response as a result. Permanent exposure reduces the immediate sensitivity of the glans without affecting the underlying feelings. Second, the contact of the exposed glans against clothing gives the cut guy constant, if subconscious, stimulation, making him more sexually aware.

Third, if the cut is nice and tight, and especially if the frenulum has gone as well, all the surface area of the glans, especially the sulcus and corona, are fully open to stimulation during sex. This increases the pleasure both of the guy and his partner.

Fourth, the circumcised penis is much more pleasing aesthetically. With its sleek profile and bared glans, the cut penis is stripped, ready for action and consequently looks much more virile and sexy than its intact counterpart. This

look and sense of virility in turn gives a great psychological boost to the cut guy, especially in cultures where circumcision is part of becoming a man.

Let's never forget. The circumcision operation may remove the foreskin but the outcome is a permanently exposed glans, and it's this result which gives so many of circumcision's benefits.

*Mark – Monmouth*

## **Dream Cream?**

**[Anthony vents his anger about an internet ad, reproduced in the last issue, for a cream to banish male genital odour.]**

Issue 3/2009 must be the most biased ever. Never before has the foreskin been more maligned or misrepresented. In 'No more smelly foreskins', a cream to banish genital odour was promoted with vigour. Male genital odour (MGO) "occurs with men who are not circumcised" and "is also common with men who are circumcised". Maybe a matter of degree with poor hygiene, but "a fishy smell to be coming from your own penis?" I would have thought the fishy smell to be from female genitalia, lingering about the labia and the pubic bush! Male muskiness or even cheesiness from the presence of smegma but not fishiness!!

Pheromones are essential for sexual attraction but should not be confused with additional odour due to lack of cleanliness. All senses are involved in close intimacy, including that of smell, which brings pheromones into their own.

As for MGO and FGO too, male and female genital odour of the unpleasant kind, they can be described in lines I wrote long ago:

"When sexual fondling has to pause  
There is a scent that lingers  
With foreskin, fingers are cheese straws  
With pussy, they're fish fingers."

That leads me to advice I gave for the uncircumcised – "unrind at the end of the day!" – and for those shorn – "you need to wash as well!" Deodorant cream is no substitute for good hygiene!

*Anthony*

## **Society Meeting**

A meeting of the *Acorn Society* is being arranged for Saturday 31<sup>st</sup> October. The plan is to have a meeting room hired from approximately 13.30 hrs to 18.00 hrs. Refreshments will be available. We can plan an evening meal together for those who require it. Bed and breakfast accommodation will also be available.

Further details and booking arrangements, via me, will be given in the September edition of the magazine.

*Douglas – Honorary Treasurer*

## Informal Meeting In Leeds

There are all too few opportunities for members of *Acorn* to get together with like-minded men to discuss the many and interesting aspects of circumcision. For those who are able to travel to Leeds, arrangements are being made for a venue here.

A pub called the Viaduct has been identified which is at the bottom of Leeds' main street, Lower Briggate. It is easily accessible on foot from the railway station or the central bus station. The room, for which there is no charge, is available on weekdays, up to 6 pm Monday to Friday and, in addition, on Tuesday and Wednesday evenings. The room is actually just a curtained-off section beyond the main bar. There is accommodation for about 25 to 30 people. Light food (sandwiches etc) and possibly lunches are available.

The idea is that all meet together and discuss our common interest. Anyone wishing to make personal contact should arrange that elsewhere. It is not suggested having a formal meeting with a chairman; people could chat amongst themselves and together.

In the first instance, any members interested in such a meeting should get in touch with the organiser by writing to me via the *Acorn* mailbox enclosing an s.a.e. This will be forwarded to the organiser who will be able to assess the interest and try to arrange a date and time to suit most people.

*Ivan Acorn*

## The Mohelet: Quite A lady!

The mohelet is an exceptional concept, the lady ritual circumciser, the first being Moses' wife Zipporah who "...took a flint and cut off her son's foreskin." There are 29 UK internet mentions of mohelet and 1030 worldwide, mainly from the USA. In the USA, half the Jewish rabbis and cantors are women, but there are very few lady circumcisers. Since 1984 the reform programme has produced 300 trained mohalot (the plural of mohelet). The conservative Brit Kodesh programme trained 50 more.

Dr Lillian Schapiro went through the Brit Kodesh programme for doctors and has since performed 50 circumcisions. Dr Laurie Radovsky circumcised her own son 11 years ago because there was no mohel available and nine years later became a mohelet. After each ceremony, she kisses the baby's head thus welcoming him into the Jewish congregation. Dr Debra Russbaum Cohen provides a bris for sons of lesbian couples (from artificial insemination). Obviously lesbians prefer a lady mohel.

Dr April Rubin has been circumcising for 25 years. She is preferred by many people to the local mohel. (He is rude and arrogant; she is kind and gentle.) Other prominent lady circumcisers are Dr Debra Weiss Islar, Dr Eliza Erber and Dr Dorothy Greenbaum.

Lady circumcisers are more mindful of pain relief. The dorsal block described in 1978 has had 2,000 successful uses. EMLA cream is also used and baby Tylenol. Dr Emily J Black favours the Gomco clamp, but Drs Lillian Schapiro, Rochelle Schwartz and Vivian H Lowenstein the Mogen clamp. It seems all American mohalot use modern clamps and wipe with gauze for metzizah. The Plastibell is not favoured as it is considered an infection risk. Dr Rochelle Schwartz, a Toronto mohelet, uses a clamp that permits a small amount of bleeding (necessary for the traditional bris). Dr Eliza Erber gives a dose of baby Tylenol before circumcising. She uses a Mogen clamp and quotes a 60 second bris out of a 30 minute ceremony. The baby should not be fed in the final hour before surgery. Dr Debra Weiss Islar's site has a selection of baby clothes for the bris!

*Anthony*

## The Knife Man

**[Tales from the Emergency Department; in which a man who wallows in nostalgia, and secretly wishes he were a Victorian Knife Man rants about his work and what passes for a life.]**

My last patient was a painful one. He admirably demonstrated the 'all mouth no trousers' phenomenon, however. He was wheeled into the Department, covered in blood, laughing and shouting. Waving his blood stained hands about he was shouting, mostly at the female staff:

"Darlin'! Oi! Darlin'! Guess what I done! Go on! Guess!"

**\*\*Guffaw\*\***

"Nah, I ain't tellin' ya! You don't even wanna know what I done, innit!"

What had he done? Torn his frenulum. This, for those not in the know, is the piece of skin on the underside of the glans penis, attaching it to the foreskin. It is essentially identical to the frenulum in the mouth attaching upper lip to gum. Sometime referred to as the 'banjo string'.

I'll leave it to your imagination how he said he did it. Tearing it is quite painful, and bleeds. A lot. I should know.

His brash, loud exterior changed when I explained what we needed to do. The sentence contained the words 'needle', 'injection', 'penis' and 'stitch' in various order. Also 'local anaesthetic' and 'sting quite a bit'. It wasn't a warm, fuzzy sentence. No champagne and strawbobs here, either.

The repair was a breeze and, re-assured that he hadn't left too much of his blood behind in his bedroom, we sent him packing. On a no-sex embargo. I half expect to see him back before the week is out...

*From the internet*



## Picture Gallery

[This month's photos are all of Emre, who is uncut, although it is hard to tell.]





## More Advantages Of RIC

Many thanks to the Editor for his most interesting article on RIC which I personally would make mandatory for male babies. As a (hairless) nudist who underwent RIC in 1943, I would add the following plus points:

- far more pleasing to look at
- larger glans (through unrestricted growth)
- simple to keep clean (the Editor did touch on better hygiene)
- easier to “last” during intercourse
- better for oral sex
- better for the female partner as an ‘end user’.

*J.H. – Dorset*

## Circumcision In Fiction

**[This story from the internet is about the experiences of a guy during his army induction.]**

Calun had just about had enough of being prodded, poked, measured, weighed, physically tested and checked in every way imaginable, and generally ordered around. He was almost at the end of his army induction and assessment and ached from the days of hard training that his body wasn't used to and which had achieved its aim of driving him to his absolute limit.

This final ordeal, the ‘physical’, had put him in a large PT hall with all his fellow trainees for a thorough physical check of how their bodies had survived the week of torture they had been put through. Right now he had reached the worst part of the physical. All soldiers had to receive a series of vaccinations before they could be considered for active service – even those only serving their period of national service. Calun hated needles and became more and more tense. As he waited in line behind the screen he could hear the recruit in front of him being told, “face the wall, bend forwards over the couch, OK – you're done. Next!” The script was repeated to each man as the line moved forwards, only interspersed with the occasional sharp intake of breath as a needle was pushed into a recruit.

Within a couple of minutes he was called behind the screen and braced himself. His left arm was swabbed and the first shot was ok; not as bad as he'd expected. The second stung. Next came a shot into his butt as he bent over the couch. That was the worst. The needle felt larger and the solution burned slightly. He straightened as the needle was withdrawn and the “OK” was repeated, turned to leave, but was ordered, “lie on the couch”. What had he done wrong? Why did he need more vaccinations than the rest? He felt his cock lifted and swabbed underneath. His foreskin was then popped back and his helmet thoroughly swapped with more, cold, antiseptic. He gulped and felt numb as his heart began to race even faster. Vaccinations weren't given into cocks so what on earth was wrong? A sudden scratch and stinging in the base of his cock made him tense,

and instinctively recoil from the discomfort. The doctor noticed his reaction and reassured him: "Try to relax, you will gradually feel less and less". "What is it?" Calun asked. "It's called Lignocaine, a local anaesthetic" came the reply as Calun felt the needle removed and reinserted into the other side of his cock. The doctor continued: "We don't want you to feel any pain during your circumcision, we're not sadists you know!"

Calun's head swam. This was too much for him to take in. The doctor had stopped pumping anaesthetic into his crotch and was now massaging his penis as if he was rubbing the anaesthetic in. Calun raised his head to see what was happening. The doctor held an almost empty syringe in his right hand and his cock was swollen from the Lignocaine that had been pumped into him. The doctor smiled down at him. "In a few minutes you will be completely numb so you can move on to room 21, just outside the exit of the hall, so the clamp can be fitted on to your penis. I just need to give you one more shot into your frenulum so we can get that sliced off too." "But, but I don't need circumcising!" protested Calun. The doctor retorted: "You have a foreskin. Soldiers around here don't have foreskins; you must have noticed that in the showers and barracks. Of course you need circumcising. Your fellow soldiers who haven't already been sorted out will have their circumcisions done today too. Once you are healed you will be eternally grateful for the upgrade we are giving you. What more could you ask for than the gift of a cock to be really proud of?" At that point the doctor eased the needle into the underside of his helmet while holding his foreskin back tightly. Despite the previous injections of anaesthetic, Calun winced.

The doctor continued to talk. "In any case, your foreskin is a bit on the tight side and far too long to keep clean 24x7. We can trim off a nice big chunk of this skanky foreskin of yours, fold the inner skin back, and leave you with a nice, tight circumcision with a scar line way down your shaft. With a permanently bared glans and nowhere to harbour traces of urine and semen, you will stay constantly clean. So much more healthy for a soldier." Calun nearly protested that he wasn't planning on being a soldier for much longer, but thought better of it and kept quiet. "That's your lot then. Off to room 21. Go straight in so they can get started on you as soon as possible."

As Calun swung his jelly-like legs off the couch he wasn't 100% sure they would support him and he felt dizzy as he stood up. He forced himself to walk and, as he passed beyond the screen, looked back at the line of recruits awaiting their turn. The next guy in line looked terrified while the two soldiers behind him were beaming. Calun glanced down at the first soldier and saw that he too still had a foreskin while the next two men had helmets that were already bared.

He left the hall and, with a shaking hand, turned the handle on the adjacent room, 21. Walking inside he saw two doctors standing either side of a couch on which a naked soldier was lying. They were clearly working on the soldier's circumcision, but Calun's view of the soldier's crotch was blocked by the back of one of the doctors. All three men turned to look at him as he entered allowing Calun to see the blood-stained gloves of the doctors and a swollen, bloody cock on the soldier. "We're nearly finished here" said one doctor "so take a seat and we'll get a

clamp fitted on you while we sort out this soldier". He pointed to a young-looking, skinny and almost hairless soldier sitting next to the door behind Calun. The lad sat there looking rather bored. His legs were apart and, clamped onto his foreskin was a shiny metal device that looked like a metal bell over the lad's helmet with a metal ring clamped tightly around the rim of the bell. His foreskin was bunched up in front of the clamp and his shaft skin was held taught.

Calun sat down next to him aware that he was staring at the guy's penis. The lad grinned at him and spoke. "Don't panic, you don't feel anything. It's great to be getting clipped at last isn't it? My parents refused to pay for me to be cut so this is saving me a fortune. Foreskin is such a nuisance." He was well-hung with a thick cock and a pair of large low-hanging nuts in a shaved scrotum. The lad continued to chat. "My big brother was clipped when he did his national service. According to him it was the best part of being called up and he asked for his circumcision to be done as tight as possible. His cock looks amazing now with a nice dark scar about halfway down his shaft. I've asked for the same and the doc here certainly stretched plenty of skin into the Gomco." "The Gomco?" Calun asked. "Yeah. That's what these circumcision clamps are called. They give a nice neat circumcision and leave a dark scar line. No chance of ever being mistaken for an uncouth uncut ever again." He was clearly very excited by the whole experience and sprang to his feet as the doctor called "next!"

"Hold your horses, lad" the doctor continued. "We will do your trim in a minute but we need to get a clamp on this soldier's foreskin first so it can be completely crushed while we finish your circumcision." The soldier who was leaving looked relieved as he walked to the door with a dressing around his cock, midway between the base and helmet. He grinned at Calun and scratched his nuts. "Enjoy!" he said as he left the circumcision room and nodded to the lad.

"On the couch please soldier. Let's see how much we can trim off you." Calun lay down and tried hard to relax as he felt some strange movement around his crotch. He looked at what was being done to him and realized he had no feeling in his cock as the doctor had pulled his foreskin back, put a metal bell over his helmet and was now pulling his foreskin forwards again but over the outside of the bell. He then took a metal plate with a hole at one end and placed it over the bell to trap his foreskin. A metal bar was then fitted onto the top of the bell and held in place with a knurled nut over a threaded locking post so that, as the nut was tightened, the bar pivoted and pulled the bell tightly up to the metal plate. Before the nut was tightened much the doctor worked his way around the bell, tugging at Calun's foreskin and pulling as much through as possible. "We like to circumcise our soldiers as tightly as possible. No point in only half doing the job" explained the doctor. He checked his work and, seeming satisfied, tightened the metal nut until he was obviously exerting as much force as he possibly could.

"OK, that will kill off your foreskin in a few minutes so take a seat while we trim off this lad's skin and get him sewn up." Calun returned to his seat as the lad wasted no time and swung himself eagerly into position. Calun could feel the weight of the clamp pulling on his cock but felt no pain.

One of the doctors, having changed his gloves once more, grinned in return and immediately picked up a scalpel from a fresh tray of instruments his colleague had prepared. Calun heard a scratching of the blade against the clamp as the lad's foreskin was cut through. "Congratulations soldier. You are now circumcised" the doctor said as he removed the clamp. Calun could see that the lad was still beaming with delight. It took a few minutes for the lad to be stitched up and have his newly bared cock dressed. The doctor gave him some instructions on looking after it and a note of when to report back for a follow-up check.

Calun climbed back on the table knowing that when he got down again, he too would be a tightly circumcised man.

## Marketing Slogans: A Cut Above The Rest

The skills of Scotland's top marketers were put to the test at an annual awards ceremony: come up with a slogan for a shop specialising in, er, circumcision.

It was a challenge set by compere, *BBC Scotland* presenter, Dougie Vipond, following a gag that began: "This man walks into a shop offering circumcision...". The 440-strong audience, attending the Scottish Marketing Society Excellence Awards, had to then quickly come up with both a name for the shop and a marketing slogan.

And the response was pretty overwhelming from the 440-strong audience, with *The Scotsman* marketing team's table not only producing the most entries, but also that of the winner – from guest, Ali Findlay of PR outfit, *The Lane Agency*. Spike particularly liked the *Scottish Sun* entry:

Reliable Circumcision: If we Slip, we Get the Sack.

Among the many other entries:

4Skins R Us

Circus Cision – Roll up, Roll up, Meet the Ringmaster

The British Army Medical Centre – Go Commando! Lose the Balaclava

Hood Dunnit? Solved with a Snip

25 Per Cent Off; Lose Your Head, Keep the Fire

Kwik-Tip: You Can't Get Quicker than a Kwik-Tip Snipper

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# ACORN

Issue  
N° 5 2009  
Editor  
Ivan Acorn

## Editorial

Alex Renton is a freelance journalist who writes for national papers and magazines including the *Observer* and *The Times*. And he is in favour of circumcision. He has written two articles recently, one in the *Observer*, one in the *Mail on Sunday* (reprinted on page 14). He adduces all the arguments in favour of routine circumcision, but then bemoans the difficulty of finding doctors willing to perform RIC. He was rebuffed about his own son (he doesn't say whether he succeeded in getting him cut in the end); more recently he persuaded a cousin of his to have his baby boy circumcised, only to find that there was no-one in Edinburgh willing to perform the procedure either on the NHS or privately. The medical profession should lift this dictatorial ban. It should be for parents to choose whether their son will benefit from circumcision, not doctors.

Meanwhile, don't forget about the *Acorn Society* meeting in October – details on page 10. This is your chance to meet up with like-minded guys and discuss in depth the subject that fascinates us all.

Ivan Acorn

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### Just how many men are circumcised?

Serendipity is the accidental discovery of something pleasant, valuable, or useful. Thus, when looking for an academic article on a totally unrelated topic, I came across "Tonsillectomy and circumcision: a study of two cohorts" by Calnan, Douglas and Goldstein. This article was published in the *International Journal of Epidemiology* in 1978.

Although over 30 years old, the article is still of interest. First, it demonstrates an accurate means of measuring rates of circumcision and their variation over time. Second, it compares the frequency of circumcision (and tonsillectomy) of boys born in 1946 with those born in 1958, thus giving accurate rates of circumcision at those times. It then goes on to analyse the regions and classes in which the rates have fallen over the eleven years.

Rates of circumcision are notoriously difficult to assess. The operation tends to be recorded only when performed in hospital. But most circumcisions at that time were carried out well away from a hospital – in doctors' surgeries, in baby clinics or in the home. Circumcision rates were accessible only by observation after the event i.e. how many of a particular year group or cohort were circumcised. Of course, we all have our own observational memories of what proportion in our class, in our cricket team, or even now in our gym locker rooms, have been divested of their foreskins. But we cannot generalise from such observations because the samples are small and not randomly drawn. To get an accurate picture, we need a large number of observations, randomly drawn from the population as a whole. Fortunately for the researchers mentioned above, this is precisely what they had.

Two longitudinal studies were used – the *National Survey of Health and Development* (1946 cohort) and the *National Child Development Study* (1958 cohort). The former grew out of a national study of the maternity services which covered 13,687 births in Great Britain during the first week of March 1946. A sub-group of 5,362 children from this cohort had been followed up at not less than 2 year intervals to the age of 27.

The 1958 cohort was a continuation of the perinatal survey which covered all children born in Great Britain in the first week of March of that year. These children had been followed up at 7, 11 and 16 years. In order to make the two cohort populations as similar as possible, multiple and illegitimate births and births in families that entered Britain after 1958 were excluded from the 1958 cohort.

Both studies recorded whether the child had had a tonsillectomy and (if male) whether he had been circumcised. By 11 years 22.7% of the boys born in 1946 and 10.9% of those born in 1958 had been circumcised. This considerable reduction had been achieved by a fall in circumcision during the first 4 years of life. At later ages there had been no change – 5.2% were circumcised after 4 years in the earlier study and 5.3% in the later.

In 1946 the major regional peculiarity was a low level of circumcision in Scotland and a high level in Wales. By 1958 circumcision in Wales was much reduced and from having the highest rate it had moved to the second lowest. Only Scotland had a lower rate. In both cohorts the chances of being circumcised were high for the first born and decreased as birth rank increased and in each birth rank the rates recorded in 1958 were substantially lower than those recorded in 1946. Analysis confirmed both the movement away from early circumcision and the significance of the overall decline in circumcision. It also revealed statistically significant interactions between “father’s occupation and birth order” and between “father’s occupation and cohort”. Although the incidence of circumcision dropped considerably in all occupational groups, the largest reduction occurred in the non-manual sector. This change occurred uniformly for each of the regions. In both studies, birth rank made no difference to the risk of circumcision among middle class children. But among the manual working class children, the risk fell off steeply with increasing birth rank in both the 1946 and 1958 cohorts.

The prevalence of circumcision fell from 23% in the 1946 cohort to 11% in 1958. The main fall appears to have been in early life, in the first year in fact. There was growing agreement in the medical profession about the undesirability of circumcision. The researchers noted that this was despite the fact that it had factors to recommend it. It made negligible calls on surgical resources and hospital beds, and complications were rare. Circumcised men rarely got cancer of the penis, were less vulnerable to venereal infection, and their wives might have a reduced risk of cervical cancer.

Infant circumcision at the time was usually performed without anaesthetic. The researchers noted that, in rats, early painful stimuli could have long lasting effects and it had been suggested that human infants also might be similarly affected. However, in the 1946 study, no difference between uncircumcised and circumcised was found for a number of developmental and behavioural indices once birth rank, country of origin, occupational group and religion were allowed for. There was thus no reason to believe that the early pain of circumcision had any long term developmental effect.

The researchers concluded: “That circumcision has been so markedly reduced during these 10 years and more recently is explained by the very early age at which this operation is usually carried out so that refusal to circumcise a child immediately after birth is likely to lead to permanent retention of the foreskin unless there are later medical indications. It is clear that the decline in the operation has been solely owing to the reduction of early circumcisions, i.e. within the first 12 months and probably earlier than this since 71% of the circumcisions during the first year of life in the 1946 study were done in the early weeks after birth. The dramatic fall in the first year of life may therefore be attributed largely to paediatric opinion exerting itself through the hospitals.”

Looking back at the article, thirty years on, a number of factors struck me. I was surprised that only 22.7% of the boys born in 1946 were circumcised. I had thought that circumcision was far more popular immediately after the war. I wondered whether there was a class effect, but although there was a discrepancy



between the children of non-manual workers (29.3%) and non-skilled manual (21.5%), it was less than might be expected. Circumcision after the war was not excessively more prevalent in the middle as opposed to the working classes. Does this mean that circumcision rates fell during the war when scarce medical resources may have had to be prioritised elsewhere? Or was circumcision never applied to a majority of babies? Unfortunately, we do not have pre-war statistics to tell although a paper published in the *BMJ* in 2000 talks of rates of medical circumcisions of 35% in the early 1930's.

The precipitate fall in circumcision rates between 1946 and 1958 was to be expected. Gardiner's infamous but highly influential paper "The Fate of the Foreskin" was published in 1949 and thereafter the medical profession set its face against circumcision. The fall was dramatic, from almost 1 in 5 babies in 1946 to 1 in 20 babies by 1958.

How have the trends gone since? Unfortunately, data about circumcision just does not seem to be collected in the equivalent longitudinal studies today. However, the 2000 *British National Survey of Sexual Attitudes and Lifestyles* found that 15.8% of British males aged 16 to 44 reported being circumcised. The incidence of circumcision was highest in the oldest age group in the sample. 19.6% of men born 1956-60 (aged 40-44 at the time of the study) were circumcised whereas only 11.7% of those in the lowest age group, born 1981-84 and aged 16-19 at the time of the study were cut. Men of ethnic minorities (except black Caribbeans) were significantly more likely to be circumcised than those described as "white". In addition, men born abroad rather than in Britain were significantly more likely to be circumcised.

Thus the original 1978 study found that 11% of those born in the UK in 1958 were circumcised whereas the 2000 study found that 19.6% of the men born at that time but now living in the UK were circumcised. The difference is large. Different sampling methods may be part of the explanation. The remainder must be due to circumcisions which took place after the age of 16 (the last age at which the status of the original cohort was checked) coupled with the effect of immigrants being disproportionately circumcised compared with the indigenous population.

The results of the 2000 study confirm the continuing decline in popularity of circumcision over time – 19.6% of men born in 1956-60 to 11.7% of those born 1981-84. The level of routine infant circumcision may well have fallen even further since then, at least amongst the white population. But the increasing diversity of ethnicity in the population has almost certainly bolstered rates. There are substantial ethnic minorities who will continue to require that their sons be circumcised and this will mean that, on into the future, there will continue to be a significant minority of men who will have been circumcised. It will also mean that circumcision facilities will continue to exist. Such facilities can be accessed by any parents wishing their sons to be circumcised.

At the moment, the medical case for routine infant circumcision is again starting to be heard. If that argument gains ground and parents start to require circumcision for their baby sons, circumcision facilities will need to grow exponentially. Nevertheless, such expansion can make economic sense, even



in these straightened times, in terms of costs saved and benefits gained in the future. But will we ever get back to pre-war or even post-war rates of routine circumcision? That remains to be seen.

*Ivan Acorn*

## **Circumcising Tyler**

**[At the end of last year, a father recorded his thoughts as he arranged the circumcision of his adolescent son. The account has been serialised over a number of editions of the newsletter. The last part is below.]**

### **Part 4 – Recovery**

#### **29 December 2008**

Saturday was fine except there was some more spotting on the bandage. Tyler said he was awakened only a few times, it didn't hurt that much, and I shouldn't worry. OK then! He spent the day essentially freeballing in his sweats and by the afternoon he was pretty much normal.

Yesterday was more of the same. The bandage had to come off last night so Tyler took a warm salt bath to loosen the bandage. He insisted on doing it himself so we compromised and he did it himself in the bath while I watched. It came off with less trouble than I thought though there were some hisses and ouches as he did so. Right after that I took a look at the wound and was really impressed. The scar was right up against the sulcus, no more than a few millimetres. The frenulum was completely gone, and the scar was even. There was some swelling around the sulcus but not much and when he sat down, there was no skin bunching-up behind the glans except where it was swollen and I think that will go away in time. Tyler was upbeat and happy and didn't seem in any pain at all.

I'm following the Gilgal brochure about recovery as the one the office gave me was geared to younger kids. Tyler finds the warm salt 'dips', as we call them, soothing. I also bought some Clinomyn toothpaste for Tyler to apply to his glans to help it keratinize faster. I suggested applying it just before the dips. I don't know if he's used it yet. We haven't tried showering yet. I bought some waterproof surgical tape and some unlubricated condoms to try to make a sheath for showering. We'll see how that goes.

So far, Tyler seems like he always has. This entire thing hasn't phased him and the healing is much faster than I thought it would be. It's really not horrible at all and I'm so far pleased with the apparent cosmetic results as well.

#### **30 December 2008**

Dr. A was fantastic. He's been doing this a while so I'm sure he's had to do this a million times.

David (Tyler's brother) is aware of all this. I don't know if Tyler's shown him his circumcision or not. I haven't asked. So far any time David's asked if he's going to be circumcised too, I've said: "We'll talk about it later." I want Tyler to

be healed completely before Tyler gives a final verdict to David as I know that will influence him enormously and Tyler is aware of my wish in that respect and understands why.

Tyler's doing great. He spent a good part of the afternoon playing pool and fussball with two of his friends. What he's done is wrap some gauze around the wound and his glans to prevent rubbing and catching and then wearing a jock so it doesn't move around. He does this when friends come over or before he goes out. In the morning and this evening he switched to sweats. He's not uncomfortable and agrees completely that the most painful thing is catching a suture on fabric. He did go to bed with another ice bag tonight so I'm assuming the erections aren't too comfortable yet either.

One thing is quite telling. Right after his friends left he was very happy and quite relaxed. My guess is he let them know what's going on and they approved. I know they are both circumcised because I've spoken to their parents about it. The one mom was very supportive because she was worried about him getting teased for not being circumcised so maybe she asked her son to be extra nice or encouraging. I don't know. Whatever it was, it worked.

## **5 January 2009**

Tyler left for school this morning and short of wearing a jock and carrying a medical excuse form, he was just like he always is. It's really amazing how quickly he's recovered. Friday's follow-up went really well. The stitches should be finished dissolving soon but we will have to watch the next few days and remove any undissolved sutures after Wednesday. Friday was also the first day I had seen Tyler's penis since the bandage came off. The stitches were all intact and there was no sign of recent bleeding. Dr. A said boys Tyler's age usually heal more quickly and the low scar helps that process a great deal. The frenulum area looks a little ugly. However Dr. A will see Tyler again next Monday to make sure all the sutures are out (I insisted on this) and then we'll be done! It might sound weird but I think Tyler's penis will look very handsome once it's healed.

I'm really pleased with the result. Dr. A removed the frenulum and had to as Tyler had a short frenulum and his glans has a V-shaped cleft so getting outer skin up to that point required its removal. The scar line looks very neat and even. I decided on a low and tight for a few reasons. I think that the mucosa is a major entry point for STDs. There is evidence that there are cells in the mucosa which make it more susceptible to the entry of viruses. Low cuts heal more quickly and with less swelling. As we only had a week in which to do this, low was more convenient. I think low looks better. It's more masculine and ensures that there is no mucosal tissue to bunch up behind or even over the glans as my circumcision does and I hate my circumcision for being so loose and for leaving the inner skin. In my opinion, if you're going to get circumcised, you should be completely circumcised. This half and half business is for the birds and very uncomfortable in my own experience. I also think that a low cut will help Tyler gain better ejaculatory control and give him deeper orgasms.

On the way back from Dr. A we talked about the whole thing. Tyler admitted that it was uncomfortable and embarrassing for the first day or so. Once he figured

out how to manage underwear and bathing and sleeping, it became much easier. He says his glans is still very sensitive. Dr. A asked him about erections and Tyler reported that at first the pull on the stitches hurt a lot, then they became less painful as time went on. The real pain (not surprisingly) came when the stitches caught on clothing and that really hurt. Tyler explained that he put a gauze (Ace bandages cut-up) lightly around the scar to prevent the stitches from catching on the jock pouch and the glans from rubbing too much. Dr. A said that Tyler was lucky the gauze didn't stick but again Dr. A said, the type of circumcision he had is best for preventing this.

All in all, Tyler's really happy. He says it's a lot easier to keep clean and to urinate and he thinks it looks good too. He has seen pictures of men with scars and uneven cuts and he said he was glad his doesn't have those problems. I asked him if he's taken it for a test run yet and he kind of groaned and said: "Dad that's enough. If I have a problem I'll tell you." It was just then it occurred to me that I should probably get him some decent lube so I'm going to get some and put it in his nightstand drawer and let him find it.

I'm considering having David done this summer. There doesn't seem to be any hurry and I want Tyler completely healed so that he can provide a model for David. David is curious, if cautious and derives great enjoyment from teasing his brother about his circ any way he can. I'll talk to David more about it in the next few months after Tyler's healed and adjusted.

### **13 January 2009**

Tyler is doing really well. Doctor A took out a few stitch remnants that didn't dissolve and the scar area still looks redder than normal. The stitch scars look noticeable too but Dr. A says that all that will fade within a few months. Tyler did have some glans peeling. I was concerned about that and there was a little red ring around his meatus. He says the peeling wasn't painful and Dr. A says the red ring should fade in time as the glans become normalized to being outside the foreskin. I've encouraged Tyler to keep his glans exposed as much as possible so that it desensitizes quickly. All these things are really minor to him and me. The result looks excellent. The scar is very even, right under the corona all the way around, and there is no wrinkling or bunching of the shaft skin. Right now it looks like he was circumcised at birth except for the remaining redness at the scar and on the glans. The rapid healing was something I was told to expect with a low cut but this experience confirms it for me.

I asked Tyler how he likes it and he said, "I don't know. I guess it's good. It looks like the other guys and it's easier to pee. I don't like it's so sensitive." He knows the sensitivity will decrease. He did not mention the bottle of lube I left in his bedstand but he has used some so I guess everything is working OK that way.

When I asked him if he had talked about it with David he said that David thinks it looks weird and like it hurt. That worried me so I told David that we would wait and see how Tyler does before we talk about him getting circumcised and that it would be a while yet. I explained to him that most boys were circumcised and that it was very normal and if he gets it done before puberty that it will be much

easier for him. His response was, "OK, I'll think about that." And that was all he said about it! Kids surprise you so much.

## Preparatory School Recommends Circumcision

The following exchange of emails recently took place on the Internet between Carl, a 40 year old London man who was circumcised at birth, and myself:

**Carl:** Hi, my brother has been asked by his son's school to have him circumcised over the school summer holiday.

**Me:** How old is your nephew?

Did the school give any particular reason to have the boy circumcised?

My own opinion is that it is better for a boy to be circumcised anyway, but if his parents felt differently then that is their right.

**Carl:** He is 8 years old.

The school has a preference for circumcised boys.

My brother-in-law is now looking for a good circumciser. Do you know of any?

**Me:** Where does he live? Is he prepared to travel if necessary?

I know of several good circumcisers in the London area and in Luton. They do often get quite busy during the school holidays.

Is your nephew at a boarding school or an ordinary day school? I think it is very good that the school prefers boys to be circumcised, but this is not usual in the UK.

**Carl:** He lives in London.

The school is an all boys private one.

Which doctors would you recommend?

**Me:** That's one very progressive school. I wish many more were like that and recommended that all pupils were circumcised. Are you able to say which school this is?

**Carl:** No, they have asked us not to. Circumcision is a tradition there.

Which is the best circumciser in London?

**Me:** It is a great pity that you cannot reveal the name of the prep school that your nephew goes to as other parents might like to know of a school which encourages circumcision for all its pupils.

Doctors whom we would recommend are:

Dr Z. Zarifa, Custom House Surgery, London, E16

Dr. M. Harris, Temple Fortune Health Centre, London, NW11

Dr S. Al-Ali, Queensbury, Edgware

The Circumcision Centre, Luton, Beds.

*Vernon – London*

## Picture Gallery

[In the last issue, the picture gallery model was uncircumcised.  
This issue's model is very definitely cut!]



## The Naked Glans

In issue 4/2009, Mark said: “The bare knob has a lot going for it.” I couldn’t agree more. A circumcised penis is a handsome feature, not just for hygiene reasons, but for appearances alone. According to a fellow female naturist, the sight of the naked glans adds interest to the male physique so that even men who choose not to be circumcised keep their foreskins pulled back. Acuculphiliacs will agree that the circumcised penis is a “turn on”. If one wants to know about acuculphiliacs, get a book called *An Innocent Obsession* by David Catesby. My only criticism of the book is that it concentrates on male hygiene and (as usual) not enough on female hygiene.

*Robert – Manchester*

## Acorn Society Meeting

There will be a meeting of the *Acorn Society* on Saturday 31<sup>st</sup> October at the Ramada Hotel, Granby Street, Leicester, LE1 6ES. All members are welcome, indeed encouraged, to attend. If you have never been to a meeting before, you will be sure of a great welcome from guys with the same interests as yourself.

Attendance is free, but, to help with catering arrangements, please let the Honorary Treasurer, Douglas, know if you intend to come.

A meeting room will be available from 1.00 pm and light refreshments will be served during the afternoon. But why not arrive a little early and have lunch with fellow members in the bar?

For those who wish to make a weekend of it, accommodation is available at the Hotel on both Friday and Saturday nights. – B&B costs £64 per person per night irrespective of dual or single occupancy rooms. This is a specially negotiated rate and access is via Douglas: call him on 07788 126706. To ensure that we have refreshment available for all please let Douglas know if you are visiting for the afternoon.

## In Praise Of The Akroposthion

The ancient Greeks were against the practice of circumcising their males, and possessing a generous foreskin was a significantly important part of their culture. Many pieces of ancient Greek artwork depict scenes of naked men endowed with quite lengthy foreskins. More importantly they practised the cultivation of the prepuce and the longer the foreskin the more desired it seemed to be whilst a mega [Greek: mega = large] prepuce or very large foreskin was the epitome of a desirable penis.

In his publication for *The Bulletin of the history of medicine* entitled 'The Ideal Prepuce in Ancient Greece', Frederick M Hodges documents the preputial aesthetics of the Ancient Greeks, who valued and prized the prepuce on its own merits while simultaneously associating it with other aspects of male beauty. They valued the longer, tapered foreskin as a reflection of a deeper ethos involving cultural identity, morality, propriety, virtue, beauty and health. They also characterized a penis with a short or inadequate foreskin as deficient or defective, especially one that had been surgically removed under their disease concept of lipodermos [Greek = lacking skin].

As would be expected in a culture that valued the prepuce, the Greek language reflected this esteem through precise terminology. The Greeks understood the prepuce to be composed of two distinct structures: the posthe and the 'akroposthion'. Posthe designates that part of the prepuce that covers the glans penis, but Greek writers occasionally used this word in a general sense to designate the entire prepuce or, by extension, the entire penis. 'Akroposthion' designates the tapered, tubular, visually defining portion of the prepuce that extends beyond the glans and terminates at the preputial orifice. When speaking

of the iconographic representation of the long prepuce, we are really speaking of the long 'akroposthion' for the posthe can never be larger than the unchanging surface area of the underlying glans penis.

The association between the longer prepuce and respectability was so strongly felt that Greeks took steps to prevent unwanted exposure of the glans. In this regard, the consistent artistic portrayal of the adult penis with a generously proportioned 'akroposthion' may well represent an anatomical ideal peculiar to Greeks, but, in some cases, it could accurately represent a penis whose 'akroposthion' has been elongated, either deliberately or accidentally through the continuous, long term application of traction. Such traction may have come from the use of the kynodesme (literally a 'dog leash'), a thin leather thong wound around the 'akroposthion' that pulled the penis upward and was tied in a bow, tied around the waist, or secured by some other means.

Preventing unwanted exposure of the glans was a sign of the modesty and decency expected in particular of the older participants in the symposium. The unseemly externalization of the glans in public, that a deficient or loose lipped prepuce was unable to prevent, was seen as a disgrace and was the main reason for wearing a kynodesme. The kynodesme, then, was a means by which any male so affected could maintain his dignity in the nude. For those who continuously wore the kynodesme, the resulting traction on the 'akroposthion' would have the benefit of permanently elongating it. It is conceivable, then, that the lengthening of the prepuce could have been the primary object, at least in some cases as aesthetics would be improved, and morals preserved.

The intensity with which the Greeks esteemed the prepuce was equalled by the intensity with which they deplored its ablation as practised in certain communities scattered throughout the south eastern fringes of the known world. The Greeks were highly sceptical about any of the religious rationales used by certain foreigners in an attempt to justify their blood rites of penile reduction through the practice of genital mutilation of various degrees from circumcision to more severe penile mutilations such as amputating the glans to the even more horrifying amputation of the entire penis. They also highlight the association between the circumcised penis (and, therefore, the exposed glans) and the linked concepts of primitiveness, barbarity, backwardness, superstition, and oppression.

*From akroposthion.com*

*Submitted by koteka*

## **Circumcision Techniques – The Tara KLamp**

The Tara KLamp is a plastic circumcision device that comes in all sizes from infant to adult. It was invented in Malaysia and is frequently used for circumcision in countries in the Far East. It works by clamping off the foreskin where it meets the shaft of the penis. The procedure is conducted under local anaesthesia. The tube section of the device is inserted over the glans and the foreskin is pulled up over it. The device is locked in place, crushing a ring of tissue as well as cutting off the blood supply to the foreskin. The foreskin is then



excised. No sutures or dressings are applied, and the Tara KLamp is left on for four to seven days until healing has occurred.

The detailed process is as follows:

1. The penis is first cleansed with sterilizing fluids. A surgical marking pen is then used to mark the level on the skin of the foreskin where the circumcision is to be performed. The foreskin should be stretched to its full length, placing it under slight tension. The position of the sulcus under the foreskin should be noted and the skin should be marked a little below this. This is the level where the clamp is to be applied and the position will ensure that sufficient foreskin is removed to leave the glans fully exposed.
2. Vaseline is applied to the inner and outer surfaces of the lower end of the tubular part and to the inner and upper part of the ring. This prevents the tissue from sticking to the device over the following days.
3. The foreskin is retracted, any adhesions being removed. The tubular part of the clamp is then placed over the glans, so that the glans is covered by the tube. The foreskin is now pulled over the rim of the tube and is adjusted so that the level which has been marked earlier is just above the rim of the tube.
4. The foreskin is held firmly with the fingers and a grip-like pressure is applied on the two arms of the device. As this pressure is increased, the two arms are brought closer to the locking mechanisms on the tube.
5. Resistance to further movement of the arms is felt when the arms come in contact with the locking mechanisms on the device. Further pressure is applied on the arms until two clicks are heard and felt. This means that the arms are already locked and the necessary occlusion has been obtained.
6. The foreskin above the clamping ring is now cut away with the tissue cutter provided.
7. The tube is cleaned with gauze, and ointment is applied at the cut edge. There should be no bleeding.
8. The device is allowed to remain on the penis for the next few days. Urine is easily voided through the opening of the tube.

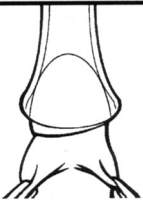
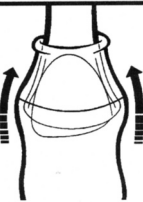


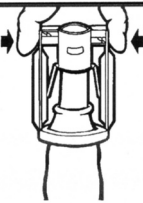

### **A firsthand account from a Malaysian boy**

I'm 13 and was just circumcised by the Tara KLamp. After seeing all these circumcision websites I finally decided to go for the operation. Firstly I went to the doctor and asked how much was it. It was only Rm40 (Malaysian currency). Then the doctor retracted my foreskin, then he put Vaseline around my foreskin and penis, then the device (Tara KLamp) was clamped on my foreskin, then after 2 minutes he used some sort of cutting knife and sliced off my foreskin, then he took off the skin and finally he put more Vaseline. The operation was a fast one and there was no blood at all. Unbelievable! I was satisfied with the operation although the device is still on my penis and I can take it off in another two days. I wish that this device could be used all around the world today. It's safe and fast!

*Ivan Acorn*



## The Tara KLamp Procedure

1		Place the tubular part of the clamp over the glans, so that the glans is covered by the tube.
2		The foreskin is now pulled over the rim of the tube. Adjust the foreskin over the tube so that the level which has been marked earlier is just above the rim of the tube.
3		After adjusting the level of the foreskin, hold the foreskin firmly with the fingers.
4		A grip-like pressure is applied on the two arms. As this pressure is increased, the two arms are brought closer to the locking mechanisms on the tube.
5		Resistance to further movement of the arms is felt when the arms come in contact with the locking mechanisms on the device. Apply further pressure on the arms until two clicks are heard and felt. This means that the arms are already locked and the necessary occlusion has been obtained.
6		With the tissue cutter provided, the foreskin that is distal to the clamping ring is cut away at the angle between the tube and the clamping ring.

## **It Protects Men (And Women) Against Fatal Diseases And Sexual Infections. So, Should All Boys Be Circumcised?**

**[An article by Alex Renton in the *Mail on Sunday*]**

**T**here is a simple, 15-minute surgical procedure that will ensure your baby boy is ten times less likely to get urinary tract infections. When he grows up, he'll also be less likely to contract a whole range of sexually transmitted diseases, including syphilis, genital warts, herpes and HIV-AIDS. He'll be much less likely to develop penile cancer or kidney problems (because he didn't suffer those urinary tract infections as a child). Furthermore, his partner is four times less likely to get cervical cancer.

Interested? All the world's Jews and Muslims do it. So do most Americans. You've guessed it, it's circumcision, the trimming of the skin that encloses the top of the penis. Circumcision used to be common in this country but now we do it only for medical reasons to three per cent of boys.

Indeed, the National Health Service advises against it. There's been an extraordinarily fierce debate across the world for some 50 years – with the anti-circumcisers winning. They say the ancient practice, which began 4,000 years ago with the Pharaohs, is an unnecessary mutilation and an infringement of a boy's human rights.

But slowly the evidence of the benefits of circumcision have built up until they are now – as experts from the World Health Organisation agree – undeniable. Large-scale trials of circumcision in AIDS-stricken African countries proved what had long been suspected – that heterosexual men who were circumcised were 60 per cent less likely to become infected with HIV. Now mass circumcision programmes have begun in high AIDS-risk countries, such as Kenya. If all men in Africa are circumcised, it is said, three million lives will be saved over the next 20 years. The reason it works is because there's less of the penis exposed to infections – and the damage caused by sexually transmitted diseases is a route for the HIV virus to enter the blood. Circumcision also means it is easier to keep the penis clean, so men are less likely to pass on the human papilloma virus (HPV), linked to cervical cancer, the disease that kills around 1,000 women in the UK every year.

Links between cervical cancer and circumcision have been known for more than 50 years. So why don't we automatically circumcise baby boys, as still is the case in much of the U.S.? The NHS says that the procedure is necessary only for problems associated with an over-tight foreskin – and its advice is that the evidence on sexually transmitted diseases is not conclusive. As the NHS told the *Mail*: 'We are aware of emerging evidence around potential benefits of circumcision in relation to protection from HIV and AIDS. But our national guidance is clear: circumcision should be carried out by the NHS only for medical reasons.'

But the World Health Organisation, the United States' Center for Disease Control and many other international bodies say the NHS is wrong: the case for circumcision is proven. As Dr Daniel Halperin, a lecturer at Harvard School of

Public Health, explains: "Given what we now know it would not surprise me if, in the next decade, circumcision of male infants does not again become the norm in Canada, the U.S., Australia and parts of Europe."

But the Europeans, including the British, are more resistant to the idea. We used to circumcise many more British boys: the posher you were, the more likely you were to have it done. In 1948 it was found that 50 per cent of grammar school boys were circumcised – but among public schoolboys the figure was 84 per cent. It is said the operation became fashionable after the British upper classes discovered that Queen Victoria's German husband, Prince Albert, was circumcised.

But in the Seventies, voices both within and outside the medical profession, started to claim that circumcision was unnecessary – or even a 'barbaric mutilation'. They claimed children had died during the operation, and that it left men less able to obtain sexual pleasure. This lobby group is still powerful. In this country. Brian Sewell, the art critic, is patron of NORM-UK – a vociferous charity that has recently showered me with 'proof' that the new research is wrong. One of NORM-UK's trustees even produced 'evidence' that, she said, showed circumcised men are more likely to get AIDS because they are more likely to have more partners and indulge in unsafe sex.

By 1975 only six per cent of British boys were being circumcised and incidence of sexual disease was rising swiftly – though at the time this was blamed on the looser morals of that era. Yet even though research about sexually transmitted diseases and circumcision was around in the Eighties – some AIDS specialists feel the case was proven as early as 1989 – circumcision was a rarity outside religious groups in Europe. Indeed, when I asked if my newborn son could be circumcised – at a private hospital in London – in 1999, the paediatrician said the operation was completely unnecessary. Nowadays, no NHS GP will recommend the operation – or even help parents find a place where it is possible. A surgeon at a Staffordshire NHS hospital has been suspended since March for suggesting the NHS was failing in its duties of care by not offering a circumcision service. The surgeon, Dr Shiban Ahmed, says that the NHS is effectively forcing parents who want to circumcise their children (for religious reasons) into the hands of private clinics or traditional circumcisers. He claims he has had to operate on small boys to correct problems arising from botched private circumcisions.

It is, in fact, a simple operation, when done on a child under eight weeks of age. The snip can be done with or without anaesthetic (it's said the local anaesthetic jab is more painful for the child than the procedure), and needs no stitches. For older children and adults the operation becomes more difficult, complex stitching is needed and the healing process will take at least six weeks – and a private urologist will charge £2,500 to circumcise anyone over eight weeks old.

Two months ago my Scottish cousin had a baby boy, Fergus. I'd told his parents about the research on circumcision, and they decided to get it done. But it wasn't easy. Their GP laughed and the NHS hospitals in Edinburgh said they would not perform the operation as they did not like putting children under six months under general anaesthetic – but all circumcising doctors agree there is no need for the patient to be unconscious. The urologist at Edinburgh's private hospital

refused to do the job and another private doctor said he did only Jewish babies, and then in the traditional Jewish way.

My cousin realised in the end that if Fergus was to be circumcised he'd have to go to Britain's only dedicated penile surgery clinic in Luton. You have to ask, at a time of increasing worry about sexual disease and cancer, why this simple procedure is still effectively blacklisted. One common objection by sexual health campaigners is that men may be less likely to use 'fiddly' condoms if they know that circumcision is a protection against sexual disease. But men I have interviewed who have been circumcised as adults for medical reasons say that in fact it is much simpler to put on a condom after the operation. They also say – and this is confirmed in medical research – that their sexual pleasure was not altered.

I couldn't find an NHS GP prepared to be quoted in this article, even though many privately acknowledge that policy is now way behind medical research. Dr Michael Barrie, a private GP who works in Kingston upon Thames, Surrey, conducts two or three circumcisions a week, at £320 a go. He sees mainly expatriates from South Africa, an AIDS-struck nation where the benefits of circumcision are acknowledged. He is one of a few non-Jewish or Muslim doctors who is open about what he does. He advertises his clinic on the internet – and NORM-UK has sent him letters demanding that he stop the service. But Dr Barrie believes they, and the Government, have got it wrong. "It's certainly time to look at the evidence again. If there's a clear link between circumcision and HPV and HIV, we are clearly in need of new government policy."

## Phimosis Patients, Regular Visitors

**I**n the past few months we had seen several cases of bona fide phimosis which has not responded to conservative measures. What surprises us is that patients have quietly suffered with this for so long when the remedy is so simple. Often it is their wife or girl friend that pushes them to Dr. Reed's office, and not uncommonly they accompany the patient to Bay Harbor to be present, lend moral support, see our facility and even watch. Hey, that's OK. We love vocal anaesthesia supplements, and tender hand holding.

Important to keep in mind that the phimotic process, read scarification, involves more of the foreskin than just the very tip, and if a substantial amount is not removed back towards healthy skin, a waist banding effect will occur. Or thinking about this another way, the more inner skin removed the lower the circumcision, but patient health is number one. Bye-bye cracking, oozing, bleeding and recurrent micro-trauma and pain.

All in a day's work,

*Harold M. Reed, M.D. on Procircorg*

# ACORN

Issue  
Nº 6 2009  
Editor  
Ivan Acorn

## Editorial

Should the *Acorn Society* be wound up? That is the question posed in the article on page 16. The Society is essentially a print based Society. Its newsletter, sixteen pages published six times a year, can provide only a fraction of the information and material that is now available on a daily basis via the internet. In the early years, the core of the newsletter consisted of articles provided by the members. Now contributions from members are few and far between. Meetings of the Society are irregular and relatively poorly attended. And Society membership has been falling over the past two or three years.

All these considerations led the majority of members at the recent *Acorn* meeting to feel that the time had come to wind up the Society. But less than 20% of the members were present. We now need to know what the other 80% think. A questionnaire is enclosed with this newsletter. Please do complete and return it (or email your response) so that the final decision as to whether or not the Society should continue can be based on the views of all members.

*Ivan Acorn*

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### A Little Bit Off The Top

When a circumcision is performed, just how much foreskin should be removed? Parents in America are increasingly concerned that the job of circumcision is being only half done. According to the article 'Getting the shaft' (reprinted on page 8), many babies are scantily circumcised – a large amount of foreskin is left.

So, are these botched jobs, or are surgeons now quite deliberately taking just a little bit off the top? The original Jewish circumcision may have been just this – the removal of the tip of the foreskin – although this is open to dispute. Perhaps only later in the Hellenic period was the circumcision procedure modified to make it impossible for a Jew to appear to be an uncircumcised Greek. By then, a radical procedure called *peri'ah* was in place whereby the foreskin was stripped away from the glans and most of the foreskin was removed. Thereafter, no Jewish male could easily pose as an uncircumcised Greek.

Today, for many circumcision enthusiasts, there is only one satisfactory result: a 'tight' finish with enough skin removed to leave the glans completely exposed at all times. Yet surgical text books usually describe only the operation technique for circumcision; they rarely comment on the amount of skin to be removed. Not surprisingly, therefore, results vary. The outcome may be tight, as described above; or it may be loose, whereby the glans is still permanently exposed but some spare skin is left which bunches behind the glans when the penis is flaccid.

But sometimes so little is removed that the remaining skin partially covers the glans when the penis is flaccid. This is described as a partial circumcision and is the focus of our attention today. Is the partial circumcision an error of judgement on the part of the operator; or is it a win-win situation, conferring the advantages of being both circumcised and uncircumcised?

The natural foreskin comes in many different shapes and forms. At one extreme, the foreskin extends well beyond the end of the glans – perhaps by an inch or more. This substantial overhang often ends in the so-called rose-bud tip. At the other extreme the foreskin is short and only partially covers the glans. It may even be so short as to retract naturally behind the glans on a permanent basis, so that the guy has the appearance of having been circumcised loosely. Mr 'Average' is of course somewhere in the middle with a foreskin which extends to the end of the glans or just beyond. A partial circumcision is therefore seeking to emulate the guy born with a short foreskin. Is this wise – or even possible?

There are four broad categories of reasons for performing circumcision: as a religious/tribal rite; for medical reasons; for prophylactic reasons; and for aesthetic/cosmetic reasons. As far as aesthetic circumcision is concerned, the guy being operated on will have his own idea of the perfect finish and will ask the surgeon to cut him accordingly. Since his desire is to lose his foreskin and appear circumcised, it is unlikely that he will opt for a partial cut, so this category need detain us no further. Similarly, the religious/tribal rite is usually undertaken to

provide a distinguishing mark showing that the male is now a full member of the community. Again, it is unlikely that a partial cut will be deemed satisfactory.

A medical circumcision is usually carried out to cure one or other of the two main problems that occur with foreskins – phimosis and balanitis.

Phimosis is tightness of the opening of the foreskin such that it cannot retract behind the glans, particularly when the penis is erect. (In most cases of phimosis, the foreskin will not retract even when flaccid. In a minority of cases, the foreskin may retract in its detumescent state but is too tight to go over the tumescent glans. This type of foreskin is particularly dangerous. When the penis is erect, the foreskin may on occasion get pushed behind the glans where it forms a tight, restrictive band around the base of the glans, causing strangulation of the penis. This is termed paraphimosis and requires urgent treatment if the lack of blood supply to the penis is not to cause permanent damage.)

It is fashionable these days to attempt to treat phimosis by stretching the foreskin, and this procedure perhaps warrants an editor's column of its own. But if stretching is unsuccessful, as it often is, circumcision is the solution. In such cases, the surgeon will not necessarily want to excise the whole foreskin but merely remove sufficient to enable the foreskin to retract effectively. Surely in such cases, a partial circumcision will suffice?

Balanitis is inflammation of the glans and/or foreskin. Often it can be treated with ointments, but some men suffer multiple attacks and the problem becomes chronic. The underlying cause is probably the length of the foreskin and the difficulty of keeping the environment beneath the foreskin dry and bacteria free. Removal of the foreskin is usually an effective treatment. But again, it may not be necessary to remove the whole foreskin. A short foreskin may allow sufficient air to circulate for the foreskin and glans to remain relatively dry. A partial circumcision may therefore be optimal.

So what are the advantages of a partial circumcision?

- Eliminates the danger of phimosis
- Eliminates the risk of balanitis
- Improves hygiene, with cleaner urination and the virtual elimination of smegma build-up
- Leaves the glans largely covered to preserve sensitivity
- Leaves sufficient foreskin to aid masturbation
- Cosmetically, the penis still appears uncircumcised

Are there any disadvantages? The main one is that it is impossible for the surgeon to replicate the closing mechanism at the tip of the natural foreskin. This can leave a wide foreskin opening so that movement of the remaining foreskin is uncontrolled. This may mean that the foreskin does not retract properly during intercourse but remains partially covering the glans: the glans is moving within the foreskin rather than within the vagina (or anus). This reduces the stimulation the glans receives (and gives). But the opposite problem can also occur. Where the natural foreskin is funnel shaped and follows closely the curve of the glans,



removing part may mean that the remaining opening is still too narrow to retract over the glans. Indeed, the operation may exacerbate the problem. Scar tissue formation at the site of the operation may in fact tighten and reduce the elasticity of the foreskin opening. A partial circumcision carried out to eliminate phimosis can still leave a phimotic problem leading to the need for a second operation and a full circumcision.

There can be a further problem. Often a foreskin that has had problems, whether from phimosis or balanitis, can become traumatised. This means that the inner foreskin is delicate and can be subject to further traumatising even in its shortened state. Certainly Dr Reed of the Reed Centre recommends full circumcision to eliminate this potential difficulty.

So there are hazards with performing a partial circumcision to cure medical problems. Patients are likely to be upset if they have to undergo further surgery because of residual problems. A full circumcision would eliminate such risks.

Finally, let us look at prophylactic circumcision. This is carried out to prevent future foreskin problems. It is the reason for routine infant circumcision, which is where this article began. The argument must be that, if there are arguments against partial circumcisions for adults, those same reasons apply for babies.

Two further factors need to be mentioned. First, evidence is growing that circumcision reduces substantially the risk of contracting HIV and other sexually transmitted diseases. It is thought that the entry point for viruses and infections is the inner foreskin. Partial circumcision is unlikely to give the same measure of protection as a full circumcision. Second, the emphasis above has been on the removal of problematic, or potentially problematic, foreskins. However, many people would argue that an added benefit, indeed perhaps the main benefit, of circumcision, is the full and permanent uncovering of the glans. Since partial circumcision is deliberately designed not to achieve this exposure, the full benefits of circumcision are being denied.

So what should be our conclusion? Where there is a definite desire to retain part of the foreskin, partial circumcision is an option. It is not, however, without its hazards, and could end with an unsatisfactory result. Full circumcision on the other hand eliminates these hazards whilst having the added advantage of fully exposing the glans. Certainly any parent contemplating the routine circumcision of their baby son would be well advised to opt for full circumcision to ensure their child has a low maintenance penis.

Let us end with the experience of a grandfather. He told on the internet of the botched circumcision that his five year old grandson had received at birth:

“The person who did the routine circumcision removed only the very tip of his foreskin and even that was not done with an even cut. The bottom part of his foreskin is longer than the top. He is scheduled to have a revision in November by a paediatric urologist. I went to his consultation visit a couple of weeks ago with my son and his wife. The doctor admitted that the previous circumcision was not done properly. He described and showed us on my grandson’s penis the



complete circumcision he is planning to do with a Gomco clamp. When completed, the glans will be exposed all the time with no bunching of skin.”

Gardeners are encouraged to prune ruthlessly to get the best effect. Circumcisers should operate on the same principle.

*Ivan Acorn*

## Celebrity Status

Members' interests about circumcision and the status of various people are clearly very wide. Many public figures, it seems, often from the sporting or theatrical worlds, have made known their personal status. I know of only a few myself, but if members know of others, I am sure that most readers would like to hear about it.

Tim Henman, the tennis player, is, it seems, circumcised.

Andrew Lloyd Webber is reported as 'being very big'. I think that he, too, is circumcised.

The US President, John F Kennedy, and his brother Bobby are both believed to have been 'big' and to have had sex with Marilyn Monroe. Marilyn herself, perhaps boastfully, recorded that she had “spent more time on her hands and knees” during interviews to get the jobs, and you can interpret that to mean what you like. (Being in the US, I'm sure that everyone who had sex with her was circumcised.)

All British monarchs from the time of George IV through Edward VII and George V to George VI and including the present Prince of Wales are recorded as circumcised. It was, it seems, a family custom. Princess Diana, we are told, refused to have her sons William and Harry 'done' but I believe that today only Harry remains uncircumcised. That may have changed recently. (What will be the status of future royal males?)

There are, I am sure, many men in the British theatrical profession, probably gay, who have let us know their circumcised status (and possibly size). If any of our readers know about them, we would all love to read all about it.

*Keith Price – West Yorkshire*

## Tribute To Peter

It is with great sadness that I report the death of Peter Unsworth of Edinburgh. Peter was a very long standing member of the Society and a regular attender at the Society meetings. He had hoped to come to Leicester in October but the Fates determined otherwise. He will be greatly missed.

*Ivan Acorn*

## Informal Meeting In Leeds

A Leeds-based *Acorn* member is organising an informal meeting of members in Leeds on Wednesday 24 February 2010 at 12 noon. The get-together will be in the Old Red Lion pub in Meadow Lane and will give members an opportunity to meet and chat. There will be a private room available which is free in return for members buying drinks. Light food will also be available for those who wish.

Anyone who is interested in attending should write to me at the *Acorn* post-box with a stamped addressed envelope. I will forward the letter to the organiser who will then communicate with the member direct.

*Ivan Acorn*

## Life As A Movie

In a new book\*, French film director Claude Lelouch looks back on a 50-year career that started at the age of 16. The famous director's oeuvre is marked by his memories of a childhood under the occupation.

During the war the Lelouch family left Paris for the south of France just one week before Nazi invasion. "My father was a shopkeeper but he was very sharp. He suspected that the Jews would be exterminated," Lelouch told the monthly *Tribune Juive*. "Every time someone knocked at the door I hid in a cupboard. During the war a German officer asked me to drop my trousers. I told him I was circumcised because I peed sideways. I recited a Catholic prayer, which saved my life."

\**Claude Lelouch: mode d'emploi* by Yves Allion and Jean Olle-Laprune is published at the Editions Calmann-Levy.

## I Don't Want My Little Boy Circumcised

**Q:** My six-year-old son has never been able to pee properly. His foreskin is too tight and the surgeon says he should be circumcised. My wife seems to think this is OK but I don't believe in meddling unless it's necessary. I don't want him to resent our decision when he's older.

**A:** I understand your point of view. Nobody should have surgery or agree to an operation on their child unless it's necessary. However, your son's situation is one where a circumcision may be the best option. If a boy has a tight foreskin it can't be pulled back to reveal the head of the penis. This causes an obstacle to passing urine and doesn't allow the skin underneath to be cleaned. As a result debris builds up which encourages infection and can result in the skin becoming tighter still.

Circumcision will solve the problem, and although it's an uncomfortable operation your son is young and should recover very well.

*From a Press Cutting*

## Picture Gallery

The model for the picture gallery this issue is black, very large and very circumcised.



## Picnic Time

On one of the few fine days recently, I was walking along our local stream when I saw a family having a picnic. The mother, finding her infant had soiled his nappy, had started changing him. He, about six months old, was lying flat on the grass waiting for the new nappy. I glanced in their direction and was astonished to see him reach down and grasp a surprisingly large glans for a small baby: the sudden exposure to the air and freedom from the nappy obviously made him want to touch it. Foolishly I walked on, though in retrospect I wished that I had talked to the mother and congratulated her on having overcome all obstacles and getting him cut, as he would always be grateful.

R.W. – Surrey

## Getting The Shaft

**[An article by Alexandra Zissu in *Cookie*, the parenting magazine]**

Shortly before his first birthday, Alex Socarides and Gabe Fried took their son, Archer, to a pediatric urologist. His circumcision looked funny. Prior to the examination, the doctor reassured them that most babies grow into their circumcisions. Besides, he said, boys with extra skin will have good company in future locker rooms, since these days doctors are removing less and less. “The minute he took Archer’s diaper off, it was clear from his face that our son wasn’t like most babies,” recalls Socarides. “He said it would always look like something was botched.”

During the fortyish weeks of pregnancy, many parents-to-be must make a choice: to circumcise or not to circumcise. Though the non-religious may agonise (is it child abuse or disease protection?), rarely are moms and dads concerned that a circumcision might go wrong. But it does happen. Call them partial, loose, or conservative – there are a growing number of circumcisions that, to quote Charlotte from *Sex and the City*, look “like a shar-pei”. And while no scientific studies confirm the increase, doctors who care for infants are aware of the phenomenon. Moneer K. Hanna, M.D., a clinical professor of urology at New York Presbyterian Hospital/Weill Cornell Medical Center, sees about four babies a week for recircumcisions and estimates the incidence of partial circumcisions at about 20 percent.

In an effort to make sense of what has happened to their sons, parents flock to one another online. One only needs to follow the threads on the Berkeley (California) Parents Network, which has more than 16,000 subscribers (many from out of state), to get up to speed: “Circumcision – recircumcise?”; “Redo 10-month-old’s circumcision?”; “Fixing problem circumcision.” On another online parenting network, an upset mom confides: “I noticed before [my son’s] two-month appointment that his circumcision wasn’t done correctly. I don’t want him to have that ugly worm-in-a-turtleneck look.”

There’s no consensus among doctors as to why those who perform circumcisions are leaving extra foreskin behind, but fear of malpractice may be one reason.

“Circumcision is not an exact procedure,” explains Hanna. “The foreskin is pulled, the instrument is applied, and then you cut. If you pull gently, you can leave a little extra.” He believes obstetricians, fearing litigation, pull more gently today than in the past.

Another explanation for the parents crowding his waiting room is the current fixation on perfection. “The public is obsessed with appearances and with cosmetic surgery,” Hanna says. “They’re more demanding than they used to be.” In today’s climate of parental anxiety and baby one-upmanship (penises and all), what once passed as standard medical deviation may now be viewed as a surgical error, resulting in a trek to the doctor.

Sometimes, though, a little baby fat is all it takes to trigger false alarms. “Many babies accumulate fat around the base of the penis,” says Emily Blake, an ob-gyn and a mohel who performs brises in New York City. “A normal penis is there; it’s just partially buried beneath a pubic fat pad. This can push the foreskin far enough forward to make the penis appear uncircumcised.” These boys will grow into their penises once they start crawling and turning fat to muscle.

Part of the trouble is that circumcision is not a clear-cut surgery like, say, an appendectomy, and there’s no gold standard. The foreskin is part of the same tissue that covers the entire penis shaft, and it’s looser at the tip, like a sausage casing. It’s this floppy head skin that is removed. Blake says the lack of distinction between shaft skin and head skin means it’s not always obvious what to snip: “It’s not like a top eyelid versus a bottom eyelid. It’s more like your eyebrow – all the same thing. You can get in the ballpark, but it’s hard to be exact.”

Whether they perform recircumcisions or not, doctors say there is no medical need to fix a partial circumcision. Jay E. Berkelhamer, M.D., the president of the American Academy of Pediatrics (AAP), recommends that circumcision be done when a baby is first born; as babies get older but are still unable to express themselves, they may have difficulty processing what is happening. “I would hesitate to do a routine cosmetic procedure until the child understands what is going on and why,” he says. So for parents, it comes down to whether fixing a partial circumcision is worth elective surgery. After careful consideration, Socarides and Fried had Archer recircumcised. “How was he going to feel about his penis, his sexuality?” says Socarides. Fried adds, “We worried he was going to be self-conscious about how he looks. In a profound sense. It’s not like, ‘I wish I didn’t have curly hair’ – this is so wound up in sense of self.”

She and other parents in her situation are now spreading the word. Socarides says her pregnant friends now discuss with their obstetricians how much foreskin they want taken off beforehand. Timothy Johnson, M.D., chair of the University of Michigan department of obstetrics and gynecology, applauds them. “Parents should ask, ‘Do you believe in taking a lot or a little off?’” he says. “It should truly be informed consent.” In the whirl of nursery decorating and name picking, it’s easy to back-burner a frank talk about foreskin. But if you’ve decided to circumcise, this is one area where you probably shouldn’t play it loose.

## My Circumcision Experience

I am SERIOUSLY against people fudging the truth about circumcision to make it sound better or worse than it really is. (I think this happens because maybe their fetish with it dictates this sort of response.) Having been on both sides of the fence so to speak, I feel that some of what I read sometimes seems to be a misrepresentation of the truth (but then I only have my own individual experience to go by). So, with that in mind, I have tried to give a brutally honest account of the procedure and recovery, as it was for me.

I was circed for personal preference. I'm not sure what my fascination with it was, but it was just something I wanted to do.

I HAVE found I have lost a noticeable amount of sensitivity following being cut. (I had the frenulum removed too which maybe didn't help with this.) However, I am so turned on by the concept of being cut that I have no problem climaxing etc even with the slightly reduced sensitivity. It is very comfortable.

I got cut last August at 27 years old. Before being cut I did keep the foreskin back for about a month or so, and so got used to rubbing around, but to be honest, it wasn't bad at all even to start with. Regarding the pain during procedure – none. And I mean NONE at all. Not even odd or tingly sensations. I had a local anaesthetic, and that did hurt just a little. The surgeon injected me about 5 times; once in the top, bottom, left and right of the base of my cock and once in the frenular area. I have to say that hurt just a bit – not as bad as you might think, given the area in question – and certainly no worse than any immunisation needle I ever had at school.

Immediately following the operation, you DO have to work a little gingerly, because A) you don't want to move things around too much in fear of disturbing anything and B) you have all this padding which you are walking with! You will work carefully for maybe a week. Or I certainly did anyway. Pain following the operation wasn't bad at all. You do feel a sensation after the local starts to wear off, but not bad – I just kept myself on Paracetamol for a couple of days and to be honest, didn't really feel any pain with that. Each time the Paracetamol starts to wear off you get a dull achy feeling sometimes at first – but that tended to be later in the evening when I was getting tired (you know when you are ill you always feel worse at night?), but again, nothing which I would even go as far as to say felt properly painful and which went away with a couple more Paracetamol. Funnily enough, for me the pain wasn't from the cut line either at all, it was all either from a stitch snagging occasionally or most usually from the bruising caused from the anaesthetic injections (and this did swell a fair bit and turn blue/black for a good few weeks afterwards for the two either side – but not the top and bottom ones for some reason).

What WAS painful was after maybe 4 days or so, in the early morning I would be woken up because I started to get hard – I tried all sorts of things to avoid this, none to any avail. I tried tight underwear, different positioning of my cock, different sleeping positions, etc and came to the conclusion that basically a cock



is going to do what a cock is going to do – especially when it has gotten over the initial shock and is now thinking hey buddy how about some attention? One thing that DID make sleep more comfortable was sleeping on my side, foetal position, with 1 or 2 pillows placed between my knees to keep my legs apart while sleeping and stopping my legs sandwiching my groin and putting pressure there. Being woken up by getting hard was uncomfortable – I wouldn't say unbearably painful (not like toothache for example, but probably like a medium to strong headache). The solution for me was to 1) get out of bed and curl into a ball with my knees under my tummy until it subsided – typically VERY quickly and was conscious and could feel the off-putting pain and then 2) take a leak, to help stop this from causing it again. (I suppose you could try not drinking much prior to bed and taking a long leak before sleeping?)

Finally regarding getting woken up through getting hard, I would say on the plus side, it doesn't happen for long. I was cut medium loose when flaccid (just a bit of gathering below the glans) to become reasonably tight when hard (I'm a grower rather than shower) and so different cuts might feel different? I didn't get it for about 4-5 days ish (because trust me, you won't feel like getting it up before then I doubt! – I was VERY active prior to the op, but still took 4-5 days before it became an issue) and it only bothered me for maybe a week to a week and a half, after which I guess healing was sufficient so that it didn't?

One other thing that bothered me during the healing was the swelling – this isn't something that every guy gets – everybody's body is different, but I got a LOT of like fluidy-under-the-skin type swelling in front of the cut line. It wasn't unclean/septic/bad type swelling, just like watery swelling. That took a GOOD few weeks to go away – like over a month or so, but was obviously worrying as I didn't think it would leave a good result afterwards, but actually it is fine. The result turned out very pleasing for me aesthetically.

Regarding stitches – I left a few stitches longer than maybe I should have. Most of mine dropped out fine, but I had two which didn't and following doctor's orders left them alone for a while. You'll know when they are really doing nothing and it is up to you what you do with them. I left the two I had for quite a while and in the end decided to snip them and pull them out – they came out without pain and very easily. But because I had left them so long I did end up with one of them leaving a stitch tunnel – although this is on the underside and you can't see it unless you know it is there (which I do) – I never mentioned it to my partner and he has never noticed (and he does get to see it close up.)

My last piece of reflection on the whole operation would be that if I did it all again (which I would) I would try to be less shy in the consultation with the surgeon. I am very happy with my result and I mean that, but I would have liked maybe super tight (knowing that with time they stretch slowly) instead of the moderately tight I got. I DIDN'T get this to start with, because I thought the guy might think me a bit weird asking for my cock to be left SUPER TIGHT. However, I've never seen the guy since, so would it matter? Furthermore, I went with Dr. Zarifa in London who I know is accustomed to adult cirks for cosmetic appearances and have every confidence it would not have been an issue if I'd asked. I'm just shy

I guess. But my advice would be to be bold and be brave and ask for EXACTLY what you want – it is better to get it right the first time.

I'd like to end, since I know a big part of the decision lies in feeling confident in your surgeon, with a commendation. I went with Dr Zarifa in London (who's point of contact is <http://www.circumcisions.co.uk>). From the website (and not knowing London) I envisaged quite a modern, hospital like surgery in an upmarket area of London. When I arrived at the actual place, I nearly turned back home. This was based purely on the surrounding area, which has the appearance of being quite rough compared to where I live and the surgery just looks like my regular NHS clinic where I see my own GP. However, inside it is nice, the staff are both lovely and professional and inside the actual 'operating theatre' as it were is very nice – looks very high-tech! I seriously can't recommend the guy himself enough though. He was excellent with me – since I wasn't very forthcoming at first he did a lot to settle me (general chit-chat) and then asked plenty of questions in a very approachable manner to ascertain what I wanted. He was very keen to know what I wanted in very fine detail and didn't once try to push me in any particular direction. He did a fine job of going through the procedure and expectations as well as after care. And the end product for me was delightful. This guy is GOOD. I have NO train-track type scarring (which was my main concern), just the scar line in a neat circle (freehand) and everything is balanced and cut as I asked. It was quite a cost (for somebody with my finances – fees are on the website), but worth every penny to me.

All the best to everybody making this decision. I have never regretted it.

*Circumsexual*

## Interesting Conversation

The other day I was with a long time friend in the sauna after a workout. No one else was there and the conversation eventually turned to sex. After a while he asked me if I thought that size really made any difference with the ladies. My reply was that unless you were on the extreme either way, probably not. I then said that the thing that I thought was noticed was rather if you had a foreskin or not.

Before I go further, let me tell you that we are both circumcised, he had an extremely high and tight circ, where even completely soft as we were in the sauna, the shaft skin was stretched tight. I have a moderately tight and very low circ and my shaft skin was loose with some wrinkles, but not bunched up against the glans.

He was completely surprised and asked why I thought so. I told him that I had my foreskin until I got married, then got circumcised at my wife's request. He was full of questions about the operation, how much it hurt, and what was the difference in the way it felt. We talked a while and I tried to answer his questions.

He then brought up the subject of how different guys seemed to have very different circumcisions. I agreed and then told him that I thought he had one of the best looking circumcisions I had seen and I wished that mine had turned



out like his. To my surprise, he said the same thing about mine. He said that he would like to have a little loose skin to play with. I reached down and pushed my loose skin up against the rim and ask if he could do that. He ran his finger down the top side of his dick and there was no movement what so ever. I then took hold of mine and pulled the skin over the rim, covering about ¼ of the glans and ask him to try that. His skin couldn't even be pulled up to touch the rim. I then pushed my glans back onto my skin and pinched it closed over the tip. Now I was completely covered even though my penis was completely retracted back into my body. This he did, but found it very difficult to get it back far enough to pinch it closed though after working at it for a bit was able to succeed. He told me that he had never done that before, that was the first time he had covered his glans.

*From the internet*

## Small Cracks In The End Of The Foreskin

[A question & answers from *Men's Health* website.]

**Question:** Over the past couple of years I've been getting small red cracks in the end of my foreskin. These go away, then keep coming back eventually. Is there anything I can do to rid them permanently? Is it serious?

### Answers:

1. Having a foreskin is a job; you need to keep it extra clean as it is a place bacteria flourish. Keep it clean, put some mineral oil or Vaseline and try to pull back the skin. This sounds like irritation to me. Give this a try and if the problem persists please go to the doctor as a guy's penis is his crown jewels.
2. I had the same problem and it kept returning till there was so much scar tissue I could no longer have sex without a blood bath. Went to my Dr, had a circumcision done within a week: problem gone for ever.
3. The skin is probably just dry. Rub some Vaseline on it.
4. Well this may sound stupid but are you masturbating a lot?
5. It doesn't sound serious, The skin probably just dries up after a while; try putting baby oil or Vaseline on it.
6. My husband had this. What happens is that at some point in time your foreskin has cracked or torn slightly and has healed again. But where it has healed it has formed scar tissue which is less stretchy and thicker than the skin around it. The next time your foreskin is rolled back it will crack or tear in a different place because the opening is now slightly narrower. Each time it happens the problem will get a little worse. If it has only recently started happening, start moisturising your foreskin regularly to keep the skin supple. Try specialist moisturisers designed for scar tissue, but E45 cream will probably do just as well. If this doesn't solve the problem you need to see your doctor for steroid cream. My hubby put off seeing the doctor for some time and ended up having to have a circumcision. It was a big deal for him beforehand, but he got used to it very quickly and it is much easier to keep it fresh and clean. It has not been a complete cure as he still get splits sometimes, but nowhere near as

often and because the foreskin has gone there is no skin stretching involved. I think his skin is just very delicate there. One of my co-worker's husband had the same operation for the same reason a couple of weeks later so I think it is a fairly common problem for men. So there's no reason to be embarrassed to see your doctor about it. Good luck.

7. Sounds similar to the problem I had. I ended up getting circumcised. It's the end of the problem! Foreskins aren't that great... just a place for infections and problems to arise. My advice if you aren't too attached to it... cut it off. Circumcision is not painful, just uncomfortable for a few days/weeks until your glans gets used to being exposed all the time. I'm glad I'm cut. It's only been 3 and a half weeks but it's in use and ok, a bit puffy at times but it will calm.
8. It may be thrush, balanitis, or some other infection. It could be irritation due to shower gel or something. The only way to be sure is to show it to your doctor.

## Swedish Doctors Refuse To Circumcise Boys

Many doctors and several local authorities in Sweden refuse to circumcise boys unless it is medically motivated. Gunnar Göthberg, chairman of the Swedish Pediatric Surgeons Association (Svensk barnkirurgisk förening), compared the procedure to female genital mutilation. A survey done by the Association reported that two out of three paediatric surgeons do not want to perform circumcision. Göthberg regards the operation as an assault since the procedure is done without the child's consent. Twelve of 21 local municipalities also refuse to perform circumcisions for non-medical reasons.

Around 3,000 circumcisions are estimated to be done in Sweden each year. Of these, around 2,000 are performed by people who are not doctors and who do not have a medical licence, which pose risks for the child and lead to complications. Circumcision of boys for non-medical reasons is permitted in Sweden, and the Swedish Board of Health and Welfare (Socialstyrelsen) is of the opinion that a prohibition would be an illegal limitation on religious freedom.

The authority has proposed that the issue should be legally regulated and that all municipalities should offer male circumcision for non-medical reasons. The Swedish Association of Local Authorities and Regions believes that a formal recommendation would be sufficient. Critics claim that non-medical circumcision is in violation of the United Nation's Declaration of the Rights of the Child, reported DN.

*From <http://www.thelocal.se/20900/20090725> Sweden's news in English*

The website allows comments and nearly 200 comments were submitted in less than two days. Here is a flavour of the pro-circ comments:

### **Comment 1**

It is sad that despite the overwhelming evidence supporting circumcision as an effective defence against sexually transmitted diseases, our surgeons act like

cowards when asked to remove the foreskin from a child whose perception of pain is little. Male circumcision is not mutilation as it does not reduce the male libido in anyway. Even when done by non-medical personnel (as is done in most 3rd world countries) I have yet to see a case of major damage to the child.

I am glad my parents circumcised me because I would never have had the guts to do it as an adult.

## **Comment 2**

No matter what, circumcision of boys will continue to be a practice for many for reasons religious or otherwise. Taking away the option of having it done by a professional in sanitary conditions where the boy's well-being can be properly monitored if necessary will just lead to parents approaching non-medical individuals to have it performed instead. Is that really a smart thing to do?

Male circumcision when done properly on a young child who will have no memory of it, in my opinion, leaves no lasting psychological or physical impact on the child. It did not for me. So why does it cause such an uproar here in Europe? Can someone please explain it to me because I am genuinely interested to know.

## **Comment 3**

My son was born in Germany and I had the same issue. I had to wait until I went back to the States to have him circumcised.

## **Acorn Society Meeting Report**

A meeting of the *Acorn Society* took place at the Ramda Jarvis Hotel, Leicester on Saturday 31<sup>st</sup> October 2009. Thirteen subscribing members were present including Frank, Keith and Mick who were attending an *Acorn* meeting for the first time. One former member, now non-subscribing, or doing so under a further alias, was also present.

After the opening of the meeting and presenting apologies for absence, Douglas said that in a recent email, Ivan, Editor of the magazine, had given an assurance that he was willing to produce six editions of the magazine, at intervals, during the coming year.

Vernon informed the group that magazine N° 6 for 2009 was under way and that space was being held for a report on this meeting.

Douglas reflected that over time membership has fallen significantly; there were now 68 subscribing members. After payment of costs and charges and distribution of the magazine by email and by post there was an excess of income over expenditure of about £250 a year. Further, the *Acorn* bank account was in credit.

Douglas gave notice that it was his intention to resign from the office of Treasurer with effect from 31<sup>st</sup> December 2009.

During the following discussion one member asked if *Acorn* should become strictly a magazine as only a small and dwindling number of members were inclined or able to meet. Stuart asked if anyone thought that *Acorn* had reached the end of the road and should be wound up. Members explored this and recognition was made that at the time of its founding *Acorn* was a valuable source of information and support for those curious about the why, when and how's of circumcision. When *Acorn* was founded, few members had access to a personal computer. Over the years computer ownership and access to the internet has become common place giving easy access to a great deal of information on the subject of our interest; in effect *Acorn* has been overtaken!

A member asked that a vote be taken on the question 'Should the *Acorn Society* now be wound up?' The vote was taken and a significant majority voted in favour of closure. It was agreed that the wider membership should now be consulted about this matter.

With the future of the Society in question there is no need to raise a subscription for the year 2010. Anyone seeking membership for the first time would be made aware of the situation and, if they desired to be in membership, would be charged £10 for membership giving them entitlement to all 2009 issues as well as any magazines published in 2010, and access to the purchase of further back numbers.

Recognition was made of the Society's long standing Resolution that if at any time the Society closed the pecuniary assets, if any, would be divided between three charities, London Lighthouse Trust; the Terrence Higgins Trust and Age Concern.

The future of other assets e.g. the internet domain name owned by *Acorn* and the archive e.g. back numbers of the magazines must be considered.

*Douglas – Honorary Treasurer*

## **The Acorn Society – Does It Have A Future?**

**A**t the October meeting of the *Acorn Society* (report above), the future of the Society was discussed. For the reasons given, a significant number of those present voted in favour of winding up the Society.

In recognition of this vote, the views of the wider membership are being sought on this matter. A questionnaire is attached. Please complete this questionnaire and return it to the Society via the mailbox address. Alternatively, email your response to [editor@acornsoc.org.uk](mailto:editor@acornsoc.org.uk). The closing date for the return of questionnaires is 31<sup>st</sup> January 2010.

It is important that everyone responds to this questionnaire. If you do not respond, it will be taken that you are indifferent to the continuation of the Society; your vote will be added to those opting to wind up the Society.

*Ivan Acorn*